Replies to initial 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

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)001	0518	CHAN Hak-kan	140	(1) Health
FHB(H)002	3279	CHAN Kin-por	140	(1) Health
FHB(H)003	2602	CHAN Mo-po, Paul	140	(1) Health
FHB(H)004	3037	CHAN Mo-po, Paul	140	(1) Health
FHB(H)005	3038	CHAN Mo-po, Paul	140	(1) Health
FHB(H)006	1653	EU Yuet-mee, Audrey	140	(1) Health
FHB(H)007	1654	EU Yuet-mee, Audrey	140	(1) Health
FHB(H)008	1216	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)009	1217	HO Chun-yan, Albert	140	(1) Health
FHB(H)010	2676	HO Chun-yan, Albert	140	-
FHB(H)011	2677	HO Chun-yan, Albert	140	(1) Health
FHB(H)012	2683	HO Chun-yan, Albert	140	(1) Health
FHB(H)013	3293	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)014	1424	HO Sau-lan, Cyd	140	-
FHB(H)015	1435	HO Sau-lan, Cyd	140	-
FHB(H)016	2434	IP Kwok-him	140	(1) Health
FHB(H)017	2435	IP Kwok-him	140	(1) Health
FHB(H)018	2783	LAU Kin-yee, Miriam	140	(1) Health
FHB(H)019	1573	LEE Kok-long, Joseph	140	(1) Health
FHB(H)020	1574	LEE Kok-long, Joseph	140	(1) Health
FHB(H)021	1575	LEE Kok-long, Joseph	140	(1) Health
FHB(H)022	1576	LEE Kok-long, Joseph	140	(1) Health

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FHB(H)023	1577	LEE Kok-long, Joseph	140	-
FHB(H)024	1590	LEE Kok-long, Joseph	140	-
FHB(H)025	1951	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)026	1952	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)027	1953	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)028	2796	LEE Kok-long, Joseph	140	-
FHB(H)029	2580	LEONG Kah-kit, Alan	140	(1) Health
FHB(H)030	2982	LEONG Kah-kit, Alan	140	(1) Health
FHB(H)031	2983	LEONG Kah-kit, Alan	140	(1) Health
FHB(H)032	2984	LEONG Kah-kit, Alan	140	(1) Health
FHB(H)033	2985	LEONG Kah-kit, Alan	140	(1) Health
FHB(H)034	2986	LEONG Kah-kit, Alan	140	(1) Health
FHB(H)035	2287	LEUNG Ka-lau	140	(1) Health
FHB(H)036	2288	LEUNG Ka-lau	140	(1) Health
FHB(H)037	2289	LEUNG Ka-lau	140	(1) Health
FHB(H)038	2290	LEUNG Ka-lau	140	(1) Health
FHB(H)039	2291	LEUNG Ka-lau	140	(1) Health
FHB(H)040	2292	LEUNG Ka-lau	140	(1) Health
FHB(H)041	2293	LEUNG Ka-lau	140	(1) Health
FHB(H)042	2294	LEUNG Ka-lau	140	(1) Health
FHB(H)043	2295	LEUNG Ka-lau	140	(1) Health
FHB(H)044	2296	LEUNG Ka-lau	140	(1) Health
FHB(H)045	2298	LEUNG Ka-lau	140	(1) Health
FHB(H)046	2299	LEUNG Ka-lau	140	(1) Health
FHB(H)047	1873	LEUNG Mei-fun, Priscilla	140	(1) Health

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FHB(H)048	1611	LI Wah-ming, Fred	140	(2) Subvention: Hospital Authority
FHB(H)049	1097	PAN Pey-chyou	140	(2) Subvention: Hospital Authority
FHB(H)050	1098	PAN Pey-chyou	140	(2) Subvention: Hospital Authority
FHB(H)051	1099	PAN Pey-chyou	140	(1) Health
FHB(H)052	1100	PAN Pey-chyou	140	(1) Health
FHB(H)053	1101	PAN Pey-chyou	140	(1) Health
FHB(H)054	1102	PAN Pey-chyou	140	(1) Health
FHB(H)055	0722	TAM Wai-ho, Samson	140	(1) Health
FHB(H)056	1802	TONG Ka-wah, Ronny	140	(1) Health
FHB(H)057	0799	WONG Kwok-kin	140	(1) Health
FHB(H)058	0800	WONG Kwok-kin	140	(1) Health
FHB(H)059	2497	WONG Ting-kwong	140	(1) Health
FHB(H)060	2498	WONG Ting-kwong	140	(1) Health
FHB(H)061	2499	WONG Ting-kwong	140	(1) Health
FHB(H)062	0087	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)063	0088	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)064	0090	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)065	0091	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)066	0092	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)067	0093	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)068	0095	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)069	0096	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)070	0097	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)071	0098	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)072	0517	CHAN Hak-kan	140	(2) Subvention: Hospital Authority

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FHB(H)073	0457	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)074	0795	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)075	0796	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)076	0972	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)077	1592	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)078	1309	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)079	2601	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)080	2603	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)081	3036	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)082	3039	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)083	3040	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)084	3041	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)085	3042	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)086	3043	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)087	3044	CHAN Mo-po, Paul	140	(1) Health
FHB(H)088	3115	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)089	3116	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)090	3117	CHAN Mo-po, Paul	140	(2) Subvention: Hospital Authority
FHB(H)091	1371	CHAN Wai-yip, Albert	140	(2) Subvention: Hospital Authority
FHB(H)092	1372	CHAN Wai-yip, Albert	140	(2) Subvention: Hospital Authority
FHB(H)093	0784	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)094	0785	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)095	0786	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)096	2886	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)097	2887	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority

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FHB(H)098	2889	CHEUNG Kwok-che	140	(1) Health (2) Subvention: Hospital Authority
FHB(H)099	1688	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)100	1689	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)101	1690	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)102	1691	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)103	1692	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)104	1693	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)105	1694	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)106	1695	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)107	1696	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)108	1697	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)109	1391	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)110	1394	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)111	1395	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)112	1396	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)113	1397	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)114	1398	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)115	1650	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)116	1651	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)117	1652	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)118	1655	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)119	1656	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)120	1946	EU Yuet-mee, Audrey	140	-
FHB(H)121	1947	EU Yuet-mee, Audrey	140	-
FHB(H)122	1948	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority

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FHB(H)123	1949	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)124	2701	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)125	2702	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)126	2703	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)127	2705	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)128	2706	EU Yuet-mee, Audrey	140	(1) Health
FHB(H)129	1255	FANG Kang, Vincent	140	(2) Subvention: Hospital Authority
FHB(H)130	1256	FANG Kang, Vincent	140	(2) Subvention: Hospital Authority
FHB(H)131	1257	FANG Kang, Vincent	140	(2) Subvention: Hospital Authority
FHB(H)132	0135	FUNG Kin-kee, Frederick	140	(2) Subvention: Hospital Authority
FHB(H)133	0136	FUNG Kin-kee, Frederick	140	(2) Subvention: Hospital Authority
FHB(H)134	0137	FUNG Kin-kee, Frederick	140	(2) Subvention: Hospital Authority
FHB(H)135	0138	FUNG Kin-kee, Frederick	140	(2) Subvention: Hospital Authority
FHB(H)136	0139	FUNG Kin-kee, Frederick	140	(2) Subvention: Hospital Authority
FHB(H)137	0140	FUNG Kin-kee, Frederick	140	(2) Subvention: Hospital Authority
FHB(H)138	0141	FUNG Kin-kee, Frederick	140	(2) Subvention: Hospital Authority
FHB(H)139	2678	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)140	2679	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)141	2680	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)142	2681	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)143	2682	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)144	2684	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)145	2685	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)146	2686	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)147	2687	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority

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FHB(H)149	2467	HO Sau-lan, Cyd	140	(2) Subvention: Hospital Authority
FHB(H)150	2436	IP Kwok-him	140	(2) Subvention: Hospital Authority
FHB(H)151	1324	IP Wai-ming	140	(2) Subvention: Hospital Authority
FHB(H)152	2032	LAM Kin-fung, Jeffrey	140	(2) Subvention: Hospital Authority
FHB(H)153	2033	LAM Kin-fung, Jeffrey	140	(2) Subvention: Hospital Authority
FHB(H)154	2039	LAM Kin-fung, Jeffrey	140	(2) Subvention: Hospital Authority
FHB(H)155	1760	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)156	1761	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)157	1762	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)158	1763	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)159	1764	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)160	1765	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)161	1766	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)162	1578	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)163	1579	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)164	1580	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)165	1950	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)166	1954	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)167	1955	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)168	1956	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)169	1957	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)170	1958	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)171	1959	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)172	1960	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority

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FHB(H)173	1961	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)174	1962	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)175	1707	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)176	1708	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)177	1709	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)178	1710	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)179	1711	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)180	2177	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)181	2178	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)182	2179	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)183	2180	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)184	2331	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)185	2581	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)186	2582	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)187	2987	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)188	2988	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)189	2989	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)190	2990	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)191	2991	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)192	2992	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)193	2284	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)194	2285	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)195	2286	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)196	2624	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)197	2625	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority

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FHB(H)198	2626	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)199	2627	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)200	2628	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)201	2629	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)202	2630	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)203	2631	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)204	2670	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)205	2671	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)206	2672	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)207	2673	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)208	2674	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)209	2675	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)210	3301	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)211	1343	LEUNG Kwok-hung	140	(2) Subvention: Hospital Authority
FHB(H)212	1344	LEUNG Kwok-hung	140	(2) Subvention: Hospital Authority
FHB(H)213	1874	LEUNG Mei-fun, Priscilla	140	(2) Subvention: Hospital Authority
FHB(H)214	1875	LEUNG Mei-fun, Priscilla	140	(2) Subvention: Hospital Authority
FHB(H)215	1876	LEUNG Mei-fun, Priscilla	140	(2) Subvention: Hospital Authority
FHB(H)216	1889	LEUNG Mei-fun, Priscilla	140	(2) Subvention: Hospital Authority
FHB(H)217	2065	LI Fung-ying	140	(2) Subvention: Hospital Authority
FHB(H)218	2066	LI Fung-ying	140	(2) Subvention: Hospital Authority
FHB(H)219	1610	LI Wah-ming, Fred	140	(2) Subvention: Hospital Authority
FHB(H)220	1103	PAN Pey-chyou	140	(2) Subvention: Hospital Authority
FHB(H)221	1104	PAN Pey-chyou	140	(2) Subvention: Hospital Authority
FHB(H)222	1105	PAN Pey-chyou	140	(2) Subvention: Hospital Authority

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FHB(H)223	1346	PAN Pey-chyou	140	(2) Subvention: Hospital Authority
FHB(H)224	0640	SHEK Lai-him, Abraham	140	(2) Subvention: Hospital Authority
FHB(H)225	0723	TAM Wai-ho, Samson	140	(2) Subvention: Hospital Authority
FHB(H)226	0801	WONG Kwok-kin	140	(2) Subvention: Hospital Authority
FHB(H)227	2500	WONG Ting-kwong	140	(2) Subvention: Hospital Authority
FHB(H)228	2470	WONG Yuk-man	140	(2) Subvention: Hospital Authority
FHB(H)229	2471	WONG Yuk-man	140	(2) Subvention: Hospital Authority
FHB(H)230	2472	WONG Yuk-man	140	(2) Subvention: Hospital Authority
FHB(H)231	2485	WONG Yuk-man	140	(2) Subvention: Hospital Authority
FHB(H)232	2993	LEONG Kah-kit, Alan	140	(3) Subvention: Prince Philip Dental Hospital
FHB(H)233	2297	LEUNG Ka-lau	140	(3) Subvention: Prince Philip Dental Hospital
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FHB(H)235	0094	CHAN Hak-kan	37	(1) Statutory Functions
FHB(H)236	0099	CHAN Hak-kan	37	(3) Health Promotion
FHB(H)237	1037	CHAN Hak-kan	37	(2) Disease Prevention
FHB(H)238	1365	CHAN Wai-yip, Albert	37	(2) Disease Prevention
FHB(H)239	1366	CHAN Wai-yip, Albert	37	(4) Curative Care
FHB(H)240	1367	CHAN Wai-yip, Albert	37	(4) Curative Care
FHB(H)241	1381	CHAN Wai-yip, Albert	37	(4) Curative Care
FHB(H)242	1390	CHAN Wai-yip, Albert	37	(1) Statutory Functions
FHB(H)243	2021	CHENG Kar-foo, Andrew	37	(3) Health Promotion
FHB(H)244	2045	CHEUNG Hok-ming	37	(1) Statutory Functions
FHB(H)245	0771	CHEUNG Kwok-che	37	(4) Curative Care
FHB(H)246	0772	CHEUNG Kwok-che	37	(4) Curative Care
FHB(H)247	0773	CHEUNG Kwok-che	37	(2) Disease Prevention

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FHB(H)250	3056	CHEUNG Kwok-che	37	(2) Disease Prevention
FHB(H)251	0213	CHEUNG Yu-yan, Tommy	37	(3) Health Promotion
FHB(H)252	0214	CHEUNG Yu-yan, Tommy	37	(1)Statutory Functions (3) Health Promotion
FHB(H)253	0215	CHEUNG Yu-yan, Tommy	37	(1) Statutory Functions
FHB(H)254	1392	EU Yuet-mee, Audrey	37	(2) Disease Prevention
FHB(H)255	1393	EU Yuet-mee, Audrey	37	(2) Disease Prevention
FHB(H)256	1945	EU Yuet-mee, Audrey	37	(1) Statutory Functions
FHB(H)257	1258	FANG Kang, Vincent	37	(1) Statutory Functions
FHB(H)258	1673	FANG Kang, Vincent	37	(1) Statutory Functions
FHB(H)259	2432	IP Kwok-him	37	(2) Disease Prevention
FHB(H)260	2433	IP Kwok-him	37	(2) Disease Prevention
FHB(H)261	0054	IP LAU Suk-yee, Regina	37	(2) Disease Prevention
FHB(H)262	1054	LAU Kin-yee, Miriam	37	(2) Disease Prevention
FHB(H)263	0282	LAU Wong-fat	37	(2) Disease Prevention
FHB(H)264	1271	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)265	1272	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)266	1273	LEE Kok-long, Joseph	37	(1) Statutory Functions
FHB(H)267	1274	LEE Kok-long, Joseph	37	(1) Statutory Functions
FHB(H)268	1275	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)269	1276	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)270	1277	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)271	1278	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)272	2300	LEUNG Ka-lau	37	(1) Statutory Functions

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FHB(H)273	2301	LEUNG Ka-lau	37	(2) Disease Prevention
FHB(H)274	2302	LEUNG Ka-lau	37	(2) Disease Prevention
FHB(H)275	2303	LEUNG Ka-lau	37	(2) Disease Prevention
FHB(H)276	1659	LEUNG Kwan-yuen, Andrew	37	(2) Disease Prevention
FHB(H)277	1891	LEUNG Mei-fun, Priscilla	37	(2) Disease Prevention
FHB(H)278	2342	LI Fung-ying	37	-
FHB(H)279	1612	LI Wah-ming, Fred	37	(5) Rehabilitation
FHB(H)280	1447	PAN Pey-chyou	37	(1) Statutory Functions
FHB(H)281	1448	PAN Pey-chyou	37	(4) Curative Care
FHB(H)282	2196	PAN Pey-chyou	37	(2) Disease Prevention
FHB(H)283	2197	PAN Pey-chyou	37	(2) Disease Prevention
FHB(H)284	0646	SHEK Lai-him, Abraham	37	-
FHB(H)285	2708	SHEK Lai-him, Abraham	37	(1) Statutory Functions
FHB(H)286	0464	WONG Kwok-hing	37	-
FHB(H)287	0489	WONG Kwok-hing	37	-
FHB(H)288	2935	WONG Kwok-hing	37	-
FHB(H)289	0956	WONG Yuk-man	37	(3) Health Promotion
FHB(H)290	0957	WONG Yuk-man	37	(4) Curative Care
FHB(H)291	3004	LEONG Kah-kit, Alan	48	(1) Statutory Testing
FHB(H)292	0637	SHEK Lai-him, Abraham	708	-
FHB(H)293	3476	LEUNG Kwok-hung	140	(2) Subvention: Hospital Authority
FHB(H)294	3477	LEUNG Kwok-hung	140	(2) Subvention: Hospital Authority

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)001

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0518

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the promotion of organ donation, please provide the following information:

(a) Please list out in the form below statistics on the number of persons registered with the Centralised Organ Donation Register (CODR) for organ donation and their wishes in donation in the past three years (2009 to 2011).

	2009	2010	2011
Total number of persons registered			
Organs they wish to donate (number of persons)			
All organs			
Kidney			
Heart			
Lung			
Liver			
Cornea			
Bone			
Skin			

(b) Apart from the CODR, the Administration still distributes organ donation cards. What is the current situation of distribution?

(c) Please list out the number of patients who have successfully received donated organs in the past three years (2009 to 2011).

	2009	2010	2011
Kidney			
Heart			
Lung			
Liver			
Cornea			
Bone			
Skin			

Asked by: Hon. CHAN Hak-kan

Reply:

(a)

The total number of registrations registering individuals' wishes to donate organs after death at the Centralised Organ Donation Register (CODR) managed by the Department of Health (DH) in the past 3 years and a breakdown by type of organ/tissue to be donated are as follows –

	2009 [Note 1]	2010	2011
Number of registrations indicating willingness to donate all usable organs	41 387	22 109	20 337
Number of registrations indicating willingness to donate one or some organs/tissues (kidney, heart, lung, liver, cornea, bone, skin) [Note 2]	3 763	1 787	2 273
Number of total registrations during the year (as at 31 December of the year)	45 150	23 896	22 610

Note 1: The CODR was established in November 2008 and statistics on CODR registrations during 2008 and 2009 were counted as a whole.

Note 2: Breakdown on information about individual organs/tissues is not routinely compiled under the CODR.

(b)

Apart from registering through the CODR, members of the public may express their wish to donate organs after death by signing and carrying with them organ donation cards. Over 230 000 of organ donation cards have been distributed by DH in 2011 along with promotional pamphlets.

(c)

The number of organ/tissue donations for transplant in public hospitals in the past 3 years is shown as follows. We have not kept statistics on the success or otherwise of the subsequent transplant cases.

	2009	2010	2011
	No.	No.	No.
Kidney	95	81	67
Heart	10	13	9
Lung	2	2	1
Liver	84	95	74
Cornea (piece)	203	250	238
Bone	0	6	0
Skin	17	23	21
Total	411	470	410

Signature: _____

Name in block letters: Richard YUEN

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

Date: 21.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)002

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3279

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 131 of the Budget Speech that medical services are the 6 industries where Hong Kong enjoys advantages for further advancement. The private-sector part of these industries accounted for 8.4 per cent of GDP in 2010 and contributed over $140 billion value added to our economy, an increase of more than 15% over the previous year. The number of employees engaged in these industries was close to 410 000. In this connection, please provide the following information in table form:-

(a) the policies and initiatives implemented by the Government regarding the above 6 industries, as well as their implementation progress and the funds and manpower involved, in the past year; and

(b) the policies and initiatives to be implemented by the Government regarding the above 6 industries, including the implementation timetable and roadmap, and the funds and manpower to be involved, in the coming year.

Asked by: Hon. CHAN Kin-por

Reply:

(a) and (b)

In respect of development of the medical industry, the Government has reserved four sites at Wong Chuk Hang (about 2.8 hectares), Tseung Kwan O (about 3.5 hectares), Tai Po (about 4.8 hectares) and Lantau (about 1.6 hectares) for private hospital development. We invited expressions of interest in developing the sites from the market from December 2009 to March 2010. A total of 30 submissions were received from local and overseas parties.

We are formulating the land disposal arrangements for the four reserved hospital sites. To ensure that the services provided by the new hospitals would be of good quality and can enhance the medical professional standards, the Government will formulate a set of requirements for development of the sites, covering the scope of service (such as the types of specialty), the standard of service (such as the number of beds and hospital accreditation) and price transparency, etc. We plan to first dispose of the two sites at Wong Chuk Hang and Tai Po through open tender in the first quarter of 2012. The other two sites will be disposed of later in phases.

The Food and Health Bureau will carry out the work related to the development of the medical industry with existing resources and manpower.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)003

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2602

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the Government extends the period for the Elderly Health Care Voucher Pilot Scheme and doubles the voucher amount to $500 per year per person. Would the Government advise on the number of people who will use the elderly health care vouchers after extension of the Scheme and the amount of money involved, the average amount involved per person, the percentage against the number of people expected to use the vouchers, as well as whether the unspent amount can be used up within the three years of the Pilot Scheme?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The Elderly Health Care Voucher Pilot Scheme has been extended for three years and the amount of vouchers has been doubled since 1 January 2012. With less than two months into the extended Pilot Scheme, it is too early at this juncture to compile statistics on utilization to draw any meaningful comparison with the previous trial period from 2009 to 2011. The actual expenditure will depend on the actual utilization on which we have not made an estimate. We will continue to monitor the operation and utilization of the Pilot Scheme.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)004

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3037

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In 2012-13, based on the outcome of the Second Stage Public Consultation on Healthcare Reform, the Government will take forward the following initiatives through a three-pronged approach: the Health Protection Scheme; healthcare manpower planning and professional development; and facilitating the service development in the private health insurance and healthcare market. Would the Administration advise this Committee of the distribution of the estimated expenditures, manpower involved, and the timetables for taking forward the aforesaid three projects?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

We are taking forward various healthcare reform initiatives based on the outcome of the Second Stage Public Consultation on Healthcare Reform, including conducting a strategic review on healthcare manpower planning and professional development, formulating detailed proposals for the Health Protection Scheme (HPS) and facilitating healthcare service development.

We set up a dedicated and time-limited Healthcare Planning and Development Office (HPDO) in January 2012 to spearhead and coordinate the healthcare reform initiatives. The HPDO is headed by one Administrative Officer Staff Grade B and supported by one Administrative Officer Staff Grade C. Both posts have been approved by the Finance Committee of the Legislative Council in January 2012. In addition, one existing Administrative Officer Staff Grade C post in the Health Branch of the Food and Health Bureau has been re-deployed to support Head, HPDO in the conduct of the strategic review on healthcare manpower planning and professional development. A total of 15 non-directorate civil service posts will be created to provide the necessary support for taking forward the above reform initiatives. They include 2 Administrative Officers, 5 Executive Officers, 2 Medical and Health Officers and 6 supporting secretarial and clerical staff. $44 million was reserved in 2012-13 for the operation of the HPDO, which covers staff costs and other expenses.

We expect to tender detailed proposals for the above three tasks in the first half of 2013. Subject to discussions at the Legislative Council and any other relevant considerations, we aim to proceed with the necessary legislative process as soon as possible.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)005

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3038

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the introduction of a pilot initiative through launching a health assessment programme for the elderly in collaboration with non-governmental organisations (NGOs), will the Administration advise on the details of the pilot scheme and the estimates of expenditure?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The Government plans to launch an Elderly Health Assessment Pilot Programme (the Pilot Programme) in collaboration with non-government organizations (NGOs) with the aim to promote preventive care for the elderly and encourage its provision in the community. Under the Pilot Programme, the Government will provide subvention for NGOs to introduce on a pilot basis a voluntary, protocol-based health assessment for the elderly, having regard to the primary care reference framework for older adults (currently being formulated by the Task Force on Conceptual Model and Preventive Protocols under the aegis of the Working Group on Primary Care) in accordance with the Primary Care Development Strategy. By piloting such a health assessment as benchmark, the Pilot Programme will test the receptiveness among the elderly population as well as healthcare providers to preventive care and promote awareness.

The Government has earmarked a sum of $10 million in 2012-13 for providing subvention to interested and qualified NGOs that participate in the Pilot Programme. The Administration is working out the programme details including the service protocol, age eligibility, subvention and fee level in consultation with potential partners. We expect that participating NGOs should be able to provide health assessment to about 5 000 elders under the Pilot Programme. We aim to launch the Pilot Programme in early 2013. We will conduct a review of the Pilot Programme after accumulating experience on its operation. The review will assess, inter alia, the effectiveness of the Pilot Programme in promoting preventive care for the elderly, encouraging preventive care in the community, improving health of the elderly and enhancing primary care in general.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)006

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1653

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding consultancy studies (if any) commissioned by the Food and Health Bureau for the purpose of formulating and assessing policies, please provide information in the following format.

(a) Regarding consultancy studies for which funds have been reserved in 2011-12, please provide the following information:

Name of Consultant (if available)	Description	Consultancy fee ($)	Progress of study (under planning / in progress / completed)	Administration's follow-up action on the study report and progress made (if any)	If the study is completed, has the study report been released to the public? If yes, through what channels? If no, what are the reasons?

(b) Regarding consultancy studies for which funds have been reserved in 2012-13, please provide the following information:

Name of Consultant (if available)	Description	Consultancy fee ($)	Progress of study (under planning / in progress / completed)	Administration's follow-up action on the study report and progress made (if any)	If the study is scheduled for completion in the 2012-13 financial year, will the study report be released to the public? If yes, through what channels? If no, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Session 19 FHB(H)

Reply:

The information requested in (a) and (b) is set out at Annex A and Annex B respectively.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Annex A

Consultancy Studies for which funds have been reserved in 2011-12

Name of Consultant (if available)	**Description**	**Consultancy fee ($)**	**Progress of study (under planning / in progress / completed)**	**Administration's follow-up action on the study report and progress made (if any)**	**If the study is completed, has the study report been released to the public? If yes, through what channels? If no, what are the reasons?**
Consumer Search HK Limited	Opinion Polls on the Health Protection Scheme (September to December 2011): to gauge the views of the general public on the Health Protection Scheme after release of the Healthcare Reform Second Stage Consultation Report	198,000	Completed	Findings have been considered by the Food and Health Bureau for the planning of the Health Protection Scheme.	Study report has been released through the website of Food and Health Bureau.
The University of Hong Kong	Consultancy service to update Hong Kong's Domestic Health Accounts to 2009/10 and provide technical support in other research projects	1,302,756	In progress	The service is still in progress.	The service is still in progress.
IBM China/Hong Kong Limited	Consultancy Review of Prince Philip Dental Hospital (PPDH): to review the structure and working arrangement for managing PPDH, and make recommendations for enhancing the management of the Hospital	1,429,900	In progress	The study is still on-going.	The study is still on-going.

Annex B

Consultancy Studies for which funds have been reserved in 2012-13

Name of Consultant (if available)	**Description**	**Consultancy fee ($)**	**Progress of study (under planning / in progress / completed)**	**Administration's follow-up action on the study report and progress made (if any)**	**If the study is scheduled for completion in the 2012-13 financial year, will the study report be released to the public? If yes, through what channels? If no, what are the reasons?**
Contract not yet awarded	Consultancy Study on the Health Protection Scheme – to analyse the existing market situation of private health insurance in Hong Kong; and to propose a technically feasible and actuarially sound design for the Health Protection Scheme	Evaluation of proposals in progress		Contract not yet awarded	Consultancy report will be released through the website of Food and Health Bureau when available.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)007

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1654

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration has stated that there will be an increase of 23 non-directorate posts in 2012-13. Please list out in detail what work will be undertaken by these additional officers. Please also list out the expenditure involved for each of these posts.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Details of the 23 non-directorate posts to be created in 2012-13 are as follows –

Rank	No. of Post	Expenditure* ($)	Duration of Post	Work involved
Senior Administrative Officer	1	1,068,900	3-year	Supporting the Healthcare Planning and Development Office in taking forward the Health Protection Scheme proposal, reviewing the strategy on manpower planning and facilitating healthcare service development.
Administrative Officer	1	716,040		
Senior Medical and Health Officer	1	1,068,900		
Medical and Health Officer	1	817,320		
Chief Executive Officer	1	1,068,900		
Senior Executive Officer	3	2,350,800		
Executive Officer I	1	565,620		
Personal Secretary I	2	648,720		
Personal Secretary II	2	404,520		
Assistant Clerical Officer	2	404,520		
Scientific Officer	1	716,040	Permanent	Supporting the Research Office in taking forward health policy research and supporting administration of research funds under
Statistician	1	716,040	3-year	
Senior Executive Officer	1	783,600	5-year	
Executive Officer II	1	374,520		
Assistant Clerical Officer	1	202,260		

Rank	No. of Post	Expenditure* ($)	Duration of Post	Work involved
				FHB.
Senior Administrative Officer	1	1,068,900	3-year	Strengthening support to the Special Duties Team 1 in the planning and development of medical centre of excellence in paediatrics at Kai Tak.
Assistant Clerical Officer	1	202,260	3-year	Strengthening clerical support to the Health Branch.
Clerical Assistant	1	157,740		
Total :	**23**			

* Calculated based on Notional Annual Mid-point Salary as at July 2011.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)008

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1216

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Question:

The Government would continue to oversee the progress of various capital works projects of the Hospital Authority, including the redevelopment of Yan Chai Hospital, construction of the North Lantau Hospital and construction of a new hospital in Tin Shui Wai. In this connection, please provide the following information :

(a) Timeframe of the programme;

(b) Has the Government assessed how inadequate the medical services for the North Lantau and Tin Shui Wai are, and which specialist medical services are most needed?

(c) How will the local residents be provided with the required medical services before the completion of the works?

(d) Has any assessment been made regarding the possibility of being unable to employ the required medical staff upon the completion of the works?

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a)

The redevelopment of Yan Chai Hospital and the construction of North Lantau Hospital phase 1 are in progress and targeted for completion in February 2016 and December 2012 respectively. The construction of new Tin Shui Wai Hospital is targeted to be completed by 2016.

(b), (c) and (d)

The healthcare services of the Hospital Authority (HA) are provided on a cluster basis. At present, the Kowloon West Cluster and the New Territories West Cluster are providing services to the residents in North Lantau area and Tin Shui Wai district respectively. The construction of the North Lantau Hospital and Tin Shui Wai Hospital can improve the healthcare services provided for the residents of the two districts. Before the commission of the two new hospitals, HA will continue to closely monitor and review its services in light of demographic changes, growth in service demand, service utilization and manpower requirements,

and flexibly deploy its resources to ensure adequate services are provided to meet the service demand in the regions.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)009

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1217

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In the Budget Speech, the Financial Secretary has mentioned that "we shall take forward health care reform through three initiatives, i.e. reviewing the healthcare manpower strategy, facilitating health care service development, and formulating a regulatory framework and operational details for the Health Protection Scheme. I have earmarked $50 billion for providing the funding and appropriate financial incentives needed to support the healthcare financing arrangements." In this connection, please provide the following information:

(a) please list out the expenditure and manpower required respectively for the three tasks, i.e. reviewing the healthcare manpower strategy, facilitating healthcare service development, and formulating a regulatory framework and operational details for the Health Protection Scheme;

(b) are the three tasks (i.e. reviewing the healthcare manpower strategy, facilitating health care service development, and formulating a regulatory framework and operational details for the Health Protection Scheme) to be taken up by different committees? If yes, please advise on the details, including when the committees will be set up and their operational details;

(c) if the regulatory framework and operational details for a voluntary medical insurance scheme are not implemented, will the proposals of reviewing the healthcare manpower strategy and facilitating healthcare service development be implemented all the same?

(d) will the $50 billion be used only for the voluntary medical insurance scheme? Will part of the $50 billion be used for the development of healthcare manpower and healthcare service?

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a) We are taking forward various healthcare reform initiatives based on the outcome of the Second Stage Public Consultation on Healthcare Reform, including conducting a strategic review on healthcare manpower planning and professional development, formulating detailed proposals for the Health Protection Scheme (HPS) and facilitating healthcare service development.

We set up a dedicated and time-limited Healthcare Planning and Development Office (HPDO) in January 2012 to spearhead and coordinate the healthcare reform initiatives. The HPDO is headed by one Administrative Officer Staff Grade B and supported by one Administrative Officer Staff Grade C. Both posts have been approved by the Finance Committee of the Legislative

Council in January 2012. In addition, one existing Administrative Officer Staff Grade C post in the Health Branch of the Food and Health Bureau has been re-deployed to support Head, HPDO in the conduct of the strategic review on healthcare manpower planning and professional development. A total of 15 non-directorate civil service posts will be created to provide the necessary support for taking forward the above reform initiatives. They include 2 Administrative Officers, 5 Executive Officers, 2 Medical and Health Officers and 6 supporting secretarial and clerical staff. $44 million was reserved in 2012-13 for the operation of the HPDO, which covers staff costs and other expenses.

(b) & (c) The Government has set up a high-level steering committee to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. Chaired by the Secretary for Food and Health and comprising key stakeholders from the healthcare sector, respected figures from the community and overseas experts as members, the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development will assess manpower needs in the various healthcare professions and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development having regard to the findings of the strategic review, with a view to ensuring the healthy and sustainable development of Hong Kong's healthcare system.

The Steering Committee is supported by a Coordinating Committee and six consultative sub-groups in carrying out the above task. Healthcare professionals from 13 disciplines which are subject to statutory regulation will be covered and represented in the six consultative sub-groups, namely the Medical Sub-group, the Dental Sub-group, the Nursing and Midwifery Sub-group, the Traditional Chinese Medicine Practitioners Sub-group, the Pharmacists Sub-group and the Other Healthcare Professionals Sub-group. For disciplines currently not subject to statutory regulation, the Other Healthcare Professionals Sub-group may provide a platform for views on future development of the relevant professions to be suitably reflected through the consultative process. The Steering Committee convened its first meeting on 31 January 2012. We plan to conduct the first round of sub-group meetings in the second quarter of 2012.

To take forward the HPS, we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group is tasked to tender recommendations to the HMDAC on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the standard plan under the HPS, rules and mechanism in support of the operation of HPS and various options for providing public subsidy for implementing the HPS. In carrying out its tasks, the Working Group will be supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration. Members of the Working Group and Consultative Group come from a wide range of backgrounds, including the healthcare and medical sector, the insurance industry, employers, the civil society and the academic sector.

As regards the development of necessary infrastructure for facilitating the development of healthcare services for meeting future demands, including those arising from the implementation of the HPS, we will look into matters, including but not limited to, developing essential infrastructure to support

healthcare services, notably the disposal of land for private hospital development, enhancing the transparency of healthcare services and promoting packaged services for common procedures in the private sector.

The above three tasks on healthcare reform are inter-related. Regard must be given to the impact of each on the others and read-across implications among them when charting the way forward and drawing up recommendations for implementation. We expect to tender detailed proposals for the above three tasks in the first half of 2013. Subject to discussions at the Legislative Council and any other relevant considerations, we aim to proceed with the necessary legislative process as soon as possible.

(d) The Government is open to suggestions on how the $50 billion earmarked to support healthcare reform is to be utilised, subject to the basic principle of benefitting the general public and providing effective healthcare protection to the public on a long-term basis.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)010

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2676

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Under the Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA), professional services of Hong Kong will be assisted to access the Mainland market. Please advise this Committee of the following:

(a) Under Supplement V to CEPA signed on 29 July 2008, Hong Kong service providers are allowed to set up out-patient clinics in Guangdong Province. Under Supplement VII to CEPA signed on 27 May 2010, Hong Kong service providers are allowed to establish hospitals in Guangdong Province. Twelve types of statutory registered healthcare professionals in Hong Kong could provide short-term services in the Mainland. Apart from the above, are there any other measures to further facilitate Hong Kong professionals' practice and business start-ups in the Mainland?

(b) Since the implementation of CEPA, how many general practitioners and specialists have started up their practices in the Mainland? Has the Government studied the number of physicians who plan to practice and start up business in the Mainland under CEPA, and evaluated the impact on the supply of physicians in the local medical services?

(c) Apart from physicians, please list the number of other healthcare professionals that are allowed to practice in the Mainland, and the number of professionals who have practiced in the Mainland since the implementation of CEPA.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a) The liberalisation measures under the Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA) and its eight Supplements have greatly facilitated business expansion of Hong Kong's medical service sector in the Mainland. These measures, in particular the early and pilot implementation in Guangdong Province, allow Hong Kong service suppliers to set up out-patient clinics on a wholly-owned, equity joint venture or contractual joint venture basis, with no minimum investment requirements. No restriction is imposed on the ratio of capital investment between Hong Kong service suppliers and the Mainland partners in setting up outpatient clinics and medical instructions in the form of equity joint venture or contractual joint venture. The health administrative department at provincial level of Guangdong Province is responsible for the project establishment and approval procedures for setting up outpatient clinics and medical institutions in Guangdong Province to reduce the lead time and streamline the procedures. Hong Kong service suppliers are also allowed to set up wholly-owned hospitals in Shanghai Municipality, Chongqing Municipality, Guangdong Province, Fujian Province and Hainan Province. Besides, specialist doctors of Hong Kong are allowed to apply for and obtain the Mainland's "medical practitioner's qualification certificates" through accreditation. Twelve types of statutory healthcare professionals who are registered to practise in Hong Kong are allowed to provide short-term services in the Mainland. Under Supplement VIII to CEPA signed on 13 December 2011, the medical services market in the Mainland will be

further expanded and opened up. Hong Kong service suppliers will be allowed to set up wholly-owned hospitals in all municipalities directly under the Central Government and provincial capitals in the Mainland. We will continue to work in collaboration with the Mainland health authorities to explore other liberalisation measures, and to enhance communication with the local healthcare professionals to facilitate their practice in the Mainland.

(b) As at December, 2011, the Department of Health of Guangdong Province has granted 12 approvals to the Hong Kong service suppliers for setting up clinics/outpatient clinics in Guangdong Province, and issued 10 Mainland's "medical practitioner's qualification certificates" to Hong Kong specialist doctors through accreditation. Besides, more than 20 Hong Kong registered doctors have submitted applications through the Secretariat of the Medical Council of Hong Kong to sit the qualification examinations of Mainland and obtained the "medical practitioner's qualification certificates". With more than 12,000 registered doctors in Hong Kong, the impact of CEPA on the local medical services provision is not significant.

(c) The statutory healthcare professionals in Hong Kong who are allowed to provide short-term services in the Mainland are medical practitioners, Chinese medicine practitioners, dentists, pharmacists, nurses, midwives, medical laboratory technologists, occupational therapists, optometrists, radiographers, physiotherapists and chiropractors. A breakdown of the total numbers of the professionals in Hong Kong (as at 31 Dec 2011) is tabulated below.

Type of professionals	Number
Medical practitioner	12 818
Chinese medicine practitioner	6 414
Dentists	2 215
Pharmacists	2 050
Nurses	41 310
Midwives	4 655
Medical laboratory technologists	2 954
Occupational therapists	1 455
Optometrists	2 046
Radiographers	1 809
Physiotherapists	2 340
Chiropractors	154

The professionals make their own decision to start up their practices in the Mainland and we do not have an estimated number.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)011

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2677

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary mentioned development of medical industry in paragraph 135 of his Budget Speech. Please advise this Committee of:

(a) The estimated number of hospital beds to be provided at the four sites at Wong Chuk Hang, Tai Po, Tseung Kwan O and Lantau reserved for private hospital development;

(b) Whether assessments have been made on the percentage of bed-days utilized by non-Hong Kong residents in those hospitals;

(c) The expected date of commissioning of the above private hospitals;

(d) The number of general practitioners, specialists and nurses to be employed by the above private hospitals;

(e) The estimated number of newly available general practitioners, specialists and nurses between now and the commissioning of the above private hospitals; and

(f) The number of additional general practitioners, specialists and nurses needed to cope with our ageing and growing population between now and the commissioning of the above private hospitals.

Asked by: Hon. HO Chun-yan, Albert

Reply:

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

The Government has reserved four sites at Wong Chuk Hang (about 2.8 hectares), Tseung Kwan O (about 3.5 hectares), Tai Po (about 4.8 hectares) and Lantau (about 1.6 hectares) for private hospital development. We are formulating the land disposal arrangements for the four reserved hospital sites. To ensure that the services provided by the new hospitals would be of good quality and can enhance the medical professional standards, the Government will formulate a set of requirements for development of the sites, covering the scope of service (such as the types of specialty), the standard of service (such as the number of beds and hospital accreditation) and price transparency, etc. We plan to first dispose of the two sites at Wong Chuk Hang and Tai Po through open tender in the first quarter of 2012. The other two sites will be disposed of later in phases. We expect that the private hospitals to be developed at the sites at Wong Chuk Hang and Tai Po will commence to operate in about five years' time from the date of disposal, taking into account the time required for design and construction for the new hospitals. The number of healthcare professionals to be employed by the new private hospitals will depend on their service and development needs.

(e) and (f)

The Food and Health Bureau assesses the manpower requirements for healthcare professionals including nurses and allied health professionals according to the triennial planning cycle of the University Grants Committee (UGC), and advises the UGC on the corresponding requirements for publicly-funded places to facilitate academic planning by tertiary institutions. In making long-term manpower projections, we will take into account the anticipated manpower requirements of major healthcare providers having regard to, among other things, the wastage trends of different healthcare professions, the ageing rate of the population and changes in demographic profiles, and the community's need for services in particular areas, etc. We will also take into consideration the implications on healthcare manpower arising from changes in healthcare services delivery models and related policies such as development of primary care and private hospitals and the introduction of a Health Protection Scheme. For the triennial cycle starting from 2012, the Government will allocate an additional $200 million to increase the number of first-year first-degree places in medicine by 100, nursing by 40 and allied health professions by 146. Meanwhile, training places for nurses offered by self-financing post-secondary institutions are also on the rise.

Based on the outcome of the Second Stage Public Consultation on Healthcare Reform, the Government has set up a high-level steering committee to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. The review covers healthcare professionals from 13 disciplines which are subject to statutory regulation, including nurses and allied health professionals covered under the Supplementary Medical Professions Ordinance. Chaired by the Secretary for Food and Health, the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development will assess manpower needs in the various healthcare professions and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development having regard to the findings of the strategic review, with a view to ensuring the healthy and sustainable development of Hong Kong's healthcare system.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)012

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2683

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

With respect to public health expenditure, please set out the actual amount of expenditure in the past three years as well as the estimated amount of expenditure in 2012-13, their percentages in relation to public expenditure, total health expenditure and gross domestic product respectively; the amount of non-recurrent health expenditure and its percentage in relation to total health expenditure. Please also set out by year the main components of non-recurrent health expenditure.

Asked by: Hon. HO Chun-yan, Albert

Reply:

Statistics on overall health expenditures in Hong Kong, comprising both public and private health expenditures, are collected through the Domestic Health Accounts of Hong Kong (HKDHA) compiled by the Food and Health Bureau (FHB) in accordance with the framework of the International Classification for Health Accounts (ICHA) promulgated by the Organisation for Economic Co-operation and Development (OECD) in 2000. The HKDHA capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health, providing a more detailed and complete picture of health expenditures that facilitates international comparison. Due to complexity of gathering, compiling, verifying and analyzing health expenditure data from a variety of different sources, HKDHA take time to compile and are available up to 2007-08 only.

On the other hand, the Estimates show expenditure by the Government under the health policy area group (PAG) in the Government Accounts, which is based on the estimated expenditures by government departments and agencies for the relevant functions and activities. It should be noted that HKDHA capture a broader scope of public health expenditures than those under the health PAG in the Government Accounts. Annex 1 shows the difference between HKDHA and the Government Accounts. Thus public expenditure under the health PAG in the Government Accounts is generally 15-17% lower than that of public health expenditure under HKDHA. The Estimates contain no estimate of private expenditure on health services, and in turn no estimate of total domestic expenditure on health services in amount or as a ratio to GDP, and thus no estimate for the Government's expenditure under the health PAG as a proportion of total domestic health expenditure. The estimated Government's expenditure under the health PAG in the Government Accounts in 2012-13 amounts to about 3.0% as a ratio to the projected GDP in the Estimates.

Annex 2 shows the statistics on total health expenditure, public health expenditure and private health expenditure from HKDHA in 1989-90 to 2007-08. Such statistics from HKDHA do not differentiate recurrent from non-recurrent health expenditures. Recurrent government expenditure and non-recurrent and capital expenditure under the health PAG in the Government Accounts in 1997-98 to 2012-13 are shown

in Annex 3. Major items of non-recurrent and capital expenditure in 2009-10 to 2012-13 are shown in Annex 4.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Annex 1

Public Health Expenditure in the Domestic Health Accounts of Hong Kong and Public Expenditure on Health Policy Area Group in the Government Accounts

The public health expenditure under the Domestic Health Accounts of Hong Kong (HKDHA) has a wider and more comprehensive coverage than the public expenditure under the health policy area group (PAG) in the Government Accounts.

Under the health PAG of Government Accounts, only expenditure directly related to health incurred by the Food and Health Bureau (including the Bureau's allocation to the Hospital Authority), the Department of Health and other departments such as the Government Laboratory are counted as government expenditure under the health policy area.

Under the HKDHA framework, apart from those already included by the health PAG of the Government Accounts, public health expenditures also cover other health-related functions performed by other government departments. For example, HKDHA also include health expenditure on nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance service under the Fire Services Department and Auxiliary Medical Service, etc. However, these are not included in the public expenditure under the health PAG of the Government Accounts.

As a result of the above difference, the HKDHA estimates on public health expenditure are generally higher than the estimates of public expenditure on health PAG under the Government Accounts. The difference amounted to 15-17% from 2003-04 to 2007-08.

	2003-04	2004-05	2005-06	2006-07	2007-08
Public health expenditure under HKDHA (HK$ Million) (a)	39,889	37,090	36,934	37,419	38,809
Total public expenditure on health PAG under the Government Accounts (HK$ Million) (b)	34,201	32,199	31,616	32,127	33,623
Difference [(a – b) / (b)]	16.6%	15.2%	16.8%	16.5%	15.4%

Source of expenditure under the Government Accounts: Financial Services and Treasury Bureau, Government Secretariat

Annex 2

Statistics on health expenditures from Hong Kong's Domestic Health Accounts (HKDHA), 1989-90 to 2007-08

	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Total Health Expenditure																			
At current prices (HK$ million)	19,613	23,735	29,321	34,104	39,411	44,743	51,207	56,773	62,162	66,227	65,906	67,299	68,720	66,918	68,976	67,975	70,365	74,008	78,946
At constant 2008 prices (HK$ million)	27,570	31,205	35,037	37,226	39,821	42,764	46,829	48,978	51,057	54,779	57,167	60,466	62,910	63,828	70,015	71,039	73,337	77,037	79,618
Annual change (at constant 2008 prices)		13.2%	12.3%	6.2%	7.0%	7.4%	9.5%	4.6%	4.2%	7.3%	4.4%	5.8%	4.0%	1.5%	9.7%	1.5%	3.2%	5.0%	3.3%
As % of GDP	3.6%	3.8%	4.1%	4.1%	4.1%	4.2%	4.5%	4.5%	4.6%	5.2%	5.1%	5.1%	5.3%	5.3%	5.5%	5.2%	5.0%	4.9%	4.8%
Per capita (HK$) (at constant 2008 prices)	4,849	5,470	6,091	6,418	6,748	7,085	7,607	7,611	7,868	8,371	8,653	9,072	9,370	9,464	10,402	10,472	10,764	11,235	11,496
Public Health Expenditure																			
At current prices (HK$ million)	7,749	10,016	13,393	15,844	18,657	21,582	25,316	28,653	31,671	35,800	35,997	37,028	39,152	38,526	39,889	37,090	36,934	37,419	38,809
At constant 2008 prices (HK$ million)	10,892	13,169	16,005	17,294	18,852	20,627	23,152	24,719	26,013	29,611	31,224	33,269	35,842	36,747	40,490	38,762	38,494	38,951	39,139
Annual change (at constant 2008 prices)		20.9%	21.5%	8.1%	9.0%	9.4%	12.2%	6.8%	5.2%	13.8%	5.4%	6.5%	7.7%	2.5%	10.2%	-4.3%	-0.7%	1.2%	0.5%
As % of GDP	1.4%	1.6%	1.9%	1.9%	1.9%	2.0%	2.2%	2.3%	2.3%	2.8%	2.8%	2.8%	3.0%	3.0%	3.2%	2.8%	2.6%	2.5%	2.3%
As % of Total Health Expenditure	39.5%	42.2%	45.7%	46.5%	47.3%	48.2%	49.4%	50.5%	50.9%	54.1%	54.6%	55.0%	57.0%	57.6%	57.8%	54.6%	52.5%	50.6%	49.2%
Per capita (HK$) (at constant 2008 prices)	1,916	2,308	2,782	2,981	3,195	3,418	3,761	3,841	4,009	4,525	4,726	4,992	5,338	5,449	6,016	5,714	5,650	5,680	5,651
Private Health Expenditure																			
At current prices (HK$ million)	11,864	13,719	15,927	18,260	20,753	23,161	25,891	28,119	30,490	30,427	29,909	30,270	29,568	28,392	29,087	30,885	33,431	36,588	40,137
At constant 2008 prices (HK$ million)	16,678	18,037	19,032	19,932	20,969	22,137	23,677	24,259	25,044	25,167	25,943	27,197	27,068	27,081	29,525	32,277	34,843	38,086	40,479
Annual change (at constant 2008 prices)		8.1%	5.5%	4.7%	5.2%	5.6%	7.0%	2.5%	3.2%	0.5%	3.1%	4.8%	-0.5%	0.0%	9.0%	9.3%	8.0%	9.3%	6.3%
As % of GDP	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.3%	2.2%	2.2%	2.4%	2.3%	2.3%	2.3%	2.2%	2.3%	2.4%	2.4%	2.4%	2.4%
As % of Total Health Expenditure	60.5%	57.8%	54.3%	53.5%	52.7%	51.8%	50.6%	49.5%	49.1%	45.9%	45.4%	45.0%	43.0%	42.4%	42.2%	45.4%	47.5%	49.4%	50.8%
Per capita (HK$) (at constant 2008 prices)	2,933	3,162	3,309	3,436	3,554	3,668	3,846	3,769	3,859	3,846	3,927	4,081	4,031	4,016	4,387	4,758	5,114	5,554	5,845

Note: Health expenditure estimates with adjustment for inflation are computed at constant 2008 prices which are as released in the latest set of HKDHA, 1989-90 to 2007-08.

Annex 3

Government expenditures under the health PAG in the Government Accounts in 1997-98 to 2012-13

	1997-98	2002-03	2007-08	2008-09	2009-10	2010-11	2011-12*	2012-13**
Total Public Expenditure								
At current prices (HK$ million)	234,899	266,460	252,495	330,968	307,192	320,570	388,813	418,070
As % of GDP	17.2%	20.9%	15.3%	20.1%	18.6%	18.0%	20.6%	21.4%
Recurrent Government Expenditure								
At current prices (HK$ million)	157,840	198,004	199,446	214,119	221,180	223,173	244,146	264,349
As % of GDP	11.6%	15.5%	12.1%	13.0%	13.4%	12.5%	12.9%	13.5%
Total Public Expenditure on Health Policy Area Group (PAG)								
At current prices (HK$ million)	27,954	33,169	33,623	36,706	38,387	39,890	45,181	59,217
At constant 2008 prices (HK$ million)	22,960	31,637	33,909	36,648	38,562	39,952	43,768	56,517
Annual change (at constant 2008 prices)	5.9%	1.1%	1.4%	8.1%	5.2%	3.6%	9.6%	29.1%
As % of GDP	2.0%	2.6%	2.0%	2.2%	2.3%	2.2%	2.4%	3.0%
As % of Total Public Expenditure	11.9%	12.4%	13.3%	11.1%	12.5%	12.4%	11.6%	14.2%
Per Capita (HK$) (at constant 2008 prices)	3,538	4,691	4,896	5,252	5,506	5,653	6,157	7,871
Recurrent Government Expenditure on Health PAG								
At current prices (HK$ million)	26,005	32,323	31,641	33,849	35,333	36,774	41,540	44,672
At constant 2008 prices (HK$ million)	21,359	30,830	31,910	33,795	35,495	36,832	40,241	42,636
Annual change (at constant 2008 prices)	9.2%	5.5%	2.8%	5.9%	5.0%	3.8%	9.3%	6.0%
As % of GDP	1.9%	2.5%	1.9%	2.1%	2.1%	2.1%	2.2%	2.3%
As % of Recurrent Government Expenditure	16.5%	16.3%	15.9%	15.8%	16.0%	16.5%	17.0%	16.9%
As % of Total Public Expenditure on Health PAG	93.0%	97.4%	94.1%	92.2%	92.0%	92.2%	91.9%	75.4%
Per Capita (HK$) (at constant 2008 prices)	3,291	4,571	4,607	4,843	5,068	5,211	5,661	5,938
Non-recurrent and Capital Expenditure on Health PAG								
At current prices (HK$ million)	1,949	846	1,982	2,857	3,054	3,116	3,641	14,545
At constant 2008 prices (HK$ million)	1,601	807	1,999	2,852	3,068	3,121	3,527	13,882
Annual change (at constant 2008 prices)	-24.6%	-60.9%	-16.4%	42.7%	7.6%	1.7%	13.0%	293.6%
As % of GDP	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.7%
As % of Total Public Expenditure on Health PAG	7.0%	2.6%	5.9%	7.8%	8.0%	7.8%	8.1%	24.6%
Per Capita (HK$) (at constant 2008 prices)	247	120	289	409	438	442	496	1,933

Notes: For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2008 prices are computed using the same inflation adjustment factor as in the HKDHA.
* Revised Estimates
** Estimates

Annex 4

Major items of non-recurrent and capital expenditure on health, 2009-10 to 2012-13

Dept/Item	2009-10 Actual Expenditure ($M)	2010-11 Actual Expenditure ($M)	2011-12 Revised Estimate ($M)	2012-13 Estimate ($M)
Non-recurrent expenditure				
Grant to the Samaritan Fund	-	-	-	10,000.0
Health and Health Services Research Fund	4.2	8.9	6.3	-
Funding Research on Control of Infectious Diseases	22.9	37.2	30.5	-
Health and Medical Research Fund [(1)]	-	-	31.8	100.0
Health Care Voucher Pilot Scheme	49.0	72.0	102.0	298.0
Human Swine Influenza Vaccination	256.5	2.7	-	-
Pneumococcal and Seasonal Influenza Vaccination	68.5	-	-	-
Capital expenditure				
Medical subventions (public hospital development)	1,240.9	1,348.2	1,765.4	1,571.5 [(2)]
Development of a territory-wide Electronic Health Record Sharing System	34.4	109.5	121.0	202.3
Hospital Authority – improvement works, feasibility studies, investigations and pre-contract consultancy services for building projects (block vote)	600.0	600.0	714.9	661.0
Hospital Authority – equipment and information systems (block vote)	693.5	844.0	714.4	762.8

(1) On 9.12.2011, the Finance Committee approved the setting up of the Health and Medical Research Fund by consolidating the commitment items "Health and Health Services Research Fund" and "Funding Research on Control of Infectious Diseases"

(2) Including the estimates of Cat B projects 8005MJ (Expansion of United Christian Hospital – preparatory works) and 8014MD (Redevelopment of Kwong Wah Hospital – preparatory works) which are subject to the approval from the Finance Committee.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)013

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3293

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 distribution of public and private medical services, please advise the following :

(a) From 2005 to 2011, what was the respective annual percentage contribution of public and private medical services to the Gross Domestic Product?

(b) From 2005 to 2011, how many doctors and nurses were employed for providing public and private medical services respectively? How many doctors and nurses were employed by public and private hospitals respectively. What were the number of patient days and bed occupancy rate in public and private hospitals?

(c) From 2005 to 2011, how many non-local residents received inpatient services from the public and private medical sectors each year? What were the costs involved and revenue generated in providing inpatient services for non-local residents and whether there was any operational deficit?

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a)

Statistics on overall health expenditures in Hong Kong, comprising both public and private health expenditures, are collected through the Domestic Health Accounts of Hong Kong (HKDHA) compiled by the Food and Health Bureau (FHB) in accordance with the framework of the International Classification for Health Accounts (ICHA) promulgated by the Organisation for Economic Co-operation and Development (OECD) in 2000. The HKDHA capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health, providing a more detailed and complete picture of health expenditures that facilitates international comparison. Due to complexity of gathering, compiling, verifying and analyzing health expenditure data from a variety of different sources, HKDHA take time to compile and are available up to 2007-08 only.

On the other hand, the Estimates show expenditure by the Government under the health policy area group (PAG) in the Government Accounts, which is based on the estimated expenditures by government departments and agencies for the relevant functions and activities. It should be noted that HKDHA capture a broader scope of public health expenditures than those under the health PAG in the Government Accounts. Annex 1 shows the difference between HKDHA and the Government Accounts. Thus public expenditure under the health PAG in the Government Accounts is generally 15-17% lower than that of public health expenditure under HKDHA. The Estimates contain no estimate of private expenditure on health services, and

in turn no estimate of total domestic expenditure on health services in amount or as a ratio to GDP, and thus no estimate for the Government's expenditure under the health PAG as a proportion of total domestic health expenditure. The estimated Government's expenditure under the health PAG in the Government Accounts in 2012-13 amounts to about 3.0% as a ratio to the projected GDP in the Estimates.

Annex 2 shows the statistics on total health expenditure, public health expenditure and private health expenditure from HKDHA in 1989-90 to 2007-08. Such statistics from HKDHA do not differentiate recurrent from non-recurrent health expenditures. Recurrent government expenditure and non-recurrent and capital expenditure under the health PAG in the Government Accounts in 1997-98 to 2012-13 are shown in Annex 3. Major items of non-recurrent and capital expenditure in 2009-10 to 2012-13 are shown in Annex 4.

(b)

The table below sets out the full-time equivalent of doctors and nurses employed by the Hospital Authority (HA) and Department of Health (DH) from 2005-06 to 2011-12 (up to December 2011).

Year	Full-time equivalent strength of doctors employed by HA	Full-time equivalent strength of nurses employed by HA	Full-time civil service and NCSC doctors employed by DH	Full-time civil service and NCSC nurses employed by DH
2005-06 (as of Mar 2006)	4 568.6	19 248.0	437	1 250
2006-07 (as of Mar 2007)	4 616.9	19 212.0	457	1 248
2007-08 (as of Mar 2008)	4 722.5	19 273.3	444	1 239
2008-09 (as of Mar 2009)	4 863.0	19 521.6	451	1 264
2009-10 (as of Mar 2010)	4 994.7	19 866.3	486	1 348
2010-11 (as of Mar 2011)	5 051.9	20 101.8	502	1 311
2011-12 (as of Dec 2011)	5 184.2	20 825.6	493	1 350

The table below sets out the number of resident doctors and nurses employed by private hospitals from 2005 to 2011.

Year	Resident doctors	Nurses
2005 (as of 30 June 2005)	139	2 159
2006 (as of 30 June 2006)	151	2 201
2007 (as of 30 June 2007)	178	2 519
2008 (as of 30 June 2008)	214	2 763
2009 (as of 30 June 2009)	245	3 154
2010 (as of 30 June 2010)	263	3 351
2011 (as of 30 June 2011)	287	3 682

The table below sets out the number of patient days and inpatient occupancy rate for HA hospitals from 2005-06 to 2011-12 (up to 31 December 2011).

	Number of Patient days (including inpatient and day patient)	Inpatient Occupancy Rate
2005-06	7 490 619	82%
2006-07	7 416 089	82%
2007-08	7 478 661	83%
2008-09	7 399 407	82%
2009-10	7 483 419	82%
2010-11	7 662 904	84%
2011-12 (up to 31 December 2011) (Provisional Figures)	5 719 620	82%

The table below sets out the number of patient days and inpatient occupancy rate of private hospitals from 2005 to 2011 (up to 30 September 2011).

	Number of Patient Days (including inpatient and day patient discharges and deaths / day case admissions)	Inpatient occupancy rate
2005	641 082 ^	62.5%
2006	725 106 ^	65.7%
2007	826 846	67.1%
2008	887 321	65.3%
2009	902 619	63.8%
2010	1 026 400	68.8%
2011 (Provisional figures covering the period of January to September 2011)	789 995	68.9%

Notes: ^ Number of day case admissions in private hospitals were not available for these years

(c)

The table below sets out information on inpatient services provided to non eligible persons (NEPs) by HA from 2005-06 to 2011-12 (up to 31 December 2011).

	Inpatient / day patient discharges and deaths		Patient days (includes inpatient bed days occupied and day patient discharges and deaths)	
	Number	% of Overall HA	Number	% of Overall HA
2005-06	18 599	1.7%	45 657	0.6%
2006-07	16 528	1.4%	43 649	0.6%
2007-08	14 552	1.2%	42 213	0.6%
2008-09	16 061	1.3%	45 031	0.6%
2009-10	15 431	1.1%	42 088	0.6%
2010-11	17 459	1.2%	49 316	0.6%
2011-12 (up to 31 December 2011) (Provisional Figures)	11 912	1.1%	33 578	0.6%

The table below sets out the total costs incurred and revenue generated by inpatient services of the HA hospitals from 2005-06 to 2011-12.

Year	Total costs of in-patient services provided by the HA ($ million)	Revenue received ($ million)
2005-06	20,621	186.3
2006-07	20,628	250.6
2007-08	22,027	393.8
2008-09	23,361	452.7
2009-10	23,178	416.3
2010-11	23,835	490.0
2011-12 (revised estimate)	26,858*	319.2#

Notes: * Revised estimate
Figures on revenue up to 31 December 2011.

The costs of inpatient service incurred by HA for both eligible persons and NEP include manpower, drugs, medical consumables and other operating costs. It should be noted that the cost of inpatient services varies significantly among different cases owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescription required as well as the different length of stay of patients in the hospitals. Breakdown of inpatient service costs incurred for NEPs is not available. As a matter of principle, fees for medical services provided by HA for NEPs are set at levels not lower than the full costs of the relevant services.

The table below sets out the inpatient discharges of non-Hong Kong Identity Card holders at private hospitals from 2007 to 2011. The relevant information for 2005 to 2006 is not available. Information on the costs involved in and revenue generated from inpatient services for non-local residents and whether there was any operational deficit in private hospitals are not available.

Year	*Number of inpatient discharges of non-Hong Kong Identity Card holders
2007	32 500
2008	38 000
2009	42 000
2010	50 000
2011	53 200

* Figures are to the nearest hundred

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Session 19 FHB(H)

Annex 1

Public Health Expenditure in the Domestic Health Accounts of Hong Kong and Public Expenditure on Health Policy Area Group in the Government Accounts

The public health expenditure under the Domestic Health Accounts of Hong Kong (HKDHA) has a wider and more comprehensive coverage than the public expenditure under the health policy area group (PAG) in the Government Accounts.

Under the health PAG of Government Accounts, only expenditure directly related to health incurred by the Food and Health Bureau (including the Bureau's allocation to the Hospital Authority), the Department of Health and other departments such as the Government Laboratory are counted as government expenditure under the health policy area.

Under the HKDHA framework, apart from those already included by the health PAG of the Government Accounts, public health expenditures also cover other health-related functions performed by other government departments. For example, HKDHA also include health expenditure on nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance service under the Fire Services Department and Auxiliary Medical Service, etc. However, these are not included in the public expenditure under the health PAG of the Government Accounts.

As a result of the above difference, the HKDHA estimates on public health expenditure are generally higher than the estimates of public expenditure on health PAG under the Government Accounts. The difference amounted to 15-17% from 2003-04 to 2007-08.

	2003-04	2004-05	2005-06	2006-07	2007-08
Public health expenditure under HKDHA (HK$ Million) (a)	39,889	37,090	36,934	37,419	38,809
Total public expenditure on health PAG under the Government Accounts (HK$ Million) (b)	34,201	32,199	31,616	32,127	33,623
Difference [(a – b) / (b)]	16.6%	15.2%	16.8%	16.5%	15.4%

Source of expenditure under the Government Accounts: Financial Services and Treasury Bureau, Government Secretariat

Annex 2

Statistics on health expenditures from Hong Kong's Domestic Health Accounts (HKDHA), 1989-90 to 2007-08

	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Total Health Expenditure																			
At current prices (HK$ million)	19,613	23,735	29,321	34,104	39,411	44,743	51,207	56,773	62,162	66,227	65,906	67,299	68,720	66,918	68,976	67,975	70,365	74,008	78,946
At constant 2008 prices (HK$ million)	27,570	31,205	35,037	37,226	39,821	42,764	46,829	48,978	51,057	54,779	57,167	60,466	62,910	63,828	70,015	71,039	73,337	77,037	79,618
Annual change (at constant 2008 prices)		13.2%	12.3%	6.2%	7.0%	7.4%	9.5%	4.6%	4.2%	7.3%	4.4%	5.8%	4.0%	1.5%	9.7%	1.5%	3.2%	5.0%	3.3%
As % of GDP	3.6%	3.8%	4.1%	4.1%	4.1%	4.2%	4.5%	4.5%	4.6%	5.2%	5.1%	5.1%	5.3%	5.3%	5.5%	5.2%	5.0%	4.9%	4.8%
Per capita (HK$) (at constant 2008 prices)	4,849	5,470	6,091	6,418	6,748	7,085	7,607	7,611	7,868	8,371	8,653	9,072	9,370	9,464	10,402	10,472	10,764	11,235	11,496
Public Health Expenditure																			
At current prices (HK$ million)	7,749	10,016	13,393	15,844	18,657	21,582	25,316	28,653	31,671	35,800	35,997	37,028	39,152	38,526	39,889	37,090	36,934	37,419	38,809
At constant 2008 prices (HK$ million)	10,892	13,169	16,005	17,294	18,852	20,627	23,152	24,719	26,013	29,611	31,224	33,269	35,842	36,747	40,490	38,762	38,494	38,951	39,139
Annual change (at constant 2008 prices)		20.9%	21.5%	8.1%	9.0%	9.4%	12.2%	6.8%	5.2%	13.8%	5.4%	6.5%	7.7%	2.5%	10.2%	-4.3%	-0.7%	1.2%	0.5%
As % of GDP	1.4%	1.6%	1.9%	1.9%	1.9%	2.0%	2.2%	2.3%	2.3%	2.8%	2.8%	2.8%	3.0%	3.0%	3.2%	2.8%	2.6%	2.5%	2.3%
As % of Total Health Expenditure	39.5%	42.2%	45.7%	46.5%	47.3%	48.2%	49.4%	50.5%	50.9%	54.1%	54.6%	55.0%	57.0%	57.6%	57.8%	54.6%	52.5%	50.6%	49.2%
Per capita (HK$) (at constant 2008 prices)	1,916	2,308	2,782	2,981	3,195	3,418	3,761	3,841	4,009	4,525	4,726	4,992	5,338	5,449	6,016	5,714	5,650	5,680	5,651
Private Health Expenditure																			
At current prices (HK$ million)	11,864	13,719	15,927	18,260	20,753	23,161	25,891	28,119	30,490	30,427	29,909	30,270	29,568	28,392	29,087	30,885	33,431	36,588	40,137
At constant 2008 prices (HK$ million)	16,678	18,037	19,032	19,932	20,969	22,137	23,677	24,259	25,044	25,167	25,943	27,197	27,068	27,081	29,525	32,277	34,843	38,086	40,479
Annual change (at constant 2008 prices)		8.1%	5.5%	4.7%	5.2%	5.6%	7.0%	2.5%	3.2%	0.5%	3.1%	4.8%	-0.5%	0.0%	9.0%	9.3%	8.0%	9.3%	6.3%
As % of GDP	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.3%	2.2%	2.2%	2.4%	2.3%	2.3%	2.3%	2.2%	2.3%	2.4%	2.4%	2.4%	2.4%
As % of Total Health Expenditure	60.5%	57.8%	54.3%	53.5%	52.7%	51.8%	50.6%	49.5%	49.1%	45.9%	45.4%	45.0%	43.0%	42.4%	42.2%	45.4%	47.5%	49.4%	50.8%
Per capita (HK$) (at constant 2008 prices)	2,933	3,162	3,309	3,436	3,554	3,668	3,846	3,769	3,859	3,846	3,927	4,081	4,031	4,016	4,387	4,758	5,114	5,554	5,845

Note: Health expenditure estimates with adjustment for inflation are computed at constant 2008 prices which are as released in the latest set of HKDHA, 1989-90 to 2007-08.

Government expenditures under the health PAG in the Government Accounts in 1997-98 to 2012-13

	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12*	2012-13**
Total Public Expenditure																
At current prices (HK$ million)	234,899	286,993	277,994	275,609	269,664	266,460	275,351	263,194	251,532	244,868	252,495	330,968	307,192	320,570	388,813	418,070
As % of GDP	17.2%	22.5%	21.6%	20.9%	20.9%	20.9%	22.1%	20.2%	17.8%	16.3%	15.3%	20.1%	18.6%	18.0%	20.6%	21.4%
Recurrent Government Expenditure																
At current prices (HK$ million)	157,840	173,278	181,134	184,522	195,592	198,004	197,291	192,295	187,162	189,498	199,446	214,119	221,180	223,173	244,146	264,349
As % of GDP	11.6%	13.6%	14.1%	14.0%	15.2%	15.5%	15.9%	14.7%	13.3%	12.6%	12.1%	13.0%	13.4%	12.5%	12.9%	13.5%
Total Public Expenditure on Health Policy Area Group (PAG)																
At current prices (HK$ million)	27,954	31,366	31,860	32,720	34,182	33,169	34,201	32,199	31,616	32,127	33,623	36,706	38,387	39,890	45,181	59,217
At constant 2008 prices (HK$ million)	22,960	25,944	27,636	29,398	31,292	31,637	34,716	33,650	32,951	33,442	33,909	36,648	38,562	39,952	43,768	56,517
Annual change (at constant 2008 prices)	5.9%	13.0%	6.5%	6.4%	6.4%	1.1%	9.7%	-3.1%	-2.1%	1.5%	1.4%	8.1%	5.2%	3.6%	9.6%	29.1%
As % of GDP	2.0%	2.5%	2.5%	2.5%	2.7%	2.6%	2.8%	2.5%	2.2%	2.1%	2.0%	2.2%	2.3%	2.2%	2.4%	3.0%
As % of Total Public Expenditure	11.9%	10.9%	11.5%	11.9%	12.7%	12.4%	12.4%	12.2%	12.6%	13.1%	13.3%	11.1%	12.5%	12.4%	11.6%	14.2%
Per Capita (HK$) (at constant 2008 prices)	3,538	3,965	4,183	4,411	4,661	4,691	5,158	4,961	4,836	4,877	4,896	5,252	5,506	5,653	6,157	7,871
Recurrent Government Expenditure on Health PAG																
At current prices (HK$ million)	26,005	28,762	29,880	30,479	31,930	32,323	31,650	30,136	29,286	29,830	31,641	33,849	35,333	36,774	41,540	44,672
At constant 2008 prices (HK$ million)	21,359	23,790	25,918	27,385	29,231	30,830	32,127	31,494	30,523	31,051	31,910	33,795	35,495	36,832	40,241	42,636
Annual change (at constant 2008 prices)	9.2%	11.4%	8.9%	5.7%	6.7%	5.5%	4.2%	-2.0%	-3.1%	1.7%	2.8%	5.9%	5.0%	3.8%	9.3%	6.0%
As % of GDP	1.9%	2.3%	2.3%	2.3%	2.5%	2.5%	2.5%	2.3%	2.1%	2.0%	1.9%	2.1%	2.1%	2.1%	2.2%	2.3%
As % of Recurrent Government Expenditure	16.5%	16.6%	16.5%	16.5%	16.3%	16.3%	16.0%	15.7%	15.6%	15.7%	15.9%	15.8%	16.0%	16.5%	17.0%	16.9%
As % of Total Public Expenditure on Health PAG	93.0%	91.7%	93.8%	93.2%	93.4%	97.4%	92.5%	93.6%	92.6%	92.9%	94.1%	92.2%	92.0%	92.2%	91.9%	75.4%
Per Capita (HK$) (at constant 2008 prices)	3,291	3,636	3,923	4,109	4,353	4,571	4,773	4,643	4,480	4,528	4,607	4,843	5,068	5,211	5,661	5,938
Non-recurrent and Capital Expenditure on Health PAG																
At current prices (HK$ million)	1,949	2,604	1,980	2,241	2,252	846	2,551	2,063	2,330	2,297	1,982	2,857	3,054	3,116	3,641	14,545
At constant 2008 prices (HK$ million)	1,601	2,154	1,717	2,013	2,062	807	2,589	2,156	2,428	2,391	1,999	2,852	3,068	3,121	3,527	13,882
Annual change (at constant 2008 prices)	-24.6%	34.5%	-20.3%	17.2%	2.4%	-60.9%	220.9%	-16.7%	12.6%	-1.5%	-16.4%	42.7%	7.6%	1.7%	13.0%	293.6%
As % of GDP	0.1%	0.2%	0.2%	0.2%	0.2%	0.1%	0.2%	0.2%	0.2%	0.2%	0.1%	0.2%	0.2%	0.2%	0.2%	0.7%
As % of Total Public Expenditure on Health PAG	7.0%	8.3%	6.2%	6.8%	6.6%	2.6%	7.5%	6.4%	7.4%	7.1%	5.9%	7.8%	8.0%	7.8%	8.1%	24.6%
Per Capita (HK$) (at constant 2008 prices)	247	329	260	302	307	120	385	318	356	349	289	409	438	442	496	1,933

Notes: For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2008 prices are computed using the same inflation adjustment factor as in the HKDHA.

* Revised Estimates

** Estimates

Annex 4

Major items of non-recurrent and capital expenditure on health, 2009-10 to 2012-13

Dept/Item	2009-10 Actual Expenditure ($M)	2010-11 Actual Expenditure ($M)	2011-12 Revised Estimate ($M)	2012-13 Estimate ($M)
Non-recurrent expenditure				
Grant to the Samaritan Fund	-	-	-	10,000.0
Health and Health Services Research Fund	4.2	8.9	6.3	-
Funding Research on Control of Infectious Diseases	22.9	37.2	30.5	-
Health and Medical Research Fund (1)	-	-	31.8	100.0
Health Care Voucher Pilot Scheme	49.0	72.0	102.0	298.0
Human Swine Influenza Vaccination	256.5	2.7	-	-
Pneumococcal and Seasonal Influenza Vaccination	68.5	-	-	-
Capital expenditure				
Medical subventions (public hospital development)	1,240.9	1,348.2	1,765.4	1,571.5 (2)
Development of a territory-wide Electronic Health Record Sharing System	34.4	109.5	121.0	202.3
Hospital Authority – improvement works, feasibility studies, investigations and pre-contract consultancy services for building projects (block vote)	600.0	600.0	714.9	661.0
Hospital Authority – equipment and information systems (block vote)	693.5	844.0	714.4	762.8

(1) On 9.12.2011, the Finance Committee approved the setting up of the Health and Medical Research Fund by consolidating the commitment items "Health and Health Services Research Fund" and "Funding Research on Control of Infectious Diseases"

(2) Including the estimates of Cat B projects 8005MJ (Expansion of United Christian Hospital – preparatory works) and 8014MD (Redevelopment of Kwong Wah Hospital – preparatory works) which are subject to the approval from the Finance Committee

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)014

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1424

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the consultancy studies (if any) commissioned by the Food and Health Bureau (Health Branch) and its departments for the purpose of formulating and assessing policies, please provide information in the following format.

(1) Using the table below, please provide information on studies on public policy and strategic public policy for which funds had been allocated between 2009-10 and 2011-12:

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?

(2) Are there any projects for which funds have been reserved for conducting consultancy studies in 2012-13? If yes, please provide the following information:

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	For the projects that are expected to be completed in 2012-13, is there any plan to make them public? If yes, through what channels? If no, why?

(3) What are the criteria for considering the award of consultancy projects to the research institutions concerned?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

(1) Please refer to Annex A.

(2) Please refer to Annex B.

(3) Consultancy proposals are evaluated in accordance with the procedures laid down in the Stores and Procurement Regulations. Tenderers are requested to submit a technical proposal and a fee proposal separately for our assessment. In general, technical proposals submitted by potential consultants will be assessed according to the firm's experience in conducting consultancy studies and expertise in the subject area, the firm's understanding of the study requirements, the study approach and methodology, related knowledge and experience, as well as the composition of the proposed consultancy team. The combined score of the technical and fee proposals will form the basis of awarding the consultancy project to the selected tenderer.

For studies commissioned as scientific research projects conducted by academic institutions, they are awarded in accordance with the established mechanism and criteria for administering research funds. Research proposals are invited from research institutions through open invitations and vetted through a two-tier peer review mechanism, first by external referees chosen for their expertise in specific research areas, and then by an assessment panel comprised a multidisciplinary panel of local experts to evaluate scientific merit of the projects.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Annex A

Studies on public policy and strategic public policy for which funds had been allocated between 2009-10 and 2011-12

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
The Chinese University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Metabolism and toxicity of melamine in developing and infant rats	983,568	April 2009	Completed	Result of the study has been considered by an Assessment Board comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.
The Chinese University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Effect of melamine on kidney and vascular function in pregnant and newborn rats	809,194	April 2009	Completed	Result of the study has been considered by an Assessment Board comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.
The University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Transfer of melamine across the placenta and toxic effects on the developing mouse foetus	1,154,090	April 2009	Completed	When results received, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.
The University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Mechanism of melamine-induced human urinary bladder cancer	278,760	April 2009	Completed	Result of the study has been considered by an Assessment Board comprising experts from the health sector and the Government.	Research findings have been released through the website of Food and Health Bureau.

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
The Chinese University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Medium- and long-term follow-up of Hong Kong children exposed to melamine	984,091	April 2009	Completed	The results of these studies are now considered by an Assessment Panel comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.
The Chinese University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Prevalence of melamine in stored urine samples and clinical follow-up of affected Hong Kong children	300,715	April 2009	Completed	Result of the study has been considered by an Assessment Board comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.
The University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Case-control study of Sichuan and Hong Kong children with melamine-associated renal stones	523,124	April 2009	Completed	Result of the study has been considered by an Assessment Board comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.
The Chinese University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Development and application of novel diagnostic tests for melamine exposure	957,360	April 2009	Completed	Result of the study has been considered by an Assessment Board comprising experts from the health sector and the Government.	Research findings will be released through the website of Food and Health Bureau.
Consumer Search HK Limited	Tender*	Opinion Poll on Tobacco Control Measures in Entertainment Premises: to gauge the public's views on the implementation of more stringent tobacco control measures in entertainment premises on 1 July 2009	95,200	April 2009	Completed	Results of this study have been considered by the Food and Health Bureau for formulation of its tobacco control policy.	Results have been released through the website of Food and Health Bureau.

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
Consumer Search HK Limited	Tender*	Opinion survey on human swine influenza vaccination: to gauge the public's views and acceptance of human swine influenza vaccination	56,000	May 2009	Completed	Results of this study have been considered by the Food and Health Bureau for the planning of human swine influenza vaccination.	This study is conducted for internal planning of human swine influenza vaccination.
The University of Hong Kong	Tender*	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2007/08 and 2008/09: to further update the estimates of Hong Kong's domestic health expenditure based on the OECD standardization of health accounts, "A System of Health Accounts", and to appraise the applications of domestic health accounts	1,416,553	Sept. 2009	In progress	When the project is completed, results will be released to public through the website of Food and Health Bureau.	Results for 2007/08 have been released through the website of Food and Health Bureau. The updating for 2008/09 is still on-going
The University of Hong Kong	Tender*	Evaluation of Tobacco Control Measures	201,295	Jan. 2010	Completed	-	The results have been released through the Administration's reply to the Legislative Council Panel on Financial Affairs on tobacco duty, depreciation allowances under "import processing" arrangements and tax appeal mechanism in July 2010.

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
Consumer Search HK Limited	Tender*	Telephone Survey on Disease Conditions and Healthcare Expenditure: to gauge the public opinion on the impact of disease conditions on their quality of life under different hypothetical situations	62,000	Feb. 2010	Completed	Findings of this study have been considered by the Food and Health Bureau for the planning of healthcare policies.	This study is conducted for internal policy reference.
Milliman Limited	Tender*	Local Market Situation and Overseas Experience of Private Health Insurance and Analyses of Stakeholders' Views: to serve as a background research by collecting and analyzing stakeholders' views, reviewing theoretical framework and overseas experience, and assessing local market situation through an investigation of available information and data	1,430,000	Feb. 2010	Completed	Findings of these studies have been incorporated in the Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.
Milliman Limited	Tender*	Feasibility Study on the Key Features of the Health Protection Scheme: to design actuarially sound insurance product templates, and develop policy options for provision of incentives where necessary to enable the Scheme to operate effectively	1,430,000	Feb. 2010	Completed	Findings of these studies have been incorporated in the Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.

Name of consultant	**Mode of award (open auction/ tender/ others (please specify))**	**Title, content and objectives of project**	**Consultancy fee ($)**	**Start date**	**Progress of study (under planning / in progress / completed)**	**Follow-ups taken by the Administration on the study reports and their progress (if any)**	**If completed, have they been made public? If yes, through what channels, If no, why?**
Milliman Limited	Tender*	Assessment of the Long-term Implications of the Health Protection Scheme: to assess the various implications of the proposed Scheme up to the long term at system, government, corporate and individual levels	1,430,000	Feb. 2010	Completed	Findings of these studies have been incorporated in the Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.
Consumer Search HK Limited	Tender*	Telephone Survey on Supplementary Healthcare Financing (March – April 2010): to gauge the updated preference of the general public on supplementary healthcare financing	85,000	March 2010	Completed	Findings of these studies have been incorporated in the Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.
Consumer Search HK Limited	Tender*	Consumer Market Research – Telephone Survey and Focus Group Study: to gauge the views of consumers regarding their preferences and willingness-to- pay for the proposed voluntary supplementary financing scheme	428,000	May 2010	Completed	Findings of these studies have been incorporated in the Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
PolyU Technology & Consultancy Co. Ltd	Tender*	Focus Group Study on Supplementary Healthcare Financing 2010: to canvass the public's views on healthcare financing reform, with particular focus on the existing financing model, and the key concepts and issues of the proposed voluntary supplementary financing scheme	150,000	June 2010	Completed	Findings of these studies have been incorporated in the Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.
Consumer Search HK Limited	Tender*	Telephone Survey on Supplementary Healthcare Financing (June – July 2010): to gauge the views of the general public on the inclusion of people with pre-existing illness or health risks in the proposed voluntary health insurance scheme	85,000	June 2010	Completed	Findings of these studies have been incorporated in the Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.
Consumer Search HK Limited	Tender*	Telephone Survey on Supplementary Healthcare Financing (July – August 2010): to gauge the views of the general public on the proposed voluntary health insurance scheme, in particular their views on government incentives and their willingness- to-pay	85,000	July 2010	Completed	Findings of these studies have been incorporated in the Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
The University of Hong Kong	Tender*	School-based survey on smoking: to study the prevalence of smoking and its pattern among students, assess the impact of relevant policy measures on youth smokers and their smoking patterns, and collect other information related to smoking among students	1,428,230.60	July 2010	Completed	Findings of the survey have been considered by the Food and Health Bureau for formulation of its tobacco control policy.	Results have been published as an appendix in Thematic Household Survey Report No. 48 of Census and Statistics Department
Consumer Search HK Limited and The Chinese University of Hong Kong	Tender*	Opinion Polls on the Health Protection Scheme: to gauge the views of the general public on the Health Protection Scheme(HPS) as set out in the Healthcare Reform Second stage Consultation Document	465,000	Oct. 2010	Completed	Findings have been incorporated in the consultation report of the Second Stage Public Consultation on Healthcare Reform.	Study report has been released through the website of Food and Health Bureau.
School of Public Health and Primary Care, CUHK	Tender*	Medical Stakeholders Survey and Interviews on Health Protection Scheme: to gauge the views of stakeholders from the medical sector on the proposed HPS as set out in the Healthcare Reform Second Stage Consultation Document	808,328	Dec. 2010	Completed	Findings of these studies have been incorporated in the Report on Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.
Consumer Search HK Limited and The Chinese University of Hong Kong	Tender*	Opinion poll on Tobacco Control & Tobacco Duty: to gauge the public's views on tobacco control and tobacco duty	310,480	Dec. 2010	Completed	Findings have been considered by the Food and Health Bureau for formulation of its tobacco control policy.	Results have been released through the website of Food and Health Bureau.

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
Consumer Search HK Limited	Tender*	Consumer Market Research on the Health Protection Scheme: to gauge the views of the consumers, particularly those who are decision-makers of purchasing private health insurance products for themselves and/or their family members on the proposed HPS as set out in the Healthcare Reform Second Stage Consultation Document	449,000	Jan. 2011	Completed	Findings of these studies have been incorporated in the Report on Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.
IBM China/Hong Kong Limited	Restricted Tender	Consultancy Services for the Regulatory Impact Assessment Study for the Proposed Amendments to the Pharmacy and Poisons Ordinance	1,428,000	Jan. 2011	In progress	The study is still on-going.	The study is still on-going.
PricewaterhouseCoopers Advisory Services Limited	Tender*	Provision of Consultancy Service for Business Impact Assessment on Statutory Regulation of Medical Devices	1,299,800	May 2011	In progress	The study is still on-going.	The study is still on-going.
Consumer Search HK Limited	Tender*	Opinion Polls on the Health Protection Scheme (September to December 2011): to gauge the views of the general public on the Health Protection Scheme (HPS) after release of the Healthcare Reform Second Stage Consultation Report	198,000	Sept. 2011	Completed	Findings have been considered by the Food and Health Bureau for the planning of the Health Protection Scheme.	Study report has been released through the website of Food and Health Bureau.

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
The University of Hong Kong	Tender*	Consultancy service to update Hong Kong's Domestic Health Accounts to 2009/10 and provide technical support in other research projects	1,302,756	Oct. 2011	In progress	The service is still in progress.	The service is still in progress.
IBM China/Hong Kong Limited	Tender*	Consultancy Review of Prince Philip Dental Hospital (PPDH): to review the structure and working arrangement for managing PPDH, and make recommendations for enhancing the management of the Hospital	1,429,900	Nov. 2011	In progress	The study is still on-going.	The study is still on-going.

*Adopted the process of direct procurement by calling several quotations

Annex B

Projects for which funds have been reserved for conducting consultancy studies in 2012-13

Name of consultant	**Mode of award (open auction/ tender/ others (please specify))**	**Title, content and objectives of project**	**Consultancy fee ($)**	**Start date**	**Progress of study (under planning / in progress / completed)**	**For the projects that are expected to be completed in 2012-13, is there any plan to make them public? If yes, through what channels? If no, why?**
Contract not yet awarded	Tender	Consultancy Study on the Health Protection Scheme – to analyse the existing market situation of private health insurance in Hong Kong; and to propose a technically feasible and actuarially sound design for the Health Protection Scheme	Evaluation of proposals in progress			Consultancy report will be released through the website of Food and Health Bureau when available.
Contract not yet awarded	Under planning	Consultancy Services for the upgrade of Good Manufacturing Practice (GMP) Licensing Standards for Drug Office, Department of Health	Contract not yet awarded	Contract not yet awarded	Under planning	Contract not yet awarded
Contract not yet awarded	Under planning	Consultancy Services for the Gap Analysis of Manufacturing and Distribution Practices at Pharmaceutical Manufactory (PM) of the Drug Office, Department of Health	Contract not yet awarded	Contract not yet awarded	Under planning	Contract not yet awarded

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)015

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1435

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

In regard to the growing co-operation between Hong Kong and the Mainland in recent years, please provide relevant information on Hong Kong/Mainland cross-boundary projects or programmes in which the Food and Health Bureau (Health Branch) is or has been involved.

(1) For Hong Kong/Mainland cross-boundary projects or programmes from 2009-10 to 2011-12, please provide information in the following format:

Project/ Programme title	Details, objective and whether it is related to the Framework Agreement on Hong Kong/ Guangdong Co-operation (the Framework Agreement)	Expenditure involved	Name of Mainland department / organization involved	Progress (% completed, start date, anticipated completion date)	Have the details, objective, amount involved or impact on the public, society, culture and ecology been released to the public? If yes, through which channels and what were the manpower and expenditure involved? If no, what are the reasons?

(2) For Hong Kong/Mainland cross-boundary projects or programmes from 2012-13, please provide information in the following format:

Project/ Programme title	Details, objective and whether it is related to the Framework Agreement	Expenditure involved	Name of Mainland department / organization involved	Progress (% completed, start date, anticipated completion date)	Will the details, objective, amount involved or impact on the public, society, culture and ecology been released to the public? If yes, through which channels and what will be the manpower and expenditure involved? If no, what are the reasons?

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(3) Apart from the projects or programmes listed above, are there any other modes of cross-boundary cooperation? If yes, what are they? What were the manpower and expenditure involved in the past 3 years, and how much financial and manpower resources and earmarked in the 2012-13 Estimates?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

The Chief Executive and the Governor of Guangdong Province signed the Framework Agreement on Hong Kong/Guangdong Cooperation (the Framework Agreement) on 7 April 2010. The Framework Agreement covers a number of areas and defines clearly the positioning of Hong Kong/Guangdong cooperation in several policy areas, including cooperation initiatives on medical and health services under the purview of Food and Health Bureau (FHB). These initiatives are –

(i) To expand and open up the medical services market;

(ii) To develop cooperation in hospital management, scientific research technology exchange and training of healthcare professionals;

(iii) To make medical services more accessible;

(iv) To develop the Chinese medicine industry;

(v) To improve notification and collaborative prevention and control mechanism for infectious diseases; and

(vi) To promote drug safety and drug development.

FHB and relevant departments/organisations have been working with the Mainland authorities on the six aforementioned areas of cooperation as follows –

(i) To expand and open up the medical services market

Supplement V to the Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA) was signed on 29 July 2008. The liberalisation measures thereunder, in particular early and pilot implementation in Guangdong Province, have facilitated business expansion of Hong Kong's medical service sector in Guangdong Province. Under Supplement V to CEPA, Hong Kong service suppliers are allowed to set up outpatient clinics in Guangdong Province on a wholly-owned, equity joint venture or contractual joint venture basis, with no minimum investment requirements. No restriction is imposed on the ratio of capital investment between Hong Kong service suppliers and Mainland partners in setting up outpatient clinics in the form of equity joint venture or contractual joint venture in Guangdong Province. The health administrative department at the provincial level of Guangdong Province is responsible for the project establishment and approval procedures to reduce the lead time and streamline the procedures. Under Supplement VII to CEPA signed on 27 May 2010, the medical services market in Guangdong Province was further expanded and opened up. Hong Kong service suppliers are allowed to set up wholly-owned hospitals in Guangdong Province. The health administrative department at the provincial level of Guangdong Province is responsible for the project establishment and approval procedures for setting up medical institutions by Hong Kong service suppliers on an equity joint venture or contractual joint venture basis in Guangdong Province. Twelve types of statutory healthcare professionals who are registered to practise in Hong Kong are allowed to provide short-term services in the Mainland. We will continue to work in collaboration with the Mainland health authorities to explore other liberalisation measures for early and pilot implementation in Guangdong Province.

(ii) To develop cooperation in hospital management, scientific research technology exchange and training of healthcare professionals

The Hospital Authority (HA) and the Health Department of Guangdong Province have been organising mutual visits and exchanges on hospital management from time to time. HA has since 2007 provided professional training courses for nurses in Guangdong Province to strengthen their knowledge and skills in specialist nursing. HA will continue to strengthen cooperation and exchange with Guangdong Province.

(iii) To make medical services more accessible

HA and the health authority of Shenzhen have been exploring the arrangement to facilitate the transfer of Hong Kong residents from Shenzhen to Hong Kong for medical treatment. We have an agreement to pilot the transfer of patient records from designated Shenzhen hospitals to relevant hospitals in Hong Kong, to facilitate direct communication between hospitals in the two places after the transfer of patients to Hong Kong. At the present stage, the arrangement will only be applicable to patients on a voluntary basis and who are in stable condition. The pilot arrangement has been implemented since the first quarter of 2011.

(iv) To develop the Chinese medicine industry

Hong Kong's Department of Health (DH) has ongoing exchanges with the Guangdong Food and Drug Administration on a range of topics of mutual interests. Under the Hong Kong Chinese Medicine Materia Medica Standards project, DH conducts studies on the setting of standards for Chinese herbal medicines commonly used in Hong Kong, in collaboration with local research institutions, the Mainland, regional and international experts. The National Institute for Food and Drug Control under the State Food and Drug Administration has been taking up research work for some Chinese medicine material under the project.

From time to time, HA also invites Chinese medicine experts from the Mainland, including Guangdong Province, to provide academic guidance in Hong Kong.

In November 2007, FHB and the State Administration of Traditional Chinese Medicine entered into a cooperation agreement on Chinese medicine, following which DH and the Chinese Medicine Council of Hong Kong have organised many visits and exchange activities with Chinese medicine institutions of the Mainland. We will continue to maintain close liaison with other provinces in the Mainland that produce Chinese herbal medicines for formulation of relevant cooperation plans as and when necessary.

(v) To improve notification and collaborative prevention and control mechanism for infectious diseases

A mutual coordination and support mechanism is in place if a serious public health emergency occurs in the Mainland, Macao or Hong Kong. The three places have established a channel for regular notification and exchange of information on infectious diseases and organises, from time to time, drills and workshops to enhance exchange and to test the tripartite coordination mechanism for handling cross-border public health emergencies. We will continue to strengthen the coordination and cooperation with the relevant Mainland authorities on the public health emergencies response mechanism, including surveillance and information exchange.

(vi) To promote drug safety and drug development

In handling incidents concerning the safety of drugs (including Chinese and Western medicines), the Administration exchanges relevant information with the relevant authorities in the Mainland and Macao. DH and the Mainland authorities have arranged working meetings and visits from time to time to discuss such matters as drug registration, clinical trial, mutual exchange on training and further strengthening the exchange of information on drug

safety. We will continue to strengthen the coordination and cooperation with the relevant Mainland authorities to promote drug safety and drug development.

Our work in these respects is absorbed into the regular duties of the Administration and we do not have a breakdown of the financial expenditure and manpower involved.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)016

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2434

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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, please advise on the following:

(a) the progress so far of the medical centres.

(b) The details of the estimated expenditure.

Asked by: Hon. IP Kwok-him

Reply:

The Government announced the initiative to explore the establishment of multi-partite centres of excellence in the specialty of paediatrics and neuroscience in the 2007-08 Policy Address. By locating clinical services, medical research and professional training in one place, and concentrating expertise, advanced technology and cases of complex illnesses, a medical centre of excellence aims to facilitate cross-fertilization, enhance professional standards, provide valuable training opportunities, and provide enhanced tertiary and specialized medical services to the public.

The Steering Committees for the two centres of excellence, set up since 2008 under the Food and Health Bureau (FHB) to advise the Government on the scope of services, the operational model and the physical infrastructure of the two centres, with membership comprising public and private medical professionals, academics and patients' groups, have agreed that the two centres will be built at Kai Tak. Sites have been identified in the Kai Tak development area for this purpose.

The Centre of Excellence in Paediatrics (CEP) is at a more advanced stage of planning. We will brief the Panel on Health Services on the CEP project in March 2012. On the advice of the Steering Committee, FHB together with the Hospital Authority have formulated the blueprints for the establishment of the CEP, including its scale, scope of services and facilities, and sub-specialties to be set up in the CEP, and the Architectural Services Department has completed its physical conceptual design. The CEP will be constructed through a "Design and Build" model. The Administration plans to invite tender in Q2 2012.

Based on the current scope of works and conceptual design, the preliminary project cost is estimated to be about $9.7 billion at September 2011 prices. We plan to seek funding approval from the Finance Committee in 2013 after tendering process completed with the actual construction cost returned by tendering. Subject to funding approval, we plan to commence construction works of the CEP in 2013 with a target date for completion by 2017. The detailed operational arrangements of the CEP including provision of its clinical services, research and training services and the associated resources and manpower requirements will be worked out in parallel, based on the plan to commission services at the CEP by phases.

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 the proposed project. Similarly, we will brief the Panel on Health Services on CEN and seek the approval of the Finance Committee for funding when we have worked out these details.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)017

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2435

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the commencement of the new Health and Medical Research Fund, please advise on:

(a) the details on the operation of the fund;
(b) the specific details of the estimated expenditure; and
(c) the expected outcome of the project on the promotion of research and development in public health and medical services.

Asked by: Hon. IP Kwok-him

Reply:

The Health and Medical Research Fund (HMRF) has been established under the Food and Health Bureau (FHB) with a non-recurrent commitment of $1.415 billion upon approval by the Finance Committee of the Legislative Council on 9 December 2011. The objectives, scope, operation and staffing of HMRF are detailed in information papers for the Panel on Health Services (LC Paper No. CB(2)258/11-12(03) on 14 November 2011 and CB(2)556/11-12(01) on 8 December 2011) and Finance Committee (FCR(2011-12)57 on 9 December 2011). Salient points are summarised below. We plan to initiate the formulation of research themes and priorities of research infrastructure and programmes to be commissioned under HMRF in the second quarter of 2012, and issue open invitation to local researchers for research proposals under HMRF in the third quarter of 2012.

HMRF aims to build research capacity and to encourage, facilitate and support health and medical research to inform health policies, improve population health, strengthen the health system, enhance healthcare practices, advance standard and quality of care, and promote clinical excellence, through generation and application of evidence-based scientific knowledge derived from local research in health and medicine. It provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms, including investigator-initiated research projects, government-commissioned research programmes and research fellowships, under the strategic steer and direction of the Health and Medical Research Council chaired by the Secretary for Food and Health and comprising leading professionals in the medical and academic sectors.

Under the Health and Medical Research Council, a series of Expert Advisory Panels (EAP) for individual research areas comprising renowned local and overseas experts are being set up to provide expert advice on the direction, strategy and operation of HMRF and oversee the outcome evaluation of the funded research projects in relevant fields. Research proposals for funding under HMRF are subject to a stringent two-tier peer review process following international practices, first by a Referee Panel comprising individual experts, both local and overseas, to assess the scientific merit of applications according to their specific expertise, and second by a Grant Review Board (GRB) acting as scientific advisor and making overall recommendation on funding applications. Successful applications are required to keep an audit trail of budget spent and submit

periodic progress reports and a final report. Completed research results are disseminated to the research community and the public, and are subject to a post-completion assessment to evaluate their outputs and outcomes.

The funding to be allocated under HMRF for various research activities will depend on the actual research applications granted, research programmes commissioned, and research infrastructure and capacity building initiatives funded. Depending on the development of research capacity in local institutions, we expect that the funding of HMRF would be able to support local health and medical research over the next five years or longer. The exact cash flow requirements over the years is difficult to estimate as these depend on the number of applications submitted and projects approved each year and the expenditure pattern for individual projects. The estimated expenditure of HMRF for 2012-13 is $100 million.

HMRF is administered by the Research Fund Secretariat under the Research Office of FHB, which provides administrative and logistic support to the Health and Medical Research Council and its constituent boards and panels. The Research Fund Secretariat is planned to have a staffing complement of 15 non-directorate non-civil service staff with various skills and experience to support the operation of HMRF on a full-time basis, and also supported by three non-directorate civil servants who provide executive and clerical support for the Research Office as a whole. The annual recurrent cost for supporting the operation of HMRF is estimated to be $20 million (including $16 million on staff cost and $4 million on non-staff cost).

Health and medical research and development is a key component of the healthcare system of any advanced economy, and allows better insight into the disease, maximises treatment outcome, improves quality of care and promotes public health. Initial investment in research is expected to lead to a return in terms of less disease, improved population health and in turn enhanced work productivity. Investment in local health and medical research and development and availability of facilities and resources for such purposes are also key factors that help attract and retain talents, both local and overseas, essential to the development of a hub for medical research and clinical excellence, and supportive of a quality medical service sector. This would in turn engender a positive impact on the development of medical services as one of our service industries.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)018

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2783

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

During 2012-13, the Administration will take forward and co-ordinate the development of a territory-wide patient-oriented electronic health record sharing system based on express and informed consent of patients for sharing medical records among healthcare providers. In this connection, please inform this committee of the related work plan and estimated expenditure.

Asked by: Hon. LAU Kin-yee, Miriam

Reply:

The development of a territory-wide, patient-oriented Electronic Health Record (eHR) Sharing System was put forward as one of the proposals in the Healthcare Reform Consultation Document "Your Health, Your Life" published in March 2008, and received overwhelming support from the community. The proposed eHR Sharing System aims to provide a platform for seamless integration and interface of healthcare services at different levels of care, from primary care doctors to hospitals, thereby enhancing continuity and efficiency of healthcare.

The targets of the first stage of the eHR Programme (from 2009-10 to 2013-14) are: (i) to have the eHR sharing platform ready by 2013-14 for connection with all public and private hospitals, (ii) to have electronic medical record / electronic patient record systems or other health information systems in the market for connection to the eHR sharing platform, and (iii) to formulate a legal framework for the eHR Sharing System to protect data privacy and security, prior to the commissioning of the system.

The Legislative Council (LegCo) approved in July 2009 a new commitment of $702 million non-recurrent expenditure for implementing the first stage of the eHR Programme. To co-ordinate the Programme, the Government set up a dedicated eHR Office in the Food and Health Bureau. The Department of Health (DH) also set up a team for the development of its eHR systems. The Hospital Authority Information Technology Services provides the eHR Office with technical support and has established the eHR Project Management Office to carry out the projects under the eHR Programme. By 2012-13, there will be a total of 22 relevant civil service posts in the eHR Office and 10 posts in DH, involving an annual salary (notional annual mid-point salary) of $16.1 million and $7.2 million respectively. For all the eHR development co-ordinating and supporting functions, the Government has earmarked a total of $463.463 million recurrent resources for the four years from 2009-10 to 2012-13.

We put forward a proposed legal, privacy and securing framework for the eHR Sharing System for a two-month public consultation from 12 December 2011 to 11 February 2012. We are considering the views collected in the consultation exercise. We will later start preparing the eHR legislation, with a view to tabling the eHR legislation at the LegCo in 2013-14, and commencing the eHR Sharing System by the end of 2014.

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Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	23.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)019

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1573

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration has indicated that a strategic review on healthcare manpower planning and professional development will be conducted on the basis of the outcome of the Second Stage Public Consultation on Healthcare Reform. Will the Administration inform this Committee of the progress of the review on healthcare manpower planning? When will the review be expected to complete?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Based on the outcome of the Second Stage Public Consultation on Healthcare Reform, the Government has set up a high-level steering committee to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. Chaired by the Secretary for Food and Health, the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development will assess manpower needs in the various healthcare professions and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development having regard to the findings of the strategic review, with a view to ensuring the healthy and sustainable development of Hong Kong's healthcare system.

The Steering Committee is supported by a Coordinating Committee and six consultative sub-groups in carrying out the above task. Healthcare professionals from 13 disciplines which are subject to statutory regulation will be covered and represented in the six consultative sub-groups, namely the Medical Sub-group, the Dental Sub-group, the Nursing and Midwifery Sub-group, the Traditional Chinese Medicine Practitioners Sub-group, the Pharmacists Sub-group and the Other Healthcare Professionals Sub-group. For disciplines currently not subject to statutory regulation, the Other Healthcare Professionals Sub-group may provide a platform for views on future development of the relevant professions to be suitably reflected through the consultative process.

To assist the Steering Committee in making informed recommendations to the Government on the means and measures to ensure an adequate supply of healthcare professionals and strengthen professional development of the healthcare professions concerned, we have commissioned the University of Hong Kong and the Chinese University of Hong Kong to provide professional input and technical support to the strategic review. Among other things, the University of Hong Kong will come up with a comprehensive manpower projection for healthcare professionals covered under the strategic review, with breakdown into specialties where necessary, based on a scientific and objective methodology.

The Steering Committee convened its first meeting on 31 January 2012. We plan to conduct the first round of sub-group meetings in the second quarter of 2012. It is hoped that the review can be completed in the first half of 2013.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)020

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1574

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration has indicated that a strategic review on healthcare manpower planning and professional development will be conducted on the basis of the outcome of the Second Stage Public Consultation on Healthcare Reform. Will the Administration inform this Committee of the progress of the review on healthcare manpower professional development? When will the review be expected to complete?

Besides, certain types of allied health staff are currently not regulated by a statutory registration regime and the safeguard of public health may possibly be compromised. Has the Administration drawn up a detailed timetable and earmarked resources for conducting a review on this issue? If so, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Based on the outcome of the Second Stage Public Consultation on Healthcare Reform, the Government has set up a high-level steering committee to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. Chaired by the Secretary for Food and Health, the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development will assess manpower needs in the various healthcare professions and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development having regard to the findings of the strategic review, with a view to ensuring the healthy and sustainable development of Hong Kong's healthcare system.

The Steering Committee is supported by a Coordinating Committee and six consultative sub-groups in carrying out the above task. Healthcare professionals from 13 disciplines which are subject to statutory regulation will be covered and represented in the six consultative sub-groups, namely the Medical Sub-group, the Dental Sub-group, the Nursing and Midwifery Sub-group, the Traditional Chinese Medicine Practitioners Sub-group, the Pharmacists Sub-group and the Other Healthcare Professionals Sub-group. For disciplines currently not subject to statutory regulation, the Other Healthcare Professionals Sub-group may provide a platform for views on future development of the relevant professions to be suitably reflected through the consultative process.

To assist the Steering Committee in making informed recommendations to the Government on the means and measures to ensure an adequate supply of healthcare professionals and strengthen professional development of the healthcare professions concerned, we have commissioned the University of Hong Kong and the Chinese University of Hong Kong to provide professional input and technical support to the strategic review. Among other things, the University of Hong Kong will come up with a comprehensive manpower projection

for healthcare professionals covered under the strategic review, with breakdown into specialties where necessary, based on a scientific and objective methodology.

The Steering Committee convened its first meeting on 31 January 2012. We plan to conduct the first round of sub-group meetings in the second quarter of 2012. It is hoped that the review can be completed in the first half of 2013.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)021

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1575

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

As regards the implementation of a pilot initiative to provide outreach dental care for needy elderly in residential care homes and day care centres for the elderly in collaboration with non-governmental organizations, will the Administration inform this Committee of the number of residential care homes and day care centres which are currently providing such service and the number of elderly benefitted from the initiative? Besides, will the Administration consider allocating additional resources to extend the scope of service, thereby enabling the elderly to receive more comprehensive and one-stop service (such as tooth-filling and crowning)? If so, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly (the Pilot Project) in April 2011 in collaboration with non-governmental organizations (NGOs). The Pilot Project aims to provide primary dental care through outreach services for elderly people residing in residential care homes for the elderly (RCHEs) or receiving services in day care centres for the elderly (DEs) who are often prevented from accessing conventional dental care services due to their frail physical conditions. A total of 13 NGOs (list at ***Annex A***) have participated in the Pilot Project and their outreach teams have come on stream at different time over the past months providing primary dental care and oral health care services to the eligible elderly.

The Pilot Project has planned to cover 768 RCHEs licensed and 61 DEs subsidised by the Social Welfare Department (list at ***Annex B***) and to provide over 100 000 attendances benefitting some 80 000 elders. The primary dental care services provided to eligible elders include dental check-up, scaling, polishing and any other necessary pain relief and emergency dental treatments. For those in need of follow-up curative treatments, the participating NGOs will arrange to provide the necessary treatments and, where necessary, arrange to apply on their behalf for dental grants under the Comprehensive Social Security Assistance Scheme or to provide financial assistance to elders in need. Up to 31 January 2012, over 15 000 elders in some 320 RCHEs and DEs have received primary dental care services under the Pilot Project.

About $88 million has been earmarked for piloting the three-year Pilot Project and some $24 million has been utilised up to 31 December 2011. The Government will continue to monitor the implementation of the Pilot Project and conduct a review after accumulating experience on its operation. Feedback from the participating NGOs, RCHEs, DEs, dentists and elders will be taken into account when evaluating the Pilot Project. The way forward for the Pilot Project including continuation and possible scope for improvement and extension will be assessed upon the outcome of the review.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Annex A

NGOs Participating in the

Pilot Project on Outreach Primary Dental Care Services

for Elderly in Residential Care Homes and Day Care Centres

The Government launched the project on a pilot basis for three years commencing April 2011. Bona-fide non-profit-making NGOs with experience in providing dental services were invited to participate in the Pilot Project. A total of 13 NGOs have joined the project and are providing services to the elderly of the residential care homes and day care centres. These NGOs are -

1. The Hong Kong Tuberculosis, Chest and Heart Diseases Association
2. Yan Chai Hospital
3. The Lok Sin Tong Benevolent Society, Kowloon
4. Yan Oi Tong Limited
5. Christian Family Service Centre
6. Pok Oi Hospital
7. Hong Kong St John Ambulance
8. Caritas Dental Clinics Limited
9. Haven of Hope Christian Service
10. Tung Wah Group of Hospitals
11. United Christian Nethersole Community Health Service
12. HKSKH Lady MacLehose Centre
13. Chi Lin Nunnery

Annex B

Residential Care Homes and Day Care Centres for the Elderly

planned to be covered by the Pilot Project

(as at 31 December 2011)

Administrative District (by Social Welfare Department)	Number of Residential Care Homes[1]	Number of Day Care Centres	Total
Central and Western, Southern & Islands	90	7	97
Eastern & Wanchai	95	7	102
Kwun Tong	39	7	46
Wong Tai Sin & Sai Kung	47	9	56
Kowloon City & Yau Tsim Mong	110	6	116
Sham Shui Po	71	5	76
Sha Tin	38	5	43
Tai Po & North	83	2	85
Yuen Long	54	3	57
Tsuen Wan & Kwai Tsing	92	7	99
Tun Mun	49	3	52
Total	**768**	**61**	**829**

[1] Including all subvented, contract, self-financing and private homes licensed by Social Welfare Department.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)022

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1576

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work on the introduction of a pilot initiative to promote preventive care for the elderly through launching a health assessment programme in collaboration with non-governmental organisations, what are the estimated expenditure, throughput, manpower requirements, implementation details and timetable?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Government plans to launch an Elderly Health Assessment Pilot Programme (the Pilot Programme) in collaboration with non-government organizations (NGOs) with the aim to promote preventive care for the elderly and encourage its provision in the community. Under the Pilot Programme, the Government will provide subvention for NGOs to introduce on a pilot basis a voluntary, protocol-based health assessment for the elderly, having regard to the primary care reference framework for older adults (currently being formulated by the Task Force on Conceptual Model and Preventive Protocols under the aegis of the Working Group on Primary Care) in accordance with the Primary Care Development Strategy. By piloting such a health assessment as benchmark, the Pilot Programme will test the receptiveness among the elderly population as well as healthcare providers to preventive care and promote awareness.

The Government has earmarked a sum of $10 million in 2012-13 for providing subvention to interested and qualified NGOs that participate in the Pilot Programme. The Administration is working out the programme details including the service protocol, age eligibility, subvention and fee level in consultation with potential partners. We expect that participating NGOs should be able to provide health assessment to about 5 000 elders under the Pilot Programme. We aim to launch the Pilot Programme in early 2013. We will conduct a review of the Pilot Programme after accumulating experience on its operation. The review will assess, inter alia, the effectiveness of the Pilot Programme in promoting preventive care for the elderly, encouraging preventive care in the community, improving health of the elderly and enhancing primary care in general.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)023

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1577

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

On taking forward recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong, what are the details and progress of the work? What are the resources expected to be required?

Asked by: Dr Hon Joseph LEE Kok-long

Reply:

Food and Health Bureau and departments concerned have been taking forward the recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong. In September 2011, the Pharmaceutical Service of the Department of Health was re-organized into Drug Office to further enhance the regulation of pharmaceutical products, the inspection of drug traders, vigilance activities and risk communication to the public. Legislative amendments of the Pharmacy and Poisons Ordinance and revision or preparation of various code of practice of drug traders are underway.

In 2012-13, an additional $18.9 million will be allocated to DH to carry out the regulatory activities.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)024

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1590

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

On development of a regulatory framework for medical devices, what are the timetable, details and resources involved?

Asked by: Hon LEE Kok-long, Joseph

Reply:

The Administration is taking steps to put in place a regulatory framework for medical devices. A voluntary Medical Device Administrative Control System (MDACS) has been established by the Department of Health (DH) since 2004 to raise public awareness of the importance of medical device safety and pave way for implementing the long-term statutory control. The Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services on the proposed regulatory framework of medical devices in November 2010. The regulatory proposal has taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, DH engaged a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal in 2011. We will report to the LegCo Panel on Health Services when the outcomes of the BIA study are available in 2012-13.

In 2012-2013, a provision of $ 13.9 million will be allocated to DH for the operation of the existing MDACS as well as the preparatory work for legislative control of medical devices.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 17.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)025

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1951

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated in Paragraph 174 of the Budget Speech that the Administration would increase its in-patient service capacity and strengthen its neonatal intensive care service. In this connection, will the Government inform this Committee of the following:

(a) What is the estimated average length of stay of local pregnant women who give birth in public hospitals? Is there any difference as compared with 5 years ago? If yes, what are the reasons?

(b) What is the projected utilization rate by pregnant women who give birth in public hospitals and their new-born babies in 2012-13? Please provide a breakdown of babies whose parents are Hong Kong residents, babies whose fathers or mothers are Hong Kong residents and babies whose parents are non-Hong Kong residents.

(c) What are the expenditure and manpower requirement of nurses and allied health staff for handling non-local pregnant women and babies whose parents are non-Hong Kong residents?

(d) How will the Administration solve the manpower problem if not enough nurses and allied health staff can be recruited?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a)

According to information available on the average length of stay (ALOS) per delivery episode in the Hospital Authority (HA), the ALOS of all pregnant women who gave birth in public hospitals is around 3.5 days and 3.3 days per delivery episode in 2007 and 2010 respectively.

(b)

It is estimated that there will be 43 200 deliveries in HA hospitals in 2012. The estimated deliveries by Eligible Persons (EP) is around 38 000 and that by Non-eligible Persons (NEP) is around 5 200, including 3 400 booked cases under the quota system and 1 800 cases without booking. HA does not have a separate estimation on the number of deliveries by the resident status of pregnant women. To ensure sufficient places in public hospitals are reserved to meet the demand of local pregnant women, HA will regularly review the demand for its obstetric service and will accept booking from NEP only when spare service capacity is available.

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(c)

The total costs incurred by HA for the provision of obstetric and neonatal intensive care unit (NICU) services in 2010-11 are $1,071 million and $302 million respectively.

The total costs incurred by HA for the provision of obstetric and NICU services cover both the cost of services for EPs and NEPs (including Mainland pregnant women). 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. HA does not have the breakdown of cost incurred for NEPs.

(d)

The public hospitals will closely monitor and review the capacity of their obstetrics and NICU services, in the light of the availability of manpower and demand of local pregnant women. HA will flexibly deploy its resources and manpower to ensure the service demand from local pregnant women is met.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)026

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1952

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated in paragraph 174 of the Budget Speech that the Administration would provide haemodialysis and peritoneal dialysis services for an additional 120 renal patients, provide risk factor assessment and management services for 84 000 diabetic and hypertensive patients, and set up 8 new teams to take care of an additional 33 600 hypertensive patients. In this connection, what are the estimated expenditure for the various programmes and the manpower requirement for nurses and allied health professionals? Please provide a breakdown by programme.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In 2012-13, the Hospital Authority will enhance the support for patients with renal and chronic diseases. Details of the programmes are set out as follows.

A recurrent funding of $22.5 million has been earmarked for providing an additional 27 hospital haemodialysis, 50 home haemodialysis and 45 automated peritoneal dialysis places in 2012-13. It is estimated that 17 nurses will be involved.

A recurrent funding of $88.9 million has been earmarked in 2012-13 for providing health risk assessment and management services for some 84 000 diabetic and hypertensive patients annually under the Risk Factor Assessment and Management Programme (RAMP) implemented in selected general out-patient clinics in all clusters of HA. An additional recurrent funding of $27.4 million has also been earmarked in 2012-13 for taking care of an additional 33 600 patients with uncontrolled blood pressure under RAMP in addition to services already funded for taking care of 84 000 patients annually. The overall number of patients to be benefited annually under RAMP will thus be 201 600 in total. It is estimated that some 56 nurses and allied health professionals will be involved in the programme.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)027

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1953

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated in Paragraph 175 of the Budget Speech that the Administration would allocate $200 million to increase the number of first-year first-degree places in medicine by 100, nursing by 40 and allied health professions by 146. In this connection, will the Administration provide details on the following:

(a) The supply of nurses and allied health staff in the next 5 years.

(b) A breakdown of the manpower requirement for nurses and allied health staff by the Hospital Authority, private hospitals and institutions in the next 5 years.

(c) Has the Administration worked out a nurse-to-patient ratio to provide a long-term solution for the manpower planning of nurses? If yes, what are the details? If not, what are the reasons?

(d) How does the Administration assess if the manpower of nurses and allied health staff can meet the service needs?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Food and Health Bureau assesses the manpower requirements for healthcare professionals including nurses and allied health professionals according to the triennial planning cycle of the University Grants Committee (UGC), and advises the UGC on the corresponding requirements for publicly-funded places to facilitate academic planning by tertiary institutions. In making long-term manpower projections, we will take into account the anticipated manpower requirements of major healthcare providers having regard to, among other things, the wastage trends of different healthcare professions, the ageing rate of the population and changes in demographic profiles, and the community's need for services in particular areas, etc. We will also take into consideration the implications on healthcare manpower arising from changes in healthcare services delivery models and related policies such as development of primary care and private hospitals and the introduction of a Health Protection Scheme. For the triennial cycle starting from 2012, the Government will allocate an additional $200 million to increase the number of first-year first-degree places in medicine by 100, nursing by 40 and allied health professions by 146. Meanwhile, training places for nurses offered by self-financing post-secondary institutions are also on the rise.

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As at 31 December 2011, the Hospital Authority (HA) employed a total of 20 826 nurses and 5 904 allied health professionals. As HA provides different types and levels of services to patients having regard to the conditions and needs of each patient, it does not prescribe any nurse-to-patient ratio for manpower planning or deployment purpose. HA will flexibly deploy and adjust its manpower in accordance with the operational needs and service demand of hospitals and clusters in various districts. As for non-governmental and private healthcare institutions, they would in general employ staff on their own account according to their service and development needs.

Based on the outcome of the Second Stage Public Consultation on Healthcare Reform, the Government has set up a high-level steering committee to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. The review covers healthcare professionals from 13 disciplines which are subject to statutory regulation, including nurses and allied health professionals covered under the Supplementary Medical Professions Ordinance. Chaired by the Secretary for Food and Health, the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development will assess manpower needs in the various healthcare professions and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development having regard to the findings of the strategic review, with a view to ensuring the healthy and sustainable development of Hong Kong's healthcare system.

To assist the Steering Committee in making informed recommendations to the Government on the means and measures to ensure an adequate supply of healthcare professionals and strengthen professional development of the healthcare professions concerned, we have commissioned the University of Hong Kong and the Chinese University of Hong Kong to provide professional input and technical support to the strategic review. Among other things, the University of Hong Kong will come up with a comprehensive manpower projection for healthcare professionals covered under the strategic review, with breakdown into specialties where necessary, based on a scientific and objective methodology. It is hoped that the review can be completed in the first half of 2013.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 23.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)028

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2796

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated in Paragraph 122 of the Budget Speech that the Administration would encourage professionals to practise in the Mainland under the CEPA framework. Regarding the arrangements for Hong Kong allied health professionals to practise in the Mainland, has the Administration earmarked resources to help Hong Kong allied health professionals to provide service in the Mainland more effectively? Apart from being employed by authorised Mainland medical institutions, does the Administration have any plans to further allow Hong Kong nurses and allied health professionals to obtain recognized qualifications without the need to pass examinations to enable them to start up practices in the Mainland?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The liberalisation measures under the Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA) and its Supplements allow specialist doctors of Hong Kong to apply for and obtain the Mainland's "medical practitioner's qualification certificates" through accreditation. Besides, twelve types of statutory healthcare professionals who are registered to practise in Hong Kong are allowed to provide short-term services in the Mainland without the need to pass examinations in the Mainland. We will continue to work in collaboration with the Mainland health authorities to explore other liberalisation measures.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 17.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)029

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2580

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In the 2012-13 Estimates, did the Administration envisage the proportion of the public health expenditure in the domestic health expenditure? If so, what is the Administration's target and on what basis did it make the estimation? If not, what are the reasons?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Statistics on overall health expenditures in Hong Kong, comprising both public and private health expenditures, are collected through the Domestic Health Accounts of Hong Kong (HKDHA) compiled by the Food and Health Bureau (FHB) in accordance with the framework of the International Classification for Health Accounts (ICHA) promulgated by the Organisation for Economic Co-operation and Development (OECD) in 2000. The HKDHA capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health, providing a more detailed and complete picture of health expenditures that facilitates international comparison. Due to complexity of gathering, compiling, verifying and analyzing health expenditure data from a variety of different sources, HKDHA take time to compile and are available up to 2007-08 only.

On the other hand, the Estimates show expenditure by the Government under the health policy area group (PAG) in the Government Accounts, which is based on the estimated expenditures by government departments and agencies for the relevant functions and activities. It should be noted that HKDHA capture a broader scope of public health expenditures than those under the health PAG in the Government Accounts. Annex 1 shows the difference between HKDHA and the Government Accounts. Thus public expenditure under the health PAG in the Government Accounts is generally 15-17% lower than that of public health expenditure under HKDHA. The Estimates contain no estimate of private expenditure on health services, and in turn no estimate of total domestic expenditure on health services in amount or as a ratio to GDP, and thus no estimate for the Government's expenditure under the health PAG as a proportion of total domestic health expenditure. The estimated Government's expenditure under the health PAG in the Government Accounts in 2012-13 amounts to about 3.0% as a ratio to the projected GDP in the Estimates.

Annex 2 shows the statistics on total health expenditure, public health expenditure and private health expenditure from HKDHA in 1989-90 to 2007-08. Such statistics from HKDHA do not differentiate recurrent from non-recurrent health expenditures. Recurrent government expenditure and non-recurrent and capital expenditure under the health PAG in the Government Accounts in 1997-98 to 2012-13 are shown in Annex 3. Major items of non-recurrent and capital expenditure in 2009-10 to 2012-13 are shown in Annex 4.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Annex 1

Public Health Expenditure in the Domestic Health Accounts of Hong Kong and Public Expenditure on Health Policy Area Group in the Government Accounts

The public health expenditure under the Domestic Health Accounts of Hong Kong (HKDHA) has a wider and more comprehensive coverage than the public expenditure under the health policy area group (PAG) in the Government Accounts.

Under the health PAG of Government Accounts, only expenditure directly related to health incurred by the Food and Health Bureau (including the Bureau's allocation to the Hospital Authority), the Department of Health and other departments such as the Government Laboratory are counted as government expenditure under the health policy area.

Under the HKDHA framework, apart from those already included by the health PAG of the Government Accounts, public health expenditures also cover other health-related functions performed by other government departments. For example, HKDHA also include health expenditure on nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance service under the Fire Services Department and Auxiliary Medical Service, etc. However, these are not included in the public expenditure under the health PAG of the Government Accounts.

As a result of the above difference, the HKDHA estimates on public health expenditure are generally higher than the estimates of public expenditure on health PAG under the Government Accounts. The difference amounted to 15-17% from 2003-04 to 2007-08.

	2003-04	2004-05	2005-06	2006-07	2007-08
Public health expenditure under HKDHA (HK$ Million) (a)	39,889	37,090	36,934	37,419	38,809
Total public expenditure on health PAG under the Government Accounts (HK$ Million) (b)	34,201	32,199	31,616	32,127	33,623
Difference [(a – b) / (b)]	16.6%	15.2%	16.8%	16.5%	15.4%

Source of expenditure under the Government Accounts: Financial Services and Treasury Bureau, Government Secretariat

Annex 2

Statistics on health expenditures from Hong Kong's Domestic Health Accounts (HKDHA), 1989-90 to 2007-08

	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Total Health Expenditure																			
At current prices (HK$ million)	19,613	23,735	29,321	34,104	39,411	44,743	51,207	56,773	62,162	66,227	65,906	67,299	68,720	66,918	68,976	67,975	70,365	74,008	78,946
At constant 2008 prices (HK$ million)	27,570	31,205	35,037	37,226	39,821	42,764	46,829	48,978	51,057	54,779	57,167	60,466	62,910	63,828	70,015	71,039	73,337	77,037	79,618
Annual change (at constant 2008 prices)		13.2%	12.3%	6.2%	7.0%	7.4%	9.5%	4.6%	4.2%	7.3%	4.4%	5.8%	4.0%	1.5%	9.7%	1.5%	3.2%	5.0%	3.3%
As % of GDP	3.6%	3.8%	4.1%	4.1%	4.1%	4.2%	4.5%	4.5%	4.6%	5.2%	5.1%	5.1%	5.3%	5.3%	5.5%	5.2%	5.0%	4.9%	4.8%
Per capita (HK$) (at constant 2008 prices)	4,849	5,470	6,091	6,418	6,748	7,085	7,607	7,611	7,868	8,371	8,653	9,072	9,370	9,464	10,402	10,472	10,764	11,235	11,496
Public Health Expenditure																			
At current prices (HK$ million)	7,749	10,016	13,393	15,844	18,657	21,582	25,316	28,653	31,671	35,800	35,997	37,028	39,152	38,526	39,889	37,090	36,934	37,419	38,809
At constant 2008 prices (HK$ million)	10,892	13,169	16,005	17,294	18,852	20,627	23,152	24,719	26,013	29,611	31,224	33,269	35,842	36,747	40,490	38,762	38,494	38,951	39,139
Annual change (at constant 2008 prices)		20.9%	21.5%	8.1%	9.0%	9.4%	12.2%	6.8%	5.2%	13.8%	5.4%	6.5%	7.7%	2.5%	10.2%	-4.3%	-0.7%	1.2%	0.5%
As % of GDP	1.4%	1.6%	1.9%	1.9%	1.9%	2.0%	2.2%	2.3%	2.3%	2.8%	2.8%	2.8%	3.0%	3.0%	3.2%	2.8%	2.6%	2.5%	2.3%
As % of Total Health Expenditure	39.5%	42.2%	45.7%	46.5%	47.3%	48.2%	49.4%	50.5%	50.9%	54.1%	54.6%	55.0%	57.0%	57.6%	57.8%	54.6%	52.5%	50.6%	49.2%
Per capita (HK$) (at constant 2008 prices)	1,916	2,308	2,782	2,981	3,195	3,418	3,761	3,841	4,009	4,525	4,726	4,992	5,338	5,449	6,016	5,714	5,650	5,680	5,651
Private Health Expenditure																			
At current prices (HK$ million)	11,864	13,719	15,927	18,260	20,753	23,161	25,891	28,119	30,490	30,427	29,909	30,270	29,568	28,392	29,087	30,885	33,431	36,588	40,137
At constant 2008 prices (HK$ million)	16,678	18,037	19,032	19,932	20,969	22,137	23,677	24,259	25,044	25,167	25,943	27,197	27,068	27,081	29,525	32,277	34,843	38,086	40,479
Annual change (at constant 2008 prices)		8.1%	5.5%	4.7%	5.2%	5.6%	7.0%	2.5%	3.2%	0.5%	3.1%	4.8%	-0.5%	0.0%	9.0%	9.3%	8.0%	9.3%	6.3%
As % of GDP	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.3%	2.2%	2.2%	2.4%	2.3%	2.3%	2.3%	2.2%	2.3%	2.4%	2.4%	2.4%	2.4%
As % of Total Health Expenditure	60.5%	57.8%	54.3%	53.5%	52.7%	51.8%	50.6%	49.5%	49.1%	45.9%	45.4%	45.0%	43.0%	42.4%	42.2%	45.4%	47.5%	49.4%	50.8%
Per capita (HK$) (at constant 2008 prices)	2,933	3,162	3,309	3,436	3,554	3,668	3,846	3,769	3,859	3,846	3,927	4,081	4,031	4,016	4,387	4,758	5,114	5,554	5,845

Note: Health expenditure estimates with adjustment for inflation are computed at constant 2008 prices which are as released in the latest set of HKDHA, 1989-90 to 2007-08.

Annex 3

Government expenditures under the health PAG in the Government Accounts in 1997-98 to 2012-13

	1997-98	2002-03	2007-08	2008-09	2009-10	2010-11	2011-12*	2012-13**
Total Public Expenditure								
At current prices (HK$ million)	234,899	266,460	252,495	330,968	307,192	320,570	388,813	418,070
As % of GDP	17.2%	20.9%	15.3%	20.1%	18.6%	18.0%	20.6%	21.4%
Recurrent Government Expenditure								
At current prices (HK$ million)	157,840	198,004	199,446	214,119	221,180	223,173	244,146	264,349
As % of GDP	11.6%	15.5%	12.1%	13.0%	13.4%	12.5%	12.9%	13.5%
Total Public Expenditure on Health Policy Area Group (PAG)								
At current prices (HK$ million)	27,954	33,169	33,623	36,706	38,387	39,890	45,181	59,217
At constant 2008 prices (HK$ million)	22,960	31,637	33,909	36,648	38,562	39,952	43,768	56,517
Annual change (at constant 2008 prices)	5.9%	1.1%	1.4%	8.1%	5.2%	3.6%	9.6%	29.1%
As % of GDP	2.0%	2.6%	2.0%	2.2%	2.3%	2.2%	2.4%	3.0%
As % of Total Public Expenditure	11.9%	12.4%	13.3%	11.1%	12.5%	12.4%	11.6%	14.2%
Per Capita (HK$) (at constant 2008 prices)	3,538	4,691	4,896	5,252	5,506	5,653	6,157	7,871
Recurrent Government Expenditure on Health PAG								
At current prices (HK$ million)	26,005	32,323	31,641	33,849	35,333	36,774	41,540	44,672
At constant 2008 prices (HK$ million)	21,359	30,830	31,910	33,795	35,495	36,832	40,241	42,636
Annual change (at constant 2008 prices)	9.2%	5.5%	2.8%	5.9%	5.0%	3.8%	9.3%	6.0%
As % of GDP	1.9%	2.5%	1.9%	2.1%	2.1%	2.1%	2.2%	2.3%
As % of Recurrent Government Expenditure	16.5%	16.3%	15.9%	15.8%	16.0%	16.5%	17.0%	16.9%
As % of Total Public Expenditure on Health PAG	93.0%	97.4%	94.1%	92.2%	92.0%	92.2%	91.9%	75.4%
Per Capita (HK$) (at constant 2008 prices)	3,291	4,571	4,607	4,843	5,068	5,211	5,661	5,938
Non-recurrent and Capital Expenditure on Health PAG								
At current prices (HK$ million)	1,949	846	1,982	2,857	3,054	3,116	3,641	14,545
At constant 2008 prices (HK$ million)	1,601	807	1,999	2,852	3,068	3,121	3,527	13,882
Annual change (at constant 2008 prices)	-24.6%	-60.9%	-16.4%	42.7%	7.6%	1.7%	13.0%	293.6%
As % of GDP	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.7%
As % of Total Public Expenditure on Health PAG	7.0%	2.6%	5.9%	7.8%	8.0%	7.8%	8.1%	24.6%
Per Capita (HK$) (at constant 2008 prices)	247	120	289	409	438	442	496	1,933

Notes: For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2008 prices are computed using the same inflation adjustment factor as in the HKDHA.
* Revised Estimates
** Estimates

Major items of non-recurrent and capital expenditure on health, 2009-10 to 2012-13

Dept/Item	2009-10 Actual Expenditure ($M)	2010-11 Actual Expenditure ($M)	2011-12 Revised Estimate ($M)	2012-13 Estimate ($M)
Non-recurrent expenditure				
Grant to the Samaritan Fund	-	-	-	10,000.0
Health and Health Services Research Fund	4.2	8.9	6.3	-
Funding Research on Control of Infectious Diseases	22.9	37.2	30.5	-
Health and Medical Research Fund [(1)]	-	-	31.8	100.0
Health Care Voucher Pilot Scheme	49.0	72.0	102.0	298.0
Human Swine Influenza Vaccination	256.5	2.7	-	-
Pneumococcal and Seasonal Influenza Vaccination	68.5	-	-	-
Capital expenditure				
Medical subventions (public hospital development)	1,240.9	1,348.2	1,765.4	1,571.5 [(2)]
Development of a territory-wide Electronic Health Record Sharing System	34.4	109.5	121.0	202.3
Hospital Authority – improvement works, feasibility studies, investigations and pre-contract consultancy services for building projects (block vote)	600.0	600.0	714.9	661.0
Hospital Authority – equipment and information systems (block vote)	693.5	844.0	714.4	762.8

(1) On 9.12.2011, the Finance Committee approved the setting up of the Health and Medical Research Fund by consolidating the commitment items "Health and Health Services Research Fund" and "Funding Research on Control of Infectious Diseases"

(2) Including the estimates of Cat B projects 8005MJ (Expansion of United Christian Hospital – preparatory works) and 8014MD (Redevelopment of Kwong Wah Hospital – preparatory works) which are subject to the approval from the Finance Committee.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)030

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2982

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Administration inform this Committee of the domestic health expenditures in 2009-10, 2010-11 and 2011-12? What percentage of gross domestic product (GDP) does the domestic health expenditures account for? What percentages of the domestic health expenditures do the public health expenditure and the private health expenditures account for respectively?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Statistics on overall health expenditures in Hong Kong, comprising both public and private health expenditures, are collected through the Domestic Health Accounts of Hong Kong (HKDHA) compiled by the Food and Health Bureau (FHB) in accordance with the framework of the International Classification for Health Accounts (ICHA) promulgated by the Organisation for Economic Co-operation and Development (OECD) in 2000. The HKDHA capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health, providing a more detailed and complete picture of health expenditures that facilitates international comparison. Due to complexity of gathering, compiling, verifying and analyzing health expenditure data from a variety of different sources, HKDHA take time to compile and are available up to 2007-08 only.

On the other hand, the Estimates show expenditure by the Government under the health policy area group (PAG) in the Government Accounts, which is based on the estimated expenditures by government departments and agencies for the relevant functions and activities. It should be noted that HKDHA capture a broader scope of public health expenditures than those under the health PAG in the Government Accounts. Annex 1 shows the difference between HKDHA and the Government Accounts. Thus public expenditure under health PAG in the Government Accounts is generally 15-17% lower than that of public health expenditure under HKDHA. The Estimates contain no estimate of private expenditure on health services, and in turn no estimate of total domestic expenditure on health services in amount or as a ratio to GDP, and thus no estimate for the Government's expenditure under the health PAG as a proportion of total domestic health expenditure. The estimated Government's expenditure under the health PAG in the Government Accounts in 2012-13 amounts to about 3.0% as a ratio to the projected GDP in the Estimates.

Annex 2 shows the statistics on total health expenditure, public health expenditure and private health expenditure from HKDHA in 1989-90 to 2007-08. Such statistics from HKDHA do not differentiate recurrent from non-recurrent health expenditures. Recurrent government expenditure and non-recurrent and capital expenditure under the health PAG in the Government Accounts in 1997-98 to 2012-13 are shown

in Annex 3. Major items of non-recurrent and capital expenditure in 2009-10 to 2012-13 are shown in Annex 4.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Annex 1

Public Health Expenditure in the Domestic Health Accounts of Hong Kong and Public Expenditure on Health Policy Area Group in the Government Accounts

The public health expenditure under the Domestic Health Accounts of Hong Kong (HKDHA) has a wider and more comprehensive coverage than the public expenditure under the health policy area group (PAG) in the Government Accounts.

Under the health PAG of Government Accounts, only expenditure directly related to health incurred by the Food and Health Bureau (including the Bureau's allocation to the Hospital Authority), the Department of Health and other departments such as the Government Laboratory are counted as government expenditure under the health policy area.

Under the HKDHA framework, apart from those already included by the health PAG of the Government Accounts, public health expenditures also cover other health-related functions performed by other government departments. For example, HKDHA also include health expenditure on nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance service under the Fire Services Department and Auxiliary Medical Service, etc. However, these are not included in the public expenditure under the health PAG of the Government Accounts.

As a result of the above difference, the HKDHA estimates on public health expenditure are generally higher than the estimates of public expenditure on health PAG under the Government Accounts. The difference amounted to 15-17% from 2003-04 to 2007-08.

	2003-04	2004-05	2005-06	2006-07	2007-08
Public health expenditure under HKDHA (HK$ Million) (a)	39,889	37,090	36,934	37,419	38,809
Total public expenditure on health PAG under the Government Accounts (HK$ Million) (b)	34,201	32,199	31,616	32,127	33,623
Difference [(a – b) / (b)]	16.6%	15.2%	16.8%	16.5%	15.4%

Source of expenditure under the Government Accounts: Financial Services and Treasury Bureau, Government Secretariat

Annex 2

Statistics on health expenditures from Hong Kong's Domestic Health Accounts (HKDHA), 1989-90 to 2007-08

	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Total Health Expenditure																			
At current prices (HK$ million)	19,613	23,735	29,321	34,104	39,411	44,743	51,207	56,773	62,162	66,227	65,906	67,299	68,720	66,918	68,976	67,975	70,365	74,008	78,946
At constant 2008 prices (HK$ million)	27,570	31,205	35,037	37,226	39,821	42,764	46,829	48,978	51,057	54,779	57,167	60,466	62,910	63,828	70,015	71,039	73,337	77,037	79,618
Annual change (at constant 2008 prices)		13.2%	12.3%	6.2%	7.0%	7.4%	9.5%	4.6%	4.2%	7.3%	4.4%	5.8%	4.0%	1.5%	9.7%	1.5%	3.2%	5.0%	3.3%
As % of GDP	3.6%	3.8%	4.1%	4.1%	4.1%	4.2%	4.5%	4.5%	4.6%	5.2%	5.1%	5.1%	5.3%	5.3%	5.5%	5.2%	5.0%	4.9%	4.8%
Per capita (HK$) (at constant 2008 prices)	4,849	5,470	6,091	6,418	6,748	7,085	7,607	7,611	7,868	8,371	8,653	9,072	9,370	9,464	10,402	10,472	10,764	11,235	11,496
Public Health Expenditure																			
At current prices (HK$ million)	7,749	10,016	13,393	15,844	18,657	21,582	25,316	28,653	31,671	35,800	35,997	37,028	39,152	38,526	39,889	37,090	36,934	37,419	38,809
At constant 2008 prices (HK$ million)	10,892	13,169	16,005	17,294	18,852	20,627	23,152	24,719	26,013	29,611	31,224	33,269	35,842	36,747	40,490	38,762	38,494	38,951	39,139
Annual change (at constant 2008 prices)		20.9%	21.5%	8.1%	9.0%	9.4%	12.2%	6.8%	5.2%	13.8%	5.4%	6.5%	7.7%	2.5%	10.2%	-4.3%	-0.7%	1.2%	0.5%
As % of GDP	1.4%	1.6%	1.9%	1.9%	1.9%	2.0%	2.2%	2.3%	2.3%	2.8%	2.8%	2.8%	3.0%	3.0%	3.2%	2.8%	2.6%	2.5%	2.3%
As % of Total Health Expenditure	39.5%	42.2%	45.7%	46.5%	47.3%	48.2%	49.4%	50.5%	50.9%	54.1%	54.6%	55.0%	57.0%	57.6%	57.8%	54.6%	52.5%	50.6%	49.2%
Per capita (HK$) (at constant 2008 prices)	1,916	2,308	2,782	2,981	3,195	3,418	3,761	3,841	4,009	4,525	4,726	4,992	5,338	5,449	6,016	5,714	5,650	5,680	5,651
Private Health Expenditure																			
At current prices (HK$ million)	11,864	13,719	15,927	18,260	20,753	23,161	25,891	28,119	30,490	30,427	29,909	30,270	29,568	28,392	29,087	30,885	33,431	36,588	40,137
At constant 2008 prices (HK$ million)	16,678	18,037	19,032	19,932	20,969	22,137	23,677	24,259	25,044	25,167	25,943	27,197	27,068	27,081	29,525	32,277	34,843	38,086	40,479
Annual change (at constant 2008 prices)		8.1%	5.5%	4.7%	5.2%	5.6%	7.0%	2.5%	3.2%	0.5%	3.1%	4.8%	-0.5%	0.0%	9.0%	9.3%	8.0%	9.3%	6.3%
As % of GDP	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.3%	2.2%	2.2%	2.4%	2.3%	2.3%	2.3%	2.2%	2.3%	2.4%	2.4%	2.4%	2.4%
As % of Total Health Expenditure	60.5%	57.8%	54.3%	53.5%	52.7%	51.8%	50.6%	49.5%	49.1%	45.9%	45.4%	45.0%	43.0%	42.4%	42.2%	45.4%	47.5%	49.4%	50.8%
Per capita (HK$) (at constant 2008 prices)	2,933	3,162	3,309	3,436	3,554	3,668	3,846	3,769	3,859	3,846	3,927	4,081	4,031	4,016	4,387	4,758	5,114	5,554	5,845

Note: Health expenditure estimates with adjustment for inflation are computed at constant 2008 prices which are as released in the latest set of HKDHA, 1989-90 to 2007-08.

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Annex 3

Government expenditures under the health PAG in the Government Accounts in 1997-98 to 2012-13

	1997-98	2002-03	2007-08	2008-09	2009-10	2010-11	2011-12*	2012-13**
Total Public Expenditure								
At current prices (HK$ million)	234,899	266,460	252,495	330,968	307,192	320,570	388,813	418,070
As % of GDP	17.2%	20.9%	15.3%	20.1%	18.6%	18.0%	20.6%	21.4%
Recurrent Government Expenditure								
At current prices (HK$ million)	157,840	198,004	199,446	214,119	221,180	223,173	244,146	264,349
As % of GDP	11.6%	15.5%	12.1%	13.0%	13.4%	12.5%	12.9%	13.5%
Total Public Expenditure on Health Policy Area Group (PAG)								
At current prices (HK$ million)	27,954	33,169	33,623	36,706	38,387	39,890	45,181	59,217
At constant 2008 prices (HK$ million)	22,960	31,637	33,909	36,648	38,562	39,952	43,768	56,517
Annual change (at constant 2008 prices)	5.9%	1.1%	1.4%	8.1%	5.2%	3.6%	9.6%	29.1%
As % of GDP	2.0%	2.6%	2.0%	2.2%	2.3%	2.2%	2.4%	3.0%
As % of Total Public Expenditure	11.9%	12.4%	13.3%	11.1%	12.5%	12.4%	11.6%	14.2%
Per Capita (HK$) (at constant 2008 prices)	3,538	4,691	4,896	5,252	5,506	5,653	6,157	7,871
Recurrent Government Expenditure on Health PAG								
At current prices (HK$ million)	26,005	32,323	31,641	33,849	35,333	36,774	41,540	44,672
At constant 2008 prices (HK$ million)	21,359	30,830	31,910	33,795	35,495	36,832	40,241	42,636
Annual change (at constant 2008 prices)	9.2%	5.5%	2.8%	5.9%	5.0%	3.8%	9.3%	6.0%
As % of GDP	1.9%	2.5%	1.9%	2.1%	2.1%	2.1%	2.2%	2.3%
As % of Recurrent Government Expenditure	16.5%	16.3%	15.9%	15.8%	16.0%	16.5%	17.0%	16.9%
As % of Total Public Expenditure on Health PAG	93.0%	97.4%	94.1%	92.2%	92.0%	92.2%	91.9%	75.4%
Per Capita (HK$) (at constant 2008 prices)	3,291	4,571	4,607	4,843	5,068	5,211	5,661	5,938
Non-recurrent and Capital Expenditure on Health PAG								
At current prices (HK$ million)	1,949	846	1,982	2,857	3,054	3,116	3,641	14,545
At constant 2008 prices (HK$ million)	1,601	807	1,999	2,852	3,068	3,121	3,527	13,882
Annual change (at constant 2008 prices)	-24.6%	-60.9%	-16.4%	42.7%	7.6%	1.7%	13.0%	293.6%
As % of GDP	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.7%
As % of Total Public Expenditure on Health PAG	7.0%	2.6%	5.9%	7.8%	8.0%	7.8%	8.1%	24.6%
Per Capita (HK$) (at constant 2008 prices)	247	120	289	409	438	442	496	1,933

Notes: For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2008 prices are computed using the same inflation adjustment factor as in the HKDHA.
* Revised Estimates
** Estimates

Annex 4

Major items of non-recurrent and capital expenditure on health, 2009-10 to 2012-13

Dept/Item	2009-10 Actual Expenditure ($M)	2010-11 Actual Expenditure ($M)	2011-12 Revised Estimate ($M)	2012-13 Estimate ($M)
Non-recurrent expenditure				
Grant to the Samaritan Fund	-	-	-	10,000.0
Health and Health Services Research Fund	4.2	8.9	6.3	-
Funding Research on Control of Infectious Diseases	22.9	37.2	30.5	-
Health and Medical Research Fund [(1)]	-	-	31.8	100.0
Health Care Voucher Pilot Scheme	49.0	72.0	102.0	298.0
Human Swine Influenza Vaccination	256.5	2.7	-	-
Pneumococcal and Seasonal Influenza Vaccination	68.5	-	-	-
Capital expenditure				
Medical subventions (public hospital development)	1,240.9	1,348.2	1,765.4	1,571.5 [(2)]
Development of a territory-wide Electronic Health Record Sharing System	34.4	109.5	121.0	202.3
Hospital Authority – improvement works, feasibility studies, investigations and pre-contract consultancy services for building projects (block vote)	600.0	600.0	714.9	661.0
Hospital Authority – equipment and information systems (block vote)	693.5	844.0	714.4	762.8

(1) On 9.12.2011, the Finance Committee approved the setting up of the Health and Medical Research Fund by consolidating the commitment items "Health and Health Services Research Fund" and "Funding Research on Control of Infectious Diseases"

(2) Including the estimates of Cat B projects 8005MJ (Expansion of United Christian Hospital – preparatory works) and 8014MD (Redevelopment of Kwong Wah Hospital – preparatory works) which are subject to the approval from the Finance Committee.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)031

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2983

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In the 2012-13 Estimates, has the Administration projected the domestic health expenditures as a percentage of gross domestic product (GDP)? If so, what are the Administration's target and evaluation criteria? If not, what are the reasons?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Statistics on overall health expenditures in Hong Kong, comprising both public and private health expenditures, are collected through the Domestic Health Accounts of Hong Kong (HKDHA) compiled by the Food and Health Bureau (FHB) in accordance with the framework of the International Classification for Health Accounts (ICHA) promulgated by the Organisation for Economic Co-operation and Development (OECD) in 2000. The HKDHA capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health, providing a more detailed and complete picture of health expenditures that facilitates international comparison. Due to complexity of gathering, compiling, verifying and analyzing health expenditure data from a variety of different sources, HKDHA take time to compile and are available up to 2007-08 only.

On the other hand, the Estimates show expenditure by the Government under the health policy area group (PAG) in the Government Accounts, which is based on the estimated expenditures by government departments and agencies for the relevant functions and activities. It should be noted that HKDHA capture a broader scope of public health expenditures than those under the health PAG in the Government Accounts. Annex 1 shows the difference between HKDHA and the Government Accounts. Thus public expenditure under health PAG in the Government Accounts is generally 15-17% lower than that of public health expenditure under HKDHA. The Estimates contain no estimate of private expenditure on health services, and in turn no estimate of total domestic expenditure on health services in amount or as a ratio to GDP, and thus no estimate for the Government's expenditure under the health PAG as a proportion of total domestic health expenditure. The estimated Government's expenditure under the health PAG in the Government Accounts in 2012-13 amounts to about 3.0% as a ratio to the projected GDP in the Estimates.

Annex 2 shows the statistics on total health expenditure, public health expenditure and private health expenditure from HKDHA in 1989-90 to 2007-08. Such statistics from HKDHA do not differentiate recurrent from non-recurrent health expenditures. Recurrent government expenditure and non-recurrent and capital expenditure under the health PAG in the Government Accounts in 1997-98 to 2012-13 are

shown in Annex 3. Major items of non-recurrent and capital expenditure in 2009-10 to 2012-13 are shown in Annex 4.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Annex 1

Public Health Expenditure in the Domestic Health Accounts of Hong Kong and Public Expenditure on Health Policy Area Group in the Government Accounts

The public health expenditure under the Domestic Health Accounts of Hong Kong (HKDHA) has a wider and more comprehensive coverage than the public expenditure under the health policy area group (PAG) in the Government Accounts.

Under the health PAG of Government Accounts, only expenditure directly related to health incurred by the Food and Health Bureau (including the Bureau's allocation to the Hospital Authority), the Department of Health and other departments such as the Government Laboratory are counted as government expenditure under the health policy area.

Under the HKDHA framework, apart from those already included by the health PAG of the Government Accounts, public health expenditures also cover other health-related functions performed by other government departments. For example, HKDHA also include health expenditure on nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance service under the Fire Services Department and Auxiliary Medical Service, etc. However, these are not included in the public expenditure under the health PAG of the Government Accounts.

As a result of the above difference, the HKDHA estimates on public health expenditure are generally higher than the estimates of public expenditure on health PAG under the Government Accounts. The difference amounted to 15-17% from 2003-04 to 2007-08.

	2003-04	2004-05	2005-06	2006-07	2007-08
Public health expenditure under HKDHA (HK$ Million) (a)	39,889	37,090	36,934	37,419	38,809
Total public expenditure on health PAG under the Government Accounts (HK$ Million) (b)	34,201	32,199	31,616	32,127	33,623
Difference [(a – b) / (b)]	16.6%	15.2%	16.8%	16.5%	15.4%

Source of expenditure under the Government Accounts: Financial Services and Treasury Bureau, Government Secretariat

Annex 2

Statistics on health expenditures from Hong Kong's Domestic Health Accounts (HKDHA), 1989-90 to 2007-08

	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Total Health Expenditure																			
At current prices (HK$ million)	19,613	23,735	29,321	34,104	39,411	44,743	51,207	56,773	62,162	66,227	65,906	67,299	68,720	66,918	68,976	67,975	70,365	74,008	78,946
At constant 2008 prices (HK$ million)	27,570	31,205	35,037	37,226	39,821	42,764	46,829	48,978	51,057	54,779	57,167	60,466	62,910	63,828	70,015	71,039	73,337	77,037	79,618
Annual change (at constant 2008 prices)		13.2%	12.3%	6.2%	7.0%	7.4%	9.5%	4.6%	4.2%	7.3%	4.4%	5.8%	4.0%	1.5%	9.7%	1.5%	3.2%	5.0%	3.3%
As % of GDP	3.6%	3.8%	4.1%	4.1%	4.1%	4.2%	4.5%	4.5%	4.6%	5.2%	5.1%	5.1%	5.3%	5.3%	5.5%	5.2%	5.0%	4.9%	4.8%
Per capita (HK$) (at constant 2008 prices)	4,849	5,470	6,091	6,418	6,748	7,085	7,607	7,611	7,868	8,371	8,653	9,072	9,370	9,464	10,402	10,472	10,764	11,235	11,496
Public Health Expenditure																			
At current prices (HK$ million)	7,749	10,016	13,393	15,844	18,657	21,582	25,316	28,653	31,671	35,800	35,997	37,028	39,152	38,526	39,889	37,090	36,934	37,419	38,809
At constant 2008 prices (HK$ million)	10,892	13,169	16,005	17,294	18,852	20,627	23,152	24,719	26,013	29,611	31,224	33,269	35,842	36,747	40,490	38,762	38,494	38,951	39,139
Annual change (at constant 2008 prices)		20.9%	21.5%	8.1%	9.0%	9.4%	12.2%	6.8%	5.2%	13.8%	5.4%	6.5%	7.7%	2.5%	10.2%	-4.3%	-0.7%	1.2%	0.5%
As % of GDP	1.4%	1.6%	1.9%	1.9%	1.9%	2.0%	2.2%	2.3%	2.3%	2.8%	2.8%	2.8%	3.0%	3.0%	3.2%	2.8%	2.6%	2.5%	2.3%
As % of Total Health Expenditure	39.5%	42.2%	45.7%	46.5%	47.3%	48.2%	49.4%	50.5%	50.9%	54.1%	54.6%	55.0%	57.0%	57.6%	57.8%	54.6%	52.5%	50.6%	49.2%
Per capita (HK$) (at constant 2008 prices)	1,916	2,308	2,782	2,981	3,195	3,418	3,761	3,841	4,009	4,525	4,726	4,992	5,338	5,449	6,016	5,714	5,650	5,680	5,651
Private Health Expenditure																			
At current prices (HK$ million)	11,864	13,719	15,927	18,260	20,753	23,161	25,891	28,119	30,490	30,427	29,909	30,270	29,568	28,392	29,087	30,885	33,431	36,588	40,137
At constant 2008 prices (HK$ million)	16,678	18,037	19,032	19,932	20,969	22,137	23,677	24,259	25,044	25,167	25,943	27,197	27,068	27,081	29,525	32,277	34,843	38,086	40,479
Annual change (at constant 2008 prices)		8.1%	5.5%	4.7%	5.2%	5.6%	7.0%	2.5%	3.2%	0.5%	3.1%	4.8%	-0.5%	0.0%	9.0%	9.3%	8.0%	9.3%	6.3%
As % of GDP	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.3%	2.2%	2.2%	2.4%	2.3%	2.3%	2.3%	2.2%	2.3%	2.4%	2.4%	2.4%	2.4%
As % of Total Health Expenditure	60.5%	57.8%	54.3%	53.5%	52.7%	51.8%	50.6%	49.5%	49.1%	45.9%	45.4%	45.0%	43.0%	42.4%	42.2%	45.4%	47.5%	49.4%	50.8%
Per capita (HK$) (at constant 2008 prices)	2,933	3,162	3,309	3,436	3,554	3,668	3,846	3,769	3,859	3,846	3,927	4,081	4,031	4,016	4,387	4,758	5,114	5,554	5,845

Note: Health expenditure estimates with adjustment for inflation are computed at constant 2008 prices which are as released in the latest set of HKDHA, 1989-90 to 2007-08.

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Annex 3

Government expenditures under the health PAG in the Government Accounts in 1997-98 to 2012-13

	1997-98	2002-03	2007-08	2008-09	2009-10	2010-11	2011-12*	2012-13**
Total Public Expenditure								
At current prices (HK$ million)	234,899	266,460	252,495	330,968	307,192	320,570	388,813	418,070
As % of GDP	17.2%	20.9%	15.3%	20.1%	18.6%	18.0%	20.6%	21.4%
Recurrent Government Expenditure								
At current prices (HK$ million)	157,840	198,004	199,446	214,119	221,180	223,173	244,146	264,349
As % of GDP	11.6%	15.5%	12.1%	13.0%	13.4%	12.5%	12.9%	13.5%
Total Public Expenditure on Health Policy Area Group (PAG)								
At current prices (HK$ million)	27,954	33,169	33,623	36,706	38,387	39,890	45,181	59,217
At constant 2008 prices (HK$ million)	22,960	31,637	33,909	36,648	38,562	39,952	43,768	56,517
Annual change (at constant 2008 prices)	5.9%	1.1%	1.4%	8.1%	5.2%	3.6%	9.6%	29.1%
As % of GDP	2.0%	2.6%	2.0%	2.2%	2.3%	2.2%	2.4%	3.0%
As % of Total Public Expenditure	11.9%	12.4%	13.3%	11.1%	12.5%	12.4%	11.6%	14.2%
Per Capita (HK$) (at constant 2008 prices)	3,538	4,691	4,896	5,252	5,506	5,653	6,157	7,871
Recurrent Government Expenditure on Health PAG								
At current prices (HK$ million)	26,005	32,323	31,641	33,849	35,333	36,774	41,540	44,672
At constant 2008 prices (HK$ million)	21,359	30,830	31,910	33,795	35,495	36,832	40,241	42,636
Annual change (at constant 2008 prices)	9.2%	5.5%	2.8%	5.9%	5.0%	3.8%	9.3%	6.0%
As % of GDP	1.9%	2.5%	1.9%	2.1%	2.1%	2.1%	2.2%	2.3%
As % of Recurrent Government Expenditure	16.5%	16.3%	15.9%	15.8%	16.0%	16.5%	17.0%	16.9%
As % of Total Public Expenditure on Health PAG	93.0%	97.4%	94.1%	92.2%	92.0%	92.2%	91.9%	75.4%
Per Capita (HK$) (at constant 2008 prices)	3,291	4,571	4,607	4,843	5,068	5,211	5,661	5,938
Non-recurrent and Capital Expenditure on Health PAG								
At current prices (HK$ million)	1,949	846	1,982	2,857	3,054	3,116	3,641	14,545
At constant 2008 prices (HK$ million)	1,601	807	1,999	2,852	3,068	3,121	3,527	13,882
Annual change (at constant 2008 prices)	-24.6%	-60.9%	-16.4%	42.7%	7.6%	1.7%	13.0%	293.6%
As % of GDP	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.7%
As % of Total Public Expenditure on Health PAG	7.0%	2.6%	5.9%	7.8%	8.0%	7.8%	8.1%	24.6%
Per Capita (HK$) (at constant 2008 prices)	247	120	289	409	438	442	496	1,933

Notes: For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2008 prices are computed using the same inflation adjustment factor as in the HKDHA.
* Revised Estimates
** Estimates

Major items of non-recurrent and capital expenditure on health, 2009-10 to 2012-13

Dept/Item	2009-10 Actual Expenditure ($M)	2010-11 Actual Expenditure ($M)	2011-12 Revised Estimate ($M)	2012-13 Estimate ($M)
Non-recurrent expenditure				
Grant to the Samaritan Fund	-	-	-	10,000.0
Health and Health Services Research Fund	4.2	8.9	6.3	-
Funding Research on Control of Infectious Diseases	22.9	37.2	30.5	-
Health and Medical Research Fund [(1)]	-	-	31.8	100.0
Health Care Voucher Pilot Scheme	49.0	72.0	102.0	298.0
Human Swine Influenza Vaccination	256.5	2.7	-	-
Pneumococcal and Seasonal Influenza Vaccination	68.5	-	-	-
Capital expenditure				
Medical subventions (public hospital development)	1,240.9	1,348.2	1,765.4	1,571.5 [(2)]
Development of a territory-wide Electronic Health Record Sharing System	34.4	109.5	121.0	202.3
Hospital Authority – improvement works, feasibility studies, investigations and pre-contract consultancy services for building projects (block vote)	600.0	600.0	714.9	661.0
Hospital Authority – equipment and information systems (block vote)	693.5	844.0	714.4	762.8

(1) On 9.12.2011, the Finance Committee approved the setting up of the Health and Medical Research Fund by consolidating the commitment items "Health and Health Services Research Fund" and "Funding Research on Control of Infectious Diseases"

(2) Including the estimates of Cat B projects 8005MJ (Expansion of United Christian Hospital – preparatory works) and 8014MD (Redevelopment of Kwong Wah Hospital – preparatory works) which are subject to the approval from the Finance Committee.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)032

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2984

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in *Matters Requiring Special Attention in 2012-13* that the Bureau will continue to oversee the strategy for primary care development on the advice of the Working Group on Primary Care. What initiatives will be developed and implemented? What are the provision, target and manpower for each initiative?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Enhancing primary care was one of the service reform proposals introduced during the first-stage public consultation on healthcare reform in 2008 which received broad public support. Under the direction of the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health, the "Primary Care Development Strategy Document" was formulated and promulgated in December 2010. The Strategy Document sets out the major strategies on enhancing primary care in Hong Kong, including –

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) setting up a Primary Care Directory with a view to promoting the family doctor concept and adopting a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks (CHCs).

Based on WGPC's recommendations, the Government has allocated and earmarked additional funding for primary care since 2008-09. The recurrent budget for primary care related services in 2012-13 has increased by $2.1 billion over that in 2007-08. A total of $3 billion funding for non-recurrent and capital works items has also been earmarked since 2008-09 for implementing various initiatives in line with the primary care development strategy.

The Primary Care Office (PCO) was established in September 2010 under the Department of Health to support and co-ordinate the implementation of primary care development strategies and actions. The financial provision for PCO in 2012-13 is $88 million for 17 civil service posts and other operating expenses. The latest progress and work plan of the major primary care initiatives being pursued by PCO are as follows:

(a) Primary care conceptual models and reference frameworks

A web-based version of the reference frameworks for two common chronic diseases, namely diabetes and hypertension, was issued in 2011. The primary care conceptual models and reference frameworks for the care of older adults and children are being prepared on the advice of relevant experts.

(b) Primary Care Directory

A web-based Primary Care Directory giving details about the personal and practice-based information of doctors and dentists was launched in April 2011. The sub-directory of Chinese medicine practitioners is being prepared and will be launched in 2012.

(c) CHCs

PCO is exploring different models of CHC pilot projects in collaboration with healthcare professionals and providers from the public sector, private sector, non-governmental organisations and universities. The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, is scheduled for commissioning in the first half of 2012.

(d) Primary Care Campaign

A territory-wide Primary Care Campaign was launched in April 2011 to enhance public understanding and awareness of the importance of primary care, drive attitude change, and foster public participation and action. PCO will organise a themed competition to promote primary care and the family doctor concept in early 2012.

The Government continues to take forward the primary care development strategy and implement, through the Department of Health and Hospital Authority (HA), a series of pilot projects to enhance primary care, including the Elderly Health Care Voucher Pilot Scheme, the Childhood Influenza Vaccination Subsidies Scheme, the Elderly Vaccination Subsidies Scheme, the Pilot Project on Outreach Primary Dental Care Services for the Elderly, and other pilot projects for enhancing chronic disease management.

HA has been implementing various initiatives to enhance chronic disease management since 2008-09, including the Risk Factor Assessment and Management Programme, the Patient Empowerment Programme, the Nurse and Allied Health Clinics, the General Out-patient Clinic Public-Private Partnership Programme, the Shared Care Programme and smoking cessation service. For 2012-13, an additional recurrent funding of $191.36 million has been allocated for implementing the chronic disease management programmes. The latest positions of these programmes are as follows:

Programme	Implementation schedule
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general out-patient clinics (GOPCs) and specialist out-patient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-2010 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organizations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 32 000 patients are expected to benefit from the programme by 2012-13.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients.	Launched in designated GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are expected annually starting

These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	from 2012-13.
General Out-patient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public general out-patient services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at February 2012, over 1 600 patients have enrolled in the programme.
Shared Care Programme To partially subsidize diabetes mellitus patients currently under the care of the public healthcare system to have their conditions followed up by private doctors.	Launched in New Territories East Cluster in March 2010 and extended to Hong Kong East Cluster in September 2010. As at February 2012, over 300 patients have enrolled in the programme.
Smoking Cessation To provide smoking cessation service to chronic disease patients who are smokers, with focus on improving disease management and complication prevention through smoking cessation interventions.	Launched in 2011-12 and will be extended to all seven clusters in 2012-13. Over 9 000 patients are expected to benefit from the programme by 2012-13.

Staff disciplines involved for the above chronic disease management programmes include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants and general service assistants, etc. Set-up and maintenance of information technology systems is required for making patient referrals and monitoring the programmes. GOPCs running the Risk Factor Assessment and Management Programme and the Nurse and Allied Health Clinics are also provided with the necessary equipments and facilities. We do not have ready information on the staffing involved.

Individual pilot projects to enhance primary care are subject to evaluation based on objective criteria with, where appropriate, assessment by an independent third-party. For pilot projects implemented through HA to strengthen support for chronic disease patients in primary care settings, the University of Hong Kong and the Chinese University of Hong Kong have been commissioned to evaluate the effectiveness of the programmes against set service targets and performance indicators. The findings will be published upon completion of these studies.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)033

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2985

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

What is the progress of the pilot initiative to provide outreach dental care for needy elderly in residential care home and day care centres for the elderly? Will more provision and manpower be provided? Has a standard been established to determine whether the scheme should be extended to cover all the elderly in Hong Kong?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly (the Pilot Project) in April 2011 in collaboration with non-governmental organizations (NGOs). The Pilot Project aims to provide primary dental care through outreach services for elderly people residing in residential care homes for the elderly (RCHEs) or receiving services in day care centres for the elderly (DEs) who are often prevented from accessing conventional dental care services due to their frail physical conditions. A total of 13 NGOs (list at ***Annex A***) have participated in the Pilot Project and their outreach teams have come on stream at different time over the past months providing primary dental care and oral health care services to the eligible elderly.

The Pilot Project has planned to cover 768 RCHEs licensed and 61 DEs subsidised by the Social Welfare Department (list at ***Annex B***) and to provide over 100 000 attendances benefitting some 80 000 elders. The primary dental care services provided to eligible elders include dental check-up, scaling, polishing and any other necessary pain relief and emergency dental treatments. For those in need of follow-up curative treatments, the participating NGOs will arrange to provide the necessary treatments and, where necessary, arrange to apply on their behalf for dental grants under the Comprehensive Social Security Assistance Scheme or to provide financial assistance to elders in need. Up to 31 January 2012, over 15 000 elders in some 320 RCHEs and DEs have received primary dental care services under the Pilot Project.

About $88 million has been earmarked for piloting the three-year Pilot Project and some $24 million has been utilised up to 31 December 2011. The Government will continue to monitor the implementation of the Pilot Project and conduct a review after accumulating experience on its operation. Feedback from the participating NGOs, RCHEs, DEs, dentists and elders will be taken into account when evaluating the Pilot Project. The way forward for the Pilot Project including continuation and possible scope for improvement and extension will be assessed upon the outcome of the review.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Annex A

NGOs Participating in the

Pilot Project on Outreach Primary Dental Care Services

for Elderly in Residential Care Homes and Day Care Centres

The Government launched the project on a pilot basis for three years commencing April 2011. Bona-fide non-profit-making NGOs with experience in providing dental services were invited to participate in the Pilot Project. A total of 13 NGOs have joined the project and are providing services to the elderly of the residential care homes and day care centres. These NGOs are -

1. The Hong Kong Tuberculosis, Chest and Heart Diseases Association
2. Yan Chai Hospital
3. The Lok Sin Tong Benevolent Society, Kowloon
4. Yan Oi Tong Limited
5. Christian Family Service Centre
6. Pok Oi Hospital
7. Hong Kong St John Ambulance
8. Caritas Dental Clinics Limited
9. Haven of Hope Christian Service
10. Tung Wah Group of Hospitals
11. United Christian Nethersole Community Health Service
12. HKSKH Lady MacLehose Centre
13. Chi Lin Nunnery

Annex B

Residential Care Homes and Day Care Centres for the Elderly

planned to be covered by the Pilot Project

(as at 31 December 2011)

Administrative District (by Social Welfare Department)	Number of Residential Care Homes[2]	Number of Day Care Centres	Total
Central and Western, Southern & Islands	90	7	97
Eastern & Wanchai	95	7	102
Kwun Tong	39	7	46
Wong Tai Sin & Sai Kung	47	9	56
Kowloon City & Yau Tsim Mong	110	6	116
Sham Shui Po	71	5	76
Sha Tin	38	5	43
Tai Po & North	83	2	85
Yuen Long	54	3	57
Tsuen Wan & Kwai Tsing	92	7	99
Tun Mun	49	3	52
Total	**768**	**61**	**829**

[2] Including all subvented, contract, self-financing and private homes licensed by Social Welfare Department.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)034

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2986

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

What percentage of the total number of doctors does the doctors participating in the Elderly Health Care Voucher Pilot Scheme account for? What measures will the Administration take to encourage more doctors to participate in the scheme? How are the vouchers being utilized? Will the Administration extend the scope and increase the value of the vouchers?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

A total of 3 066 healthcare professionals, involving 3 976 places of practice, were enrolled as healthcare service providers under the Elderly Health Care Voucher Pilot Scheme (Pilot Scheme) as at end December 2011. A breakdown of the practices of participating healthcare service providers by profession and district is at ***Annex A***. Majority of the participating healthcare service providers are medical practitioners. We estimate that the participation of medical practitioners is about 34% of the potential pool of medical practitioners actively providing healthcare services in the private sector.

For comparison, 1 783 providers joined the Pilot Scheme when it was launched on 1 January 2009. Since then up to 31 December 2011, 1 552 providers have newly enrolled, while 4 have been disqualified (3 medical practitioners and 1 Chinese medicine practitioner) and 265 have withdrawn from the Pilot Scheme (164 medical practitioners, 48 Chinese medicine practitioners, 35 dentists, 10 physiotherapists, 4 chiropractors and 4 nurses). Among the 265 withdrawn from the Pilot Scheme, 122 withdrew by the end of 2009, 80 in 2010 and 63 in 2011.

Most providers who withdrew from the Pilot Scheme did not give reasons, and the most commonly cited reason among those who did was change in places of practice at which they work. A study conducted by the Chinese University of Hong Kong indicated that the most common reasons for service providers not to enroll in the Pilot Scheme were : (a) elderly patients not being their main clientele; (b) claim procedures were complex; and (c) no computer in clinics.

Since the launch of the Pilot Scheme on 1 January 2009 up to 31 December 2011, a total of 466 882 eligible elderly people or 69% of some 680 000 eligible elderly population have registered under the Pilot Scheme, and 387 297 or 57% of eligible elderly population elderly people have used vouchers for receiving healthcare services, involving 1 466 033 transactions, 3 922 862 vouchers and $196 million subsidy amount. The actual expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears. Among them, 151 823 or 33% elderly people registered under

the Pilot Scheme have used up all their entitled vouchers for the first pilot period. The breakdown of number and amount of vouchers claimed by healthcare professions is at ***Annex B***.

Over the past three years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures under the Pilot Scheme, including providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. The claim procedures under the Pilot Scheme are similar to those applicable across all subsidization schemes for private healthcare services, including the Childhood Influenza Vaccination Subsidy Scheme and the Elderly Vaccination Subsidy Scheme. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

DH has been launching publicity drive since late 2011 to further step up promotional activities among elders and healthcare service providers in enhancing their participation and enrolment in the Pilot Scheme. DH has been promoting the Pilot Scheme through announcements of public interest on television and radio, pamphlets, posters, website and DVDs. DH has also engaged staff to actively promote enrolment into all these subsidization schemes among private medical practitioners by visiting their clinics and facilitating their enrolment under one-stop shop service. Arrangements have also been made to appeal to the professional organisations for disseminating information on the extended and enhanced Pilot Scheme, and encouraging their fellow members to participate in the Pilot Scheme.

The Elderly Health Care Voucher Pilot Scheme has been extended for three years and the amount of vouchers has been doubled to $500 per eligible elder per year since 1 January 2012. We need to conduct a further review after the extended and adjusted Pilot Scheme has operated for a longer period to assess the effectiveness of the Pilot Scheme in achieving the objectives of enhancing primary especially preventive care for the elderly and improving their health, before contemplating any further adjustments to the Pilot Scheme including its voucher amount and age eligibility.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Annex A

Location of Practices of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2011)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Optometrists (Part I)*	Total
									Enrolled Nurses	Registered Nurses		
Central & Western	126	73	35	4	27	3	4	10	1	2	3	288
Eastern	136	57	29	4	14	0	0	0	0	0	0	240
Southern	38	10	8	0	3	0	0	0	0	0	0	59
Wan Chai	103	83	30	5	32	1	0	0	1	5	6	266
Kowloon City	126	39	14	3	33	0	0	0	1	14	36	266
Kwun Tong	166	112	52	8	11	10	11	1	3	18	2	394
Sham Shui Po	75	79	7	3	10	3	1	0	0	0	0	178
Wong Tai Sin	72	67	20	0	4	0	0	0	0	0	37	200
Yau Tsim Mong	236	176	54	11	75	10	8	14	2	14	1	601
North	48	36	6	0	1	1	0	0	0	0	0	92
Sai Kung	95	41	9	1	9	3	3	0	0	0	1	162
Sha Tin	94	66	20	2	19	0	0	1	1	4	0	207
Tai Po	61	68	25	2	4	2	2	0	2	12	0	178
Kwai Tsing	88	48	16	2	9	0	0	0	1	2	36	202
Tsuen Wan	117	78	12	4	19	4	5	4	1	4	0	248
Tuen Mun	84	71	7	3	6	0	1	0	0	2	0	174
Yuen Long	97	59	11	0	5	0	0	0	0	1	0	173
Islands	32	12	1	0	3	0	0	0	0	0	0	48
Total	**1 794**	**1 175**	**356**	**52**	**284**	**37**	**35**	**30**	**13**	**78**	**122**	**3 976**

* *Enrolment of optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap 359) started in November 2011 while enrolled optometrists are allowed to make voucher claims from 1 January 2012 onwards.*

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Annex B

Breakdown of Number of Vouchers Claimed (Amount of Vouchers Claimed) by Healthcare Professions
(as at 31 December 2011)

	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
No. of vouchers claimed (Voucher amount)	3 412 028 ($170,601,400)	323 832 ($16,191,600)	151 764 ($7,588,200)	556 ($27,800)	13 122 ($656,100)	6 921 ($346,050)	6 841 ($342,050)	3 625 ($181,250)	649 ($32,450)	3 524 ($176,200)	3 922 862 ($196,143,100)

Note : Figures on the distribution of eligible elderly people who have used vouchers by districts are not available.

The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)035

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2287

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned that the Health Branch would "formulate detailed proposals, including supervisory framework and financial incentives, for the proposed Health Protection Scheme" based on the outcome of the Second Stage Public Consultation on Healthcare Reform. Has the Bureau explored the feasibility of offering tax rebates as a financial incentive to encourage public participation in the Scheme? If yes, please set out the details and expenditure involved. If no, please explain the reasons for that.

Asked by: Hon. LEUNG Ka-lau

Reply:

We are taking forward various healthcare reform initiatives based on the outcome of the Second Stage Public Consultation on Healthcare Reform, including conducting a strategic review on healthcare manpower planning and professional development, formulating detailed proposals for the Health Protection Scheme (HPS) and facilitating healthcare service development.

To take forward the HPS, we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group is tasked to tender recommendations to the HMDAC on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the standard plan under the HPS, and rules and mechanism in support of the operation of HPS. The Working Group will also consider various options for providing public subsidy – including tax rebates and other forms of incentives – for implementing the HPS, making use of the $50 billion fiscal reserve earmarked to support healthcare reform. In carrying out its tasks, the Working Group will be supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration. Members of the Working Group and Consultative Group come from a wide range of backgrounds, including the healthcare and medical sector, the insurance industry, employers, the civil society and the academic sector. The Working Group, taking into account the views and suggestions of the Consultative Group and other relevant parties, is expected to tender its recommendation on the HPS in the first half of 2013. Subject to discussions at the Legislative Council and any other relevant considerations, we aim to proceed with the necessary legislative process as soon as possible.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)036

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2288

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch stated that a "Strategic Review on Healthcare Manpower Planning and Professional Development" will be conducted. Would the Administration provide details on:

(a) the number of doctors and nurses required for the coming five years in Hong Kong; and

(b) the parameters, parametric values and formulae used to estimate the relevant figures?

Asked by: Hon. LEUNG Ka-lau

Reply:

Based on the outcome of the Second Stage Public Consultation on Healthcare Reform, the Government has set up a high-level steering committee to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. Chaired by the Secretary for Food and Health, the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development will assess manpower needs in the various healthcare professions and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development having regard to the findings of the strategic review, with a view to ensuring the healthy and sustainable development of Hong Kong's healthcare system.

The Steering Committee is supported by a Coordinating Committee and six consultative sub-groups in carrying out the above task. Healthcare professionals from 13 disciplines which are subject to statutory regulation will be covered and represented in the six consultative sub-groups, namely the Medical Sub-group, the Dental Sub-group, the Nursing and Midwifery Sub-group, the Traditional Chinese Medicine Practitioners Sub-group, the Pharmacists Sub-group and the Other Healthcare Professionals Sub-group. For disciplines currently not subject to statutory regulation, the Other Healthcare Professionals Sub-group may provide a platform for views on future development of the relevant professions to be suitably reflected through the consultative process.

To assist the Steering Committee in making informed recommendations to the Government on the means and measures to ensure an adequate supply of healthcare professionals and strengthen professional development of the healthcare professions concerned, we have commissioned the University of Hong Kong and the Chinese University of Hong Kong to provide professional input and technical support to the strategic review. Among other things, the University of Hong Kong will come up with a comprehensive manpower projection for healthcare professionals covered under the strategic review, with breakdown into specialties where necessary, based on a scientific and objective methodology.

The Steering Committee convened its first meeting on 31 January 2012. We plan to conduct the first round of sub-group meetings in the second quarter of 2012. It is hoped that the review can be completed in the first half of 2013.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)037

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2289

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Health Branch's pledge of "facilitating service development in the private health insurance and healthcare market in preparation for the proposed HPS implementation", please advise on the details of the plan, such as the expenditure and staff establishment involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

We are taking forward various healthcare reform initiatives based on the outcome of the Second Stage Public Consultation on Healthcare Reform, including conducting a strategic review on healthcare manpower planning and professional development, formulating detailed proposals for the Health Protection Scheme (HPS) and facilitating healthcare service development.

To take forward the HPS, we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group is tasked to tender recommendations to the HMDAC on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the standard plan under the HPS, rules and mechanism in support of the operation of HPS and various options for providing public subsidy for implementing the HPS. In carrying out its tasks, the Working Group will be supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration. Members of the Working Group and Consultative Group come from a wide range of backgrounds, including the healthcare and medical sector, the insurance industry, employers, the civil society and the academic sector.

As regards the development of necessary infrastructure for facilitating the development of healthcare services for meeting future demands, including those arising from the implementation of the HPS, we will look into matters, including but not limited to, developing essential infrastructure to support healthcare services, notably the disposal of land for private hospital development, enhancing the transparency of healthcare services and promoting packaged services for common procedures in the private sector.

We set up a dedicated and time-limited Healthcare Planning and Development Office (HPDO) in January 2012 to spearhead and coordinate the healthcare reform initiatives. The HPDO is headed by one Administrative Officer Staff Grade B and supported by one Administrative Officer Staff Grade C. Both posts have been approved by the Finance Committee of the Legislative Council in January 2012. In addition, one existing Administrative Officer Staff Grade C post in the Health Branch of the Food and Health Bureau has been re-deployed to support Head, HPDO in the conduct of the strategic review on healthcare manpower planning and professional development. A total of 15 non-directorate civil service posts will be created to provide the necessary support for taking forward the above reform initiatives. They include 2

Administrative Officers, 5 Executive Officers, 2 Medical and Health Officers and 6 supporting secretarial and clerical staff. $44 million was reserved in 2012-13 for the operation of the HPDO, which covers staff costs and other expenses.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)038

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2290

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch stated that "it will take forward reform initiatives through a three-pronged approach based on the outcome of the Second Stage Public Consultation on Healthcare Reform". In response to an enquiry raised at the meeting on 8 December 2010, the Administration claimed that the "Indicative Premium Schedule of Standard Plans Based on Actuarial Evaluation" included in the consultation document was estimated with reference to a series of parameters. Among others, "major parameters include existing expected medical claim costs; additional medical claim costs due to coverage of pre-existing conditions of the currently insured people; administrative expenses; High-Risk Pool reinsurance rate; and profit margin of the insurance companies". Please list out all the parametric values in detail.

Asked by: Hon. LEUNG Ka-lau

Reply:

In the Second Stage Public Consultation on Healthcare Reform conducted in 2010, a voluntary, government-regulated Health Protection Scheme (HPS) was put forth for public consultation. The Food and Health Bureau commissioned an actuarial consultant to devise an illustrative standard health insurance plan (Standard Plan) based on the features and content of the proposed HPS and the operation of the current health insurance and healthcare markets; and to work out an indicative premium schedule of the Standard Plan for illustrative purpose using professional actuarial method. The actuarial consultant's report can be accessed at the Second Stage Public Consultation on Healthcare Reform website (www.myhealthmychoice.gov.hk/en/studyReport.html).

Generally speaking, in the premium estimation process, the actuarial consultant made use of their professional judgment and actuarial models to analyse the relevant variables and categorise them into some major parameters for the purposes of making reasonable assumptions and calculations. The illustrative premium rates were calculated on the basis of the following six parameters –

$$\text{Illustrative premium rate} = \frac{\text{Existing expected medical claim costs} + \text{Loading for pre-existing conditions} + \text{Administration expenses}}{(1 - \text{profit margin} - \text{High risk pool reinsurance rate}) \times (1 - \text{No claim discounts loading})}$$

A detailed description of the parameters, the working assumptions about the parametric values and calculation methods is set out in the report of the actuarial consultant.

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Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	21.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)039

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2291

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

According to the Health Branch, it will continue to oversee the implementation of the Elderly Health Care Voucher Pilot Scheme. Will the Administration please provide specific details on:

(a) the amount of provisions earmarked by the Government for the Scheme since 2009;

(b) the total amount of claims made under the Elderly Health Care Voucher Pilot Scheme since its implementation;

(c) the percentage of eligible persons who have used Health Care Vouchers;

(d) whether the Administration has considered revising the Scheme based on the "means-tested" and "co-payment" principles? If yes, please provide the details. If not, please explain the reasons.

Asked by: Hon. LEUNG Ka-Lau

Reply:

Reply:

(a) A non-recurrent commitment of $505.33 million has been approved by the Finance Committee for the implementation of the Elderly Health Care Voucher Pilot Scheme over its first three-year pilot period from 2009 to 2011. The actual expenditure under the Pilot Scheme up to 31 December 2011 was $189.5 million ($6.6 million in financial year 2008-09, $49 million in 2009-10, $72 million in 2010-11 and $61.9 million in 2011-12 (up to December 2011)). A non-recurrent commitment of $1,032.6 million has been approved by the Finance Committee for the extended Pilot Scheme over its second three-year pilot period from 2012 to 2014. The actual expenditure will depend on the actual utilization on which we have not made an estimate.

(b)&(c) Since the launch of the Elderly Health Care Voucher Pilot Scheme on 1 January 2009 up to 31 December 2011, a total of 466 882 eligible elderly people or 69% of some 680 000 eligible elderly population have registered under the Pilot Scheme, and 387 297 or 57% of eligible elderly population elderly people have used vouchers for receiving healthcare services, involving 1 466 033 transactions, 3 922 862 vouchers and $196 million subsidy amount. The actual expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears. Among them, 151 823 or 33% elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first pilot period. We have not kept statistics on the number of elderly people who used up all their entitled vouchers in one service episode. The breakdown of number and amount of vouchers claimed by healthcare professions is at ***Annex***.

(d) The Elderly Health Care Voucher Pilot Scheme was launched on 1 January 2009 to test the use of subsidies for receiving healthcare services from the private sector to enhance primary care for the elderly population. Means-testing is not required under the Pilot Scheme, in view that current subsidized public healthcare services are largely available to the whole population on a non-means-tested basis, and the cost of applying means-testing under the Pilot Scheme would be disproportionately high compared with the amount of subsidies involved.

The vouchers are intended as partial subsidies for obtaining private primary care services, and eligible elderly people are free to choose how many vouchers they use to pay for a particular episode and in turn how much they would co-pay on their own. The Pilot Scheme currently have not set rules or requirements on the fees to be charged by healthcare providers or the co-payment by eligible elderly people. However, to improve the operation of the Pilot Scheme in the extended pilot period, healthcare providers are now required to input the balance of fees charged to the elderly after deduction of vouchers claimed, in order to facilitate better monitoring of service fees charged under the Pilot Scheme.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	24.2.2012

Annex

Breakdown of Number of Vouchers Claimed (Amount of Vouchers Claimed) by Healthcare Professions
(as at 31 December 2011)

	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
No. of vouchers claimed (Voucher amount)	3 412 028 ($170,601,400)	323 832 ($16,191,600)	151 764 ($7,588,200)	556 ($27,800)	13 122 ($656,100)	6 921 ($346,050)	6 841 ($342,050)	3 625 ($181,250)	649 ($32,450)	3 524 ($176,200)	3 922 862 ($196,143,100)

Note : Figures on the distribution of eligible elderly people who have used vouchers by districts are not available.

The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)040

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2292

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch has indicated that it will continue to oversee the outreach dental care project for the elderly. Would the Bureau provide updated details on the following:

(a) the list of non-governmental organizations participating in the project;

(b) the number of elders benefited;

(c) the funding earmarked for the project and the amount actually used?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly (the Pilot Project) in April 2011 in collaboration with non-governmental organizations (NGOs). The Pilot Project aims to provide primary dental care through outreach services for elderly people residing in residential care homes for the elderly (RCHEs) or receiving services in day care centres for the elderly (DEs) who are often prevented from accessing conventional dental care services due to their frail physical conditions. A total of 13 NGOs (list at ***Annex A***) have participated in the Pilot Project and their outreach teams have come on stream at different time over the past months providing primary dental care and oral health care services to the eligible elderly.

The Pilot Project has planned to cover 768 RCHEs licensed and 61 DEs subsidised by the Social Welfare Department (list at ***Annex B***) and to provide over 100 000 attendances benefitting some 80 000 elders. The primary dental care services provided to eligible elders include dental check-up, scaling, polishing and any other necessary pain relief and emergency dental treatments. For those in need of follow-up curative treatments, the participating NGOs will arrange to provide the necessary treatments and, where necessary, arrange to apply on their behalf for dental grants under the Comprehensive Social Security Assistance Scheme or to provide financial assistance to elders in need. Up to 31 January 2012, over 15 000 elders in some 320 RCHEs and DEs have received primary dental care services under the Pilot Project.

About $88 million has been earmarked for piloting the three-year Pilot Project and some $24 million has been utilised up to 31 December 2011. The Government will continue to monitor the implementation of the Pilot Project and conduct a review after accumulating experience on its operation. Feedback from the participating NGOs, RCHEs, DEs, dentists and elders will be taken into account when evaluating the Pilot Project. The way forward for the Pilot Project including continuation and possible scope for improvement and extension will be assessed upon the outcome of the review.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Annex A

NGOs Participating in the

Pilot Project on Outreach Primary Dental Care Services

for Elderly in Residential Care Homes and Day Care Centres

The Government launched the project on a pilot basis for three years commencing April 2011. Bona-fide non-profit-making NGOs with experience in providing dental services were invited to participate in the Pilot Project. A total of 13 NGOs have joined the project and are providing services to the elderly of the residential care homes and day care centres. These NGOs are -

1. The Hong Kong Tuberculosis, Chest and Heart Diseases Association
2. Yan Chai Hospital
3. The Lok Sin Tong Benevolent Society, Kowloon
4. Yan Oi Tong Limited
5. Christian Family Service Centre
6. Pok Oi Hospital
7. Hong Kong St John Ambulance
8. Caritas Dental Clinics Limited
9. Haven of Hope Christian Service
10. Tung Wah Group of Hospitals
11. United Christian Nethersole Community Health Service
12. HKSKH Lady MacLehose Centre
13. Chi Lin Nunnery

Annex B

Residential Care Homes and Day Care Centres for the Elderly

planned to be covered by the Pilot Project

(as at 31 December 2011)

Administrative District (by Social Welfare Department)	Number of Residential Care Homes[3]	Number of Day Care Centres	Total
Central and Western, Southern & Islands	90	7	97
Eastern & Wanchai	95	7	102
Kwun Tong	39	7	46
Wong Tai Sin & Sai Kung	47	9	56
Kowloon City & Yau Tsim Mong	110	6	116
Sham Shui Po	71	5	76
Sha Tin	38	5	43
Tai Po & North	83	2	85
Yuen Long	54	3	57
Tsuen Wan & Kwai Tsing	92	7	99
Tun Mun	49	3	52
Total	**768**	**61**	**829**

[3] Including all subvented, contract, self-financing and private homes licensed by Social Welfare Department.

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Reply Serial No.

FHB(H)041

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2293

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch has indicated that it will prepare for drafting the Electronic Health Record Bill. Would the Administration advise in detail on the following:

(a) Has reference been made to overseas experience? If yes, please specify the details. If no, please explain the reasons.

(b) Apart from establishing a central platform to centralize patients' data, will consideration be given to using a multi-platform approach to facilitate point-to-point access of patients' data? If yes, please specify the details. If no, please explain the reasons.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) and (b)

The Government set up the Steering Committee on eHR Sharing (Steering Committee) in July 2007. The Steering Committee provides advice to the Food and Health Bureau on the formulation of strategies to facilitate the development of Electronic Health Record (eHR) infrastructure and the sharing of patient's eHR in both the public and private sectors. A special working group was set up under the Steering Committee, to advise on issues regarding the legal, privacy and security framework (the Framework) for the eHR Sharing System. In deliberating the Framework, the working group has made reference to not only the local legislation, but also relevant laws and practices in overseas, such as Canada, Australia, and the United Kingdom.

Due to its sensitive nature and the need to reside in the Internet environment, we attach great importance to the security infrastructure for eHR. After careful consideration, we proposed to adopt a central data repository approach instead of other approaches (e.g. distributed storage of eHR Sharable Data). A consultancy study was commissioned to validate our proposal and concluded that it was in the right direction and had covered relevant technical aspects.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 23.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)042

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2294

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Since 2010-11, the Health Branch has repeatedly indicated that it will formulate the land disposal arrangements for the four sites reserved for private hospital development, taking into account market feedback received in the Expression of Interest Exercise. Would the Administration specify:

(a) the reasons for postponing the relevant land disposal arrangements by two years;

(b) the details of the land disposal arrangements at the current stage, the announcement date of the land grant conditions, the timetable for inviting tenders, the anticipated commencement dates and completion dates of the works?

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) and (b)

The Government has reserved four sites at Wong Chuk Hang (about 2.8 hectares), Tseung Kwan O (about 3.5 hectares), Tai Po (about 4.8 hectares) and Lantau (about 1.6 hectares) for private hospital development. We invited expressions of interest in developing the sites from the market from December 2009 to March 2010. A total of 30 submissions were received from local and overseas parties.

We are formulating the land disposal arrangements for the four reserved hospital sites. To ensure that the services provided by the new hospitals would be of good quality and can enhance the medical professional standards, the Government will formulate a set of requirements for development of the sites, covering the scope of service (such as the types of specialty), the standard of service (such as the number of beds and hospital accreditation) and price transparency, etc. We plan to first dispose of the two sites at Wong Chuk Hang and Tai Po through open tender in the first quarter of 2012. The other two sites will be disposed of later in phases. We expect that the private hospitals to be developed at the sites at Wong Chuk Hang and Tai Po will commence to operation in about five years' time from date of disposal, taking into account the time required for design and construction of the new hospitals.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)043

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2295

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Since 2007-08, the Health Branch has repeatedly stated that it would explore the setting up of "multi-partite medical centres of excellence" in the specialty areas of paediatrics and neuroscience in Hong Kong. In 2012-13, the Health Branch has once again stated that it will "prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong." Please provide details on the findings of the studies, schedules for the preparatory work, the completion date, estimated expenditure and staffing establishment involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Government announced the initiative to explore the establishment of multi-partite centres of excellence in the specialty of paediatrics and neuroscience in the 2007-08 Policy Address. By locating clinical services, medical research and professional training in one place, and concentrating expertise, advanced technology and cases of complex illnesses, a medical centre of excellence aims to facilitate cross-fertilization, enhance professional standards, provide valuable training opportunities, and provide enhanced tertiary and specialized medical services to the public.

The Steering Committees for the two centres of excellence, set up since 2008 under the Food and Health Bureau (FHB) to advise the Government on the scope of services, the operational model and the physical infrastructure of the two centres, with membership comprising public and private medical professionals, academics and patients' groups, have agreed that the two centres will be built at Kai Tak. Sites have been identified in the Kai Tak development area for this purpose.

The Centre of Excellence in Paediatrics (CEP) is at a more advanced stage of planning. We will brief the Panel on Health Services on the CEP project in March 2012. On the advice of the Steering Committee, FHB together with the Hospital Authority have formulated the blueprints for the establishment of the CEP, including its scale, scope of services and facilities, and sub-specialties to be set up in the CEP, and the Architectural Services Department has completed its physical conceptual design. The CEP will be constructed through a "Design and Build" model. The Administration plans to invite tender in Q2 2012.

Based on the current scope of works and conceptual design, the preliminary project cost is estimated to be about $9.7 billion at September 2011 prices. We plan to seek funding approval from the Finance Committee in 2013 after tendering process completed with the actual construction cost returned by tendering. Subject to funding approval, we plan to commence construction works of the CEP in 2013 with a target date for completion by 2017. The detailed operational arrangements of the CEP including provision of its clinical services, research and training services and the associated resources and manpower requirements will be worked out in parallel, based on the plan to commission services at the CEP by phases.

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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 the proposed project. Similarly, we will brief the Panel on Health Services on CEN and seek the approval of the Finance Committee for funding when we have worked out these details.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)044

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2296

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch stated that it would "continue to oversee the implementation of the established tobacco control policy through a multi-pronged approach, including promotion, education, legislation, enforcement, taxation and smoking cessation". Would the Administration specify in detail:

(a) the public sector's expenses on smoking cessation service for the past five years?

Asked by: Hon. LEUNG Ka-lau

Reply:

Smoking cessation is an integral part of the Administration's tobacco control measures to protect public health. Over the years, the Department of Health (DH) and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation through providing cessation counselling telephone hotline, health talks and other health education programmes, and smoking cessation services in their respective clinics. Collaborative efforts have also been undertaken with non-government organizations, academic institutions and healthcare professions to promote smoking cessation and provide smoking cessation services to the public.

The expenditures / provision of tobacco control activities managed by the Tobacco Control Office (TCO) of DH from 2007-08 to 2012-13 breakdown by types of activities are shown in Annex. Various DH services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's services, such expenditure could not be separately identified and included here. On the other hand, HA operates 6 full-time and 36 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counselling and treatment. HA provides treatment services for smoking cessation as an integral part of its overall services provision; therefore, a breakdown of the expenditure on the services is not available.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	23.2.2012

Annex

Expenditures / Provisions of the Department of Health on Tobacco Control

	2007-08 **($ million)**	**2008-09** **($ million)**	**2009-10** **($ million)**	**2010-11** **($ million)**	**2011-12** **Revised Estimate** **($ million)**	**2012-13** **Estimate** **($ million)**
Enforcement						
Programme 1: Statutory Functions	20.3	23.1	30.8	40.4	35.6	36.8
Health Education and Smoking Cessation						
Programme 3: Health Promotion	35.1	35.8	44.5	57.8	85.6 [Note4]	115.0
(a) General health education and promotion of smoking cessation						
TCO	*24.9*	*22.4*	*28.2*	*22.3*	*27.2*	*22.4*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.2*	*10.9*	*12.6*	*13.2*	*11.3*	*11.5*
(b) Provision for smoking cessation services						
TCO				*6.1*	*15.6*	*47.3*
Subvention: COSH					*3.5*	*8.5*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme		*2.5*	*3.7*	*11.4*	*21.0*	*20.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture				*4.8*	*5.8*	-
Smoking cessation programme using acupuncture						*5.0*
Subvention to Po Leung Kuk – School-based smoking prevention activities					*1.2*	*0.3*
Total	**55.4**	**58.9**	**75.3**	**98.2**	**121.2**	**151.8**

[4] The additional provision of $21 million allocated by the Primary Care Office in 2011-12 to enhance smoking cessation service in 2011-12 has been transferred to Programme 3.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)045

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2298

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch states that it will "commence operation of the new Health and Medical Research Fund (HMRF)". Please advise in detail:

(a) the operation of HMRF, the expenditure involved and the required staff establishment;

(b) whether it will employ the HMRF to review the "cost-effectiveness" of the drugs currently provided by the Hospital Authority so as to enhance the transparency of public hospitals in providing subsidies for use of dugs. If yes, please set out the details. If no, please explain the reasons for that.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The Health and Medical Research Fund (HMRF) was established under the Food and Health Bureau (FHB) with a non-recurrent commitment of $1.415 billion upon approval by the Finance Committee of the Legislative Council on 9 December 2011. The objectives, scope, operation and staffing of HMRF are detailed in information papers for the Panel on Health Services (LC Paper No. CB(2)258/11-12(03) on 14 November 2011 including supplementary information supplied) and Finance Committee (FCR(2011-12)57 on 9 December 2011). Salient points are summarised below. We plan to initiate the formulation of research themes and priorities of research infrastructure and programmes to be commissioned under HMRF in the second quarter of 2012, and issue open invitation to local researchers for research proposals under HMRF in the third quarter of 2012.

HMRF aims to build research capacity and to encourage, facilitate and support health and medical research to inform health policies, improve population health, strengthen the health system, enhance healthcare practices, advance standard and quality of care, and promote clinical excellence, through generation and application of evidence-based scientific knowledge derived from local research in health and medicine. It provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms including investigator-initiated research projects, government-commissioned research programmes and research fellowships, under the strategic steer and direction of the Health and Medical Research Council chaired by the Secretary for Food and Health and comprising leading professionals in the medical and academic sectors.

Under the Health and Medical Research Council, a series of Expert Advisory Panels (EAP) for individual research areas comprising renowned local and overseas experts are being set up to provide

expert advice on the direction, strategy and operation of HMRF and oversee the outcome evaluation of the funded research projects in relevant fields. Research proposals for funding under HMRF are subject to a stringent two-tier peer review process following international practices, first by a Referee Panel comprising individual experts, both local and overseas, to assess the scientific merit of applications according to their specific expertise, and second by a Grant Review Board (GRB) acting as scientific advisor and making overall recommendation on funding applications. Successful applications are required to keep an audit trail of budget spent and submit periodic progress reports and a final report. Completed research results are disseminated to the research community and the public, and are subject to a post-completion assessment to evaluate their outputs and outcomes.

The funding to be allocated under HMRF for various research activities will depend on the actual research applications granted, research programmes commissioned, and research infrastructure and capacity building initiatives funded. Depending on the development of research capacity in local institutions, we expect that the funding of HMRF would be able to support local health and medical research over the next five years or longer. The exact cash flow requirements over the years is difficult to estimate as these depend on the number of applications submitted and projects approved each year and the expenditure pattern for individual projects. The estimated expenditure of HMRF for 2012-13 is $100 million.

HMRF is administered by the Research Fund Secretariat under the Research Office of FHB, which provides administrative and logistic support to the Health and Medical Research Council and its constituent boards and panels. The Research Fund Secretariat is planned to have a staffing complement of 15 non-directorate non-civil service staff with various skills and experience to support the operation of HMRF on a full-time basis, and also supported by three non-directorate civil servants who provide executive and clerical support for the Research Office as a whole. The annual recurrent cost for supporting the operation of HMRF is estimated to be $20 million (including $16 million on staff cost and $4 million on non-staff cost).

Health and medical research and development is a key component of the healthcare system of any advanced economy, and allows better insight into the disease, maximises treatment outcome, improves quality of care and promotes public health. Initial investment in research is expected to lead to a return in terms of less disease, improved population health and in turn enhanced work productivity. Investment in local health and medical research and development and availability of facilities and resources for such purposes are also key factors that help attract and retain talents, both local and overseas, essential to the development of a hub for medical research and clinical excellence, and supportive of a quality medical service sector. This would in turn engender a positive impact on the development of medical services as one of our service industries.

(b) The Hospital Authority (HA) has implemented the Drug Formulary with a view to ensuring equitable access by patients to cost-effective drugs of proven safety and efficacy through standardization of HA's drug policy and drug utilization. HA has an established mechanism with the support of 21 specialty panels to regularly evaluate new drugs and review the drugs in the Drug Formulary. The process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness of drugs and taking into account various factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost and views of professionals and patient groups. HA will keep in view the latest scientific and clinical evidence of drugs and enhance the Drug Formulary as appropriate.

Research proposals under HMRF for specific topics including cost-effectiveness of specific drugs initiated by local researchers depend on their research interests and expertise. The scope of health and medical research to be funded by HMRF is broad enough to encompass research proposals to examine the cause, treatment and prevention of the full range of diseases and conditions that affect human health and the impact of the organisation, financing and management of healthcare services on the delivery, access, quality, outcome and cost-effectiveness of such services, including those initiated to evaluate the use of drugs in public hospitals.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)046

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2299

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch has stated that it will "continue to oversee the implementation of the registration system for proprietary Chinese medicines". Please set out the numbers of various categories of applications for registration of proprietary Chinese medicines (pCm) in the following format:

Categories of applications		No. of cases
Applications for transitional registration	Applications submitted "Notice of confirmation of transitional registration of pCm" issued Applications rejected Requests for review of applications Reviews approved Reviews rejected	
Applications for non-transitional registration	Applications submitted "Notice of confirmation of non-transitional registration of pCm" issued Applications rejected Requests for review of applications Reviews approved Reviews rejected	
Application for formal registration	Applications submitted "Certificate of registration of pCm" issued Applications rejected Requests for review of applications Reviews approved Reviews rejected	

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Asked by: Dr Hon LEUNG Ka-lau

Reply:

As of mid February 2012, the Department of Health has received a total of 17 280 applications for registration of proprietary Chinese Medicines. The breakdown is as follows-

Categories of applications	Outcome/Progress of application under Chinese Medicines Board	Number of cases
(a) Application for transitional registration	Applications received by DH (i + ii + iii)	14 100
	(i) "Notices of confirmation of transitional registration of pCm" (HKP) issued	9 110
	(ii) Applications rejected	4 770
	(iii) Applications transferred to non-transitional application due to not fulfilling of transitional registration requirements	220
	Applications for review (among those in (ii) above) - Review accepted: 430 - Review not accepted: 300 - Review applications withdrawn: 140	870
(b) Applications for non-transitional registration	Applications received by DH (i + ii + iii + iv)	3 180
	(i) "Notices of confirmation of non-transitional registration of pCm" (HKNT) issued	1 200
	(ii) "Certificate of registration of pCm" (HKC) issued	200
	(iii) Applications rejected	1 290
	(iv) Applications pending processing	490
	Applications for review (among those in (iii) above) - Review accepted: 160 - Review not accepted: 150 - Review applications withdrawn: 25 - Review applications pending processing: 5	340

Remarks: Both (a) transitional registration applications and (b) non-transitional applications are formal registration applications.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)047

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1873

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Since Section 119 of the Chinese Medicine Ordinance came into effect in end-2010, a number of manufacturers have been forced to withdraw from the market because they could not afford the relevant testing and certification costs. Moreover, with the disbandment of the Hong Kong Jockey Club Institute of Chinese Medicine last year, it has become more difficult for the trade to meet the certification requirements. In view of the above, will the Administration consider setting up a fund to assist the Chinese medicine trade in meeting the costs? If not, will the Administration or the newly established Government-led steering committee on Chinese medicine introduce other measures to assist the trade with certification?

Asked by: Dr Hon Priscilla LEUNG Mei-fun

Reply:

The Chinese Medicine Ordinance (Cap.549) was enacted in 1999 to establish a regulatory regime for Chinese medicines (CM) so as to further safeguard public health and to ensure the safety, quality and efficacy of CM. The commencement of mandatory registration of proprietary Chinese medicines (pCm) and the requirements of labelling and package inserts under Cap.549 has marked the full implementation of the regulatory regime of CM. It enhances the confidence of the general public in using CM services and thus contributes positively to the long-term development of CM.

Under Cap.549, it is the pCm traders' primary responsibility to ensure the safety, quality and efficacy of their products for the purpose of registration. To offer appropriate technical and laboratory testing support to the trade, representatives of the Chinese Medicine Council (CMC) and the Department of Health often organize briefings and sharing sessions with the trade and attend meetings of CM trade associations. Technical guidelines and relevant information are also available on the website of CMC for reference by members of the trade.

The Innovation and Technology Fund (ITF) administered by the Innovation and Technology Commission has been supporting applied research projects conducted by universities, research and development (R&D) institutions and companies. These projects include those relating to R&D and testing of CM. The ITF currently has a balance of about $2.2 billion and will continue to fund quality R&D projects from any technology area, including CM.

In September 2009, the Government established the Hong Kong Council for Testing and Certification (HKCTC) to promote the development of the testing and certification industry. CM is one of the four selected trades identified by HKCTC to have good opportunities to promote the use of testing and certification services. A Panel comprising members from the CM trade, the testing and certification industry, academia, relevant Government departments and public bodies was set up to provide a platform for stakeholders to develop and promote new testing and certification services in the CM trade. The Panel is now assisting testing laboratories to raise the testing standard of CM, including organizing inter-

laboratory comparison to assist them to assess their competence and a training course on authentication to enhance practitioners' skills. The Panel will also explore other initiatives that will benefit the CM trade and consumers at large.

Moreover, the Government set up a Committee on Research and Development of Chinese Medicine (the Committee) in December 2011. It is chaired by the Commissioner of Innovation and Technology with the objective to achieve greater effectiveness in coordinating the collaboration of various stakeholders in the CM sector in promoting R&D and testing of CM to meet the future needs of Hong Kong. The Committee will act as a platform to gauge views from various stakeholders to formulate the broad direction in promoting R&D and testing of CM in Hong Kong, identify key areas of work, monitor progress and recommend areas of improvement where necessary. The Committee will also facilitate sharing of R&D outcome and other collaboration among parties concerned to create synergy in the R&D of CM, and to promote collaboration with organizations outside Hong Kong.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)048

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1611

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2012-13, the Government will continue to oversee the progress of various capital works projects of the Hospital Authority, including the expansion of Tseung Kwan O Hospital and United Christian Hospital. Please provide the schedules of these two expansion projects. Before the completion of these projects, what are the specialty services that require improvement most urgently? How does the Government improve the inpatient service in these two districts to address the problems of waiting time and poor environment?

Asked by: Hon. LI Wah-ming, Fred

Reply:

For the expansion project of the Tseung Kwan O Hospital (TKOH), the construction of the new ambulatory block was completed in January 2012 and the Hospital Authority (HA) is now preparing for the commissioning of services at the ambulatory block. The remaining conversion works in the main building of TKOH are in progress and scheduled for completion in 2013.

For the expansion project of the United Christian Hospital (UCH), planning is underway and the Government plans to seek funding approval of the LegCo Finance Committee for the expansion project in mid 2012 for conducting preparatory works including site inspection, surveying, detail design, preparation of tender document and tender evaluation, etc. The expansion of UCH will be carried out in phases. It is estimated that the expansion project will take nine years to complete.

The healthcare services of HA are provided on a cluster basis. UCH, TKOH and the Haven of Hope Hospital serve the population in the Kowloon East Cluster (KEC). HA will continue to closely monitor and review its services in light of demographic changes, growth in service demand, service utilization and manpower requirements, and flexibly deploy its resources to ensure adequate services are provided to meet the service demand in the region. In 2012-13, KEC will open an additional 40 acute beds in TKOH and continue to enhance ambulatory care upon the commissioning of the TKOH ambulatory block.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)049

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1097

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title): 1097

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 54 of the Budget Speech that "For Kwong Wah Hospital (KWH), redevelopment will involve revamping existing medical facilities, and strengthening the hospital's Chinese and Western medicines shared care services, including Chinese medicines in-patient service". In this regard, please advise on the following :

(a) What are the details of the Chinese medicine in-patient services?

(b) When is it expected to commence operation? How many beds will be provided?

(c) What is the estimated expenditure involved?

(d) Will additional healthcare staff in Chinese medicine be recruited for the Chinese medicine in-patient service? If yes, what is the expected number of posts to be created? If no, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

The Kwong Wah Hospital (KWH) redevelopment project will be implemented in phases comprising various stages of decanting, demolition, refurbishment and construction works. Subject to the funding approval of the Finance Committee, the planning, detailed design and construction of the whole project is estimated to take about ten years for completion in 2022. The preliminary project cost estimate is about $8.8 billion.

The redeveloped KWH will cater for the re-provisioning of Chinese Medicine (CM) and integrated Chinese and western medicine service. Its service model and details of service provisions are being planned. All these services will be operated by the Tung Wah Group of Hospitals (the Group). The number of beds and CM manpower so required by the Group will be worked out at the latter phase of the project.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)050

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1098

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 54 of the Budget Speech that Queen Mary Hospital (QMH) and Kwong Wah Hospital (KWH) shall also be redeveloped in the coming year. In this connection :

(a) What are the details of the redevelopment projects? What is the timetable?

(b) What is the estimated expenditure involved for the two projects respectively?

(c) According to anticipation, how will the medical services provided by these two hospitals be improved after their redevelopment?

(d) During redevelopment, will the existing services be affected? If yes, what measures will be put in place to minimize the impact?

Asked by: Hon. PAN Pey-chyou

Reply:

(a) & (b)

The redevelopment project at Queen Mary Hospital (QMH) comprises the demolition of seven existing hospital buildings for the construction of three new blocks. Upon completion, there will be a new Heart and Cancer Centre Block housing clinical oncology services and all cardiac and cardiothoracic procedures and operation facilities, intensive care units (ICU) and wards; an Accident & Emergency (A&E) Block housing an upgraded A&E department with observation and emergency medicine wards and other operation and ICU facilities, and a block housing part of the reprovisioned services. In order to ensure that service provisions by the hospital are maintained throughout the period, the project will be implemented in phases comprising various stages of decanting, demolition, refurbishment and construction works. Subject to the funding approval of Finance Committee (FC), the planning, detailed design and construction of the whole project is estimated to take about 13 years for completion in 2025. The preliminary project cost estimate is about $6.9 billion.

The redevelopment of Kwong Wah Hospital (KWH) comprises the demolition of all existing hospital buildings apart from the Tsui Tsin Tong Outpatient Building for the construction of a new complex. The new complex will accommodate inpatient wards, A&E department with observation and emergency medicine wards, ambulatory care centre, operating theatres, ICU, labour and delivery suites, and radio-diagnostic facilities. The current integrated Chinese Medicine (CM) and western medicine service will also be reprovisioned and enhanced in the new complex, together with a CM outpatient clinic and CM laboratory. In order to ensure that service provisions by the hospital are

maintained throughout the period, the project will be implemented in phases comprising various stages of decanting, demolition, refurbishment and construction works. Subject to the funding approval of FC, the planning, detailed design and construction of the whole project is estimated to take about 10 years for completion in 2022. The preliminary project cost estimate is about $8.8 billion.

(c)

Upon completion of the redevelopment project at QMH, there will be new and modernized facilities, especially for A&E service, cardiac and cardiothoracic services, operating theatres, ICU, clinical oncology, and lecture theatres and teaching facilities.

The redevelopment of KWH will provide new and modernized facilities for service developments, including adoption of new models of care such as ambulatory and integrated care, implementation of non-radiation oncology services, introduction of emergency medicine ward and provision of integrated CM services.

(d)

The two hospitals will remain functional at all times during the redevelopment project and any disruption of services, if unavoidable, will be kept to a minimum.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)051

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1099

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the "formulating detailed proposals, including supervisory framework and financial incentives, for the proposed Health Protection Scheme (HPS)" under the reform initiatives to be taken forward based on the outcome of the Second Stage Public Consultation on Healthcare Reform,

(a) What are the details of the supervisory framework?

(b) Regarding the financial incentives, there are strong calls in society that the Government should provide tax deductions for taxpayers who have bought private medical insurance. Will the Administration consider adopting this suggestion? If yes, what are the details? If no, what are the reasons?

(c) What is the timetable for formulating the detailed proposals? Will the Administration consult the public again on the detailed proposals?

(d) What is the estimated expenditure involved in taking forward this initiative? Will more staff be employed? If yes, what are the details?

Asked by: Hon. PAN Pey-chyou

Reply:

(a), (b) & (c) We are taking forward various healthcare reform initiatives based on the outcome of the Second Stage Public Consultation on Healthcare Reform, including conducting a strategic review on healthcare manpower planning and professional development, formulating detailed proposals for the Health Protection Scheme (HPS) and facilitating healthcare service development.

To take forward the HPS, we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group is tasked to tender recommendations to the HMDAC on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the standard plan under the HPS, and rules and mechanism in support of the operation of HPS. The Working Group will also consider various options for providing public subsidy – including tax rebates and other forms of incentives – for

implementing the HPS, making use of the $50 billion fiscal reserve earmarked to support healthcare reform. In carrying out its tasks, the Working Group will be supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration. Members of the Working Group and Consultative Group come from a wide range of backgrounds, including the healthcare and medical sector, the insurance industry, employers, the civil society and the academic sector. The Working Group, taking into account the views and suggestions of the Consultative Group and other relevant parties, is expected to tender its recommendation on the HPS in the first half of 2013. Subject to discussions at the Legislative Council and any other relevant considerations, we aim to proceed with the necessary legislative process as soon as possible.

(d) We set up a dedicated and time-limited Healthcare Planning and Development Office (HPDO) in January 2012 to spearhead and coordinate the healthcare reform initiatives. The HPDO is headed by one Administrative Officer Staff Grade B and supported by one Administrative Officer Staff Grade C. Both posts have been approved by the Finance Committee of the Legislative Council in January 2012. In addition, one existing Administrative Officer Staff Grade C post in the Health Branch of the Food and Health Bureau has been re-deployed to support Head, HPDO in the conduct of the strategic review on healthcare manpower planning and professional development. A total of 15 non-directorate civil service posts will be created to provide the necessary support for taking forward the above reform initiatives. They include 2 Administrative Officers, 5 Executive Officers, 2 Medical and Health Officers and 6 supporting secretarial and clerical staff. $44 million was reserved in 2012-13 for the operation of the HPDO, which covers staff costs and other expenses.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)052

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1100

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the reform initiatives under "facilitating service development in the private health insurance and healthcare market in preparation for the proposed Health Protection Scheme implementation" based on the outcome of the Second Stage Public Consultation on Healthcare Reform, how will the Administration facilitate service development in the private health insurance and healthcare market? Will it include promoting public-private partnership to subsidise and encourage more people to use private healthcare services? If yes, what are the details? What is the estimated amount of expenditure involved?

Asked by: Hon. PAN Pey-chyou

Reply:

We are taking forward various healthcare reform initiatives based on the outcome of the Second Stage Public Consultation on Healthcare Reform, including conducting a strategic review on healthcare manpower planning and professional development, formulating detailed proposals for the Health Protection Scheme (HPS) and facilitating healthcare service development.

To take forward the HPS, we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group is tasked to tender recommendations to the HMDAC on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the standard plan under the HPS, rules and mechanism in support of the operation of HPS and various options for providing public subsidy for implementing the HPS. In carrying out its tasks, the Working Group will be supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration. Members of the Working Group and Consultative Group come from a wide range of backgrounds, including the healthcare and medical sector, the insurance industry, employers, the civil society and the academic sector.

As regards the development of necessary infrastructure for facilitating the development of healthcare services for meeting future demands, including those arising from the implementation of the HPS, we will look into matters, including but not limited to, developing essential infrastructure to support healthcare services, notably the disposal of land for private hospital development, enhancing the transparency of healthcare services and promoting packaged services for common procedures in the private sector.

We set up a dedicated and time-limited Healthcare Planning and Development Office (HPDO) in January 2012 to spearhead and coordinate the healthcare reform initiatives. The HPDO is headed by one

Administrative Officer Staff Grade B and supported by one Administrative Officer Staff Grade C. Both posts have been approved by the Finance Committee of the Legislative Council in January 2012. In addition, one existing Administrative Officer Staff Grade C post in the Health Branch of the Food and Health Bureau has been re-deployed to support Head, HPDO in the conduct of the strategic review on healthcare manpower planning and professional development. A total of 15 non-directorate civil service posts will be created to provide the necessary support for taking forward the above reform initiatives. They include 2 Administrative Officers, 5 Executive Officers, 2 Medical and Health Officers and 6 supporting secretarial and clerical staff. $44 million was reserved in 2012-13 for the operation of the HPDO, which covers staff costs and other expenses.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)053

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1101

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the reform initiatives under "facilitating service development in the private health insurance and healthcare market in preparation for the proposed Health Protection Scheme implementation" based on the outcome of the Second Stage Public Consultation on Healthcare Reform, please advise on the following:

(a) The number of people who purchased private health insurance in Hong Kong for the past 5 years. Please provide a list by age group.

(b) The number of complaints about private health insurance in Hong Kong for the past 5 years. Please provide a list by type of complaint.

Asked by: Hon. PAN Pey-chyou

Reply:

(a) In the past five years (2007-2012), the Census and Statistics Department conducted and completed two Thematic Household Survey (THS) on health-related issues, one in 2008 and another in 2009/10. According to the THS conducted in 2009/10, around 2.56 million people, or slightly more than one third of Hong Kong's population, were covered by private health insurance, including individually purchased health insurance and employer-provided medical benefits. The following table sets out the number of people covered by private health insurance by age group in 2008 and 2009/10.

Number of people covered by individually purchased private health insurance and/or employer- provided medical benefits

Age Group	**Survey Period**	
	February - May 2008	November 2009 - February 2010
≤ 14	261 600	300 600
15 - 24	239 100	253 800
25 - 34	537 400	538 900
35 - 44	618 400	591 500
45 - 54	533 100	584 900
55 - 64	195 700	243 600
≥ 65	37 000	51 400
Total	**2 422 300**	**2 564 800**

Source: Thematic Household Survey conducted by the Census and Statistics Department

(b) According to the Office of the Commissioner of Insurance (OCI), the number of complaints related to health insurance received by the OCI from 2009 to 2011, which are readily retrievable, are as follows -

Nature of Complaints	2009	2010	2011
Cancellation/Non-Renewal of Policy	10	24	10
Delay in Settlement	10	16	7
Misrepresentation	14	10	11
Quantum of Indemnity	8	3	8
Repudiation of Liability	35	24	18
Others*	45	35	34
Total	**122**	**112**	**88**

* *Other complaints include forgery, mishandling of premium received, poor service, quality of management of insurer, refund of premium, twisting of policies, unfair contract terms, unreasonable claims procedures, increase in premiums, misconduct of agents, etc.*

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)054

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1102

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the introduction of a pilot initiative for a health assessment programme for the elderly in collaboration with NGOs, please advise on the following:

(a) What are the details of the programme? What is the eligibility for the programme? What kind of health assessment will be provided to the elderly? What is the implementation schedule of the programme?

(b) What is the estimated expenditure involved?

(c) What is the estimated number of elderly to be served by the programme? Whether a target has been set to assess the effectiveness of the programme? If yes, what are the details?

Asked by: Hon. PAN Pey-chyou

Reply:

The Government plans to launch an Elderly Health Assessment Pilot Programme (the Pilot Programme) in collaboration with non-government organizations (NGOs) with the aim to promote preventive care for the elderly and encourage its provision in the community. Under the Pilot Programme, the Government will provide subvention for NGOs to introduce on a pilot basis a voluntary, protocol-based health assessment for the elderly, having regard to the primary care reference framework for older adults (currently being formulated by the Task Force on Conceptual Model and Preventive Protocols under the aegis of the Working Group on Primary Care) in accordance with the Primary Care Development Strategy. By piloting such a health assessment as benchmark, the Pilot Programme will test the receptiveness among the elderly population as well as healthcare providers to preventive care and promote awareness.

The Government has earmarked a sum of $10 million in 2012-13 for providing subvention to interested and qualified NGOs that participate in the Pilot Programme. The Administration is working out the programme details including the service protocol, age eligibility, subvention and fee level in consultation with potential partners. We expect that participating NGOs should be able to provide health assessment to about 5 000 elders under the Pilot Programme. We aim to launch the Pilot Programme in early 2013. We will conduct a review of the Pilot Programme after accumulating experience on its operation. The review will assess, inter alia, the effectiveness of the Pilot Programme in promoting preventive care for the elderly, encouraging preventive care in the community, improving health of the elderly and enhancing primary care in general.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)055

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0722

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the electronic health record sharing system,

(a) are there any specific measures in place to ensure that the privacy of patients are well protected and their personal data will not be used by the private sector for commercial purposes? What are the manpower and resources involved?

(b) which professional bodies and experts of specific sectors have been consulted when developing this electronic system? What are their opinions? If no consultation has been conducted, what are the reasons?

(c) which professional bodies and experts of specific sectors have been consulted when drafting the Electronic Health Record Bill? Please provide the details. If no consultation has been conducted, what are the reasons?

Asked by: Hon. TAM Wai-ho, Samson

Reply:

(a) :

To ensure electronic Health Record (eHR) data is under stringent protection, we would make use of appropriate technologies to safeguard data security and minimise the risk of leakage of personal health data, implement rigorous procedures and policies for the use of eHR data, and provide appropriate training/briefing to all stakeholders to enhance their privacy awareness.

We have incorporated the concept of "building security in" in the development of the eHR core sharing infrastructure. A consultancy study has confirmed that our proposal to adopt a central data repository approach instead of other approaches (e.g. distributed storage of eHR Sharable Data) is in the right direction. Only healthcare providers with their electronic medical record / electronic patient record systems certified by the eHR Sharing System Operating Body may participate in eHR sharing. The identity, professional registration and roles of the healthcare professionals accessing eHR data will also be verified before access is granted. eHR data in the databases, files and archives, and during transmission will be encrypted as appropriate, and no downloading (except for personal particulars for patient management and allergy/adverse reaction information for vital clinical decision) will be allowed. Network security measures will be in place to guard against Internet attacks. Privacy Impact Assessment, Privacy Compliance Audit, Security Risk Assessment and Security Audit will be conducted to ensure the eHR Sharing System complies with relevant legislations and requirement.

The development of a territory-wide, patient-oriented eHR Sharing System was put forward as one of the proposals in the Healthcare Reform Consultation Document "Your Health, Your Life" published in March 2008, and received overwhelming support from the community. The Legislative Council (LegCo) approved in July 2009 a new commitment of $702 million non-recurrent expenditure for implementing the first stage of the eHR Programme. To co-ordinate the Programme, the Government set up a dedicated eHR Office in the Food and Health Bureau (FHB). The Department of Health (DH) also set up a team for the development of

its eHR systems. The Hospital Authority (HA) Information Technology Services provides the eHR Office with technical support and has established the eHR Project Management Office to carry out the projects under the eHR Programme. By 2012-13, there will be a total of 22 relevant civil service posts in the eHR Office and 10 posts in DH, involving an annual salary (notional annual mid-point salary) of $16.1 million and $7.2 million respectively. For all the eHR development co-ordinating and supporting functions, the Government has earmarked a total of $463.463 million recurrent resources for the four years from 2009-10 to 2012-13. There is no breakdown of resources specifically on privacy protection and security measures.

(b) and (c) :

The Government set up the Steering Committee on eHR Sharing (Steering Committee) in July 2007. The Steering Committee, supported by working groups, provides advice to FHB on the formulation of strategies to facilitate the development of eHR infrastructure and the sharing of patient's eHR in both the public and private sectors. Membership of the Steering Committee and working groups include representatives of HA, DH, Office of the Privacy Commissioner for Personal Data, Office of the Government Chief Information Officer, healthcare professional groups, private hospitals, information technology professionals, patient groups, non-governmental organisations and ad personam members. A special working group was set up to advise on issues regarding the legal, privacy and security framework (the Framework) for the eHR Sharing System. The proposed Framework, endorsed by the Steering Committee, was put forward for a two-month public consultation from 12 December 2011 to 11 February 2012. We have received submissions from individuals as well as professional bodies and organizations in different sectors. We are considering the views gathered. We will later start preparing the eHR legislation, with a view to tabling the bill at the LegCo in 2013-14.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)056

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1802

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The estimated amount of the AIDS Trust Fund (the Fund) for 2012 is $83.8 m, representing a 38% decrease over the actual amount in 2011; and the actual amount in 2011 is 13% less than that in 2010. Please provide details of the Fund's expenditure in the past two years.

Asked by: Hon. TONG Ka-wah, Ronny

Reply:

The actual amount of funds disbursed from the AIDS Trust Fund (ATF) in 2010 and 2011 were $19.5 million and $22.2 million respectively. The actual amount disbursed per annum varies depending on the number and content of applications approved by the Council for the ATF.

The funds are disbursed for:

(i) ex-gratia payments to HIV-infected haemophiliacs (persons infected with HIV through transfusion of contaminated blood or blood product in Hong Kong prior to August 1985);

(ii) the provision of funds to many non-government organisations (NGOs) to enhance publicity and education on HIV (e.g. outreach to high-risk groups to promote safer sex); and

(iii) the provision of funds to NGOs to implement miscellaneous projects to provide medical and support services for HIV-infected patients (e.g. physiotherapy, psychological counselling, etc).

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)057

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0799

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Administration's provision of outreach dental services for needy elderly in residential care homes and day care centres for the elderly, please advise on:

(a) Since the implementation of the Pilot Project, how many elders have participated in the Project? Please provide a breakdown by types of services.

(b) How will the Administration assess the effectiveness of the Pilot Project? Has it set any indicators for the Project? If yes, what are the details? If no, what are the reasons?

(c) Will the Administration consider extending the Project so as to provide services to non-institutionalised elderly? If yes, what are the details and the estimated expenditure involved? If no, what are the reasons?

Asked by: Hon. WONG Kwok-kin

Reply:

The Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly (the Pilot Project) in April 2011 in collaboration with non-governmental organizations (NGOs). The Pilot Project aims to provide primary dental care through outreach services for elderly people residing in residential care homes for the elderly (RCHEs) or receiving services in day care centres for the elderly (DEs) who are often prevented from accessing conventional dental care services due to their frail physical conditions. A total of 13 NGOs (list at ***Annex A***) have participated in the Pilot Project and their outreach teams have come on stream at different time over the past months providing primary dental care and oral health care services to the eligible elderly.

The Pilot Project has planned to cover 768 RCHEs licensed and 61 DEs subsidised by the Social Welfare Department (list at ***Annex B***) and to provide over 100 000 attendances benefitting some 80 000 elders. The primary dental care services provided to eligible elders include dental check-up, scaling, polishing and any other necessary pain relief and emergency dental treatments. For those in need of follow-up curative treatments, the participating NGOs will arrange to provide the necessary treatments and, where necessary, arrange to apply on their behalf for dental grants under the Comprehensive Social Security Assistance Scheme or to provide financial assistance to elders in need. Up to 31 January 2012, over 15 000 elders in some 320 RCHEs and DEs have received primary dental care services under the Pilot Project.

About $88 million has been earmarked for piloting the three-year Pilot Project and some $24 million has been utilised up to 31 December 2011. The Government will continue to monitor the implementation of the Pilot Project and conduct a review after accumulating experience on its operation. Feedback from the participating NGOs, RCHEs, DEs, dentists and elders will be taken into account when evaluating the Pilot Project. The way forward for the Pilot Project including continuation and possible scope for improvement and extension will be assessed upon the outcome of the review.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Annex A

NGOs Participating in the

Pilot Project on Outreach Primary Dental Care Services

for Elderly in Residential Care Homes and Day Care Centres

The Government launched the project on a pilot basis for three years commencing April 2011. Bona-fide non-profit-making NGOs with experience in providing dental services were invited to participate in the Pilot Project. A total of 13 NGOs have joined the project and are providing services to the elderly of the residential care homes and day care centres. These NGOs are -

1. The Hong Kong Tuberculosis, Chest and Heart Diseases Association
2. Yan Chai Hospital
3. The Lok Sin Tong Benevolent Society, Kowloon
4. Yan Oi Tong Limited
5. Christian Family Service Centre
6. Pok Oi Hospital
7. Hong Kong St John Ambulance
8. Caritas Dental Clinics Limited
9. Haven of Hope Christian Service
10. Tung Wah Group of Hospitals
11. United Christian Nethersole Community Health Service
12. HKSKH Lady MacLehose Centre
13. Chi Lin Nunnery

Annex B

Residential Care Homes and Day Care Centres for the Elderly

planned to be covered by the Pilot Project

(as at 31 December 2011)

Administrative District (by Social Welfare Department)	Number of Residential Care Homes[5]	Number of Day Care Centres	Total
Central and Western, Southern & Islands	90	7	97
Eastern & Wanchai	95	7	102
Kwun Tong	39	7	46
Wong Tai Sin & Sai Kung	47	9	56
Kowloon City & Yau Tsim Mong	110	6	116
Sham Shui Po	71	5	76
Sha Tin	38	5	43
Tai Po & North	83	2	85
Yuen Long	54	3	57
Tsuen Wan & Kwai Tsing	92	7	99
Tun Mun	49	3	52
Total	**768**	**61**	**829**

[5] Including all subvented, contract, self-financing and private homes licensed by Social Welfare Department.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)058

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0800

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Pilot Scheme (the Pilot Scheme), please provide the following information –

(a) Since the launching of the Pilot Scheme, how many elders have participated? Please list out the voucher amount used and the types of services used respectively.

(b) Since the launching of the Pilot Scheme, how many elders have been eligible? What percentage of eligible elders have actually participated in the Scheme?

(c) If the age limit is lowered and the amount of subsidy is raised, how many more elders are expected to be benefited? What will be the expenditure required?

Eligible age	Number of eligible elders	Annual expenditure at voucher amount of $500 per elder per year	Annual expenditure at voucher amount of $1,000 per elder per year
70 or above			
65 or above			
60 or above			

Asked by: Hon. WONG Kwok-kin

Reply:

(a)&(b) Since the launch of the Elderly Health Care Voucher Pilot Scheme on 1 January 2009 up to 31 December 2011, a total of 466 882 eligible elderly people or 69% of some 680 000 eligible elderly population have registered under the Pilot Scheme, and 387 297 or 57% of eligible elderly people have used vouchers for receiving healthcare services, involving 1 466 033 transactions, 3 922 862 vouchers and $196 million subsidy amount. Among them, 151 823 or 33% elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first pilot period. We have not kept statistics on the number of elderly people who used up all their entitled vouchers in one service episode. The breakdown of number and amount of vouchers claimed by healthcare professions is at ***Annex***.

(c) If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elderly person were to be increased to $500 or $1,000, the financial implication would increase due

to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows:

Eligible Age	Number of eligible elderly people (population projection in 2012)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	688 400	344.2	688.4
65 or above	952 200	476.1	952.2
60 or above	1 384 600	692.3	1,384.6

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Annex

Breakdown of Number of Vouchers Claimed (Amount of Vouchers Claimed) by Healthcare Professions
(as at 31 December 2011)

	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
No. of vouchers claimed (Voucher amount)	3 412 028 ($170,601,400)	323 832 ($16,191,600)	151 764 ($7,588,200)	556 ($27,800)	13 122 ($656,100)	6 921 ($346,050)	6 841 ($342,050)	3 625 ($181,250)	649 ($32,450)	3 524 ($176,200)	3 922 862 ($196,143,100)

Note : Figures on the distribution of eligible elderly people who have used vouchers by districts are not available.

The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)059

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2497

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

To cater for the needs of the elderly, will the Administration increase the amount of health care vouchers for the elderly so as to provide them with more practical medical subsidies? If not, what are the reasons?

Asked by: Hon. WONG Ting-kwong

Reply:

The Elderly Health Care Voucher Pilot Scheme has been extended for three years and the amount of vouchers has been doubled to $500 per eligible elder per year since 1 January 2012. We need to conduct a further review after the extended and adjusted Pilot Scheme has operated for a longer period to assess the effectiveness of the Pilot Scheme in achieving the objectives of enhancing primary especially preventive care for the elderly and improving their health, before contemplating any further adjustments to the Pilot Scheme including its voucher amount and age eligibility.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)060

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2498

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the tobacco control policy, what are the existing number of staff and average turnover rates of the Tobacco Control Office under the Department of Health? What were the number of enforcement actions carried out by the staff and the number of prosecutions in the past year? What is the estimated number of staff to be recruited by the Administration this year? What is the expenditure involved?

Asked by: Hon. WONG Ting-kwong

Reply:

In 2011, the Tobacco Control Office (TCO) of the Department of Health conducted 23 176 inspections, and issued 170 summonses and 7 637 fixed penalty notices (FPNs) for smoking offences. Another 117 summonses were issued for other offences under the Smoking (Public Health) Ordinance (e.g. willful obstruction, failure to produce identity document, etc).

The number of staff of TCO is 147 in 2011-12 and will remain unchanged in 2012-13. Please refer to the Annex for details of staffing of TCO in these two years. The staff turnover rate for TCO was 14.5% in 2011-12 (up to 31 January 2012). To cope with the workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 19 non-civil service contract Tobacco Control Inspector positions will be converted to civil service posts in 2012-13. Recruitment exercises will be conducted to fill these 19 new posts in 2012-13 and the annual recurrent costs of these posts are estimated at $4.1 million.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 23.2.2012

Session 19 FHB(H)

Annex

Staffing of Tobacco Control Office (TCO) of the Department of Health

Rank	2011-12	2012-13 Estimate
Head, TCO		
Principal Medical & Health Officer	1	1
Enforcement		
Senior Medical & Health Officer	1	1
Medical & Health Officer	2	2
Police Officer	5	5
Tobacco Control Inspector	19	0
Overseer/ Senior Foreman/ Foreman	68	87 Note 1
Senior Executive Officer/ Executive Officer	12	12
Sub-total	*107*	*107*
Health Education and Smoking Cessation		
Senior Medical & Health Officer	1	1
Medical & Health Officer/ Contract Doctor	2	2
Scientific Officer (Medical)	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	4	4
Hospital Administrator II/ Health Promotion Officer	6	6
Sub-total	*14*	*14*
Administrative and General Support		
Senior Executive Officer/ Executive Officer	4	4
Clerical and support staff	20	20
Motor Driver	1	1
Sub-total	*25*	*25*
Total no. of staff:	**147**	**147**

Note 1: 19 non-civil service contract Tobacco Control Inspector positions will be converted to Overseer/ Senior Foreman/ Foreman posts respectively in 2012-13.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)061

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2499

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

What is the estimated expenditure spent by the Administration on promotion and education of tobacco control for this financial year? What items are included in the expenditure? How do they compare with similar expenditures last year?

Asked by: Hon. WONG Ting-kwong

Reply:

The Department of Health (DH) provides various smoking prevention and cessation services with the aims of enhancing the awareness of the general public on the harmfulness of smoking, preventing people especially younger people from picking up smoking habit and encouraging smokers to quit smoking. The health promotion efforts include general publicity, health education and promotional activities on tobacco control through TV and radio announcements of public interest, internet advertisements, enquiry hotline, promotion campaigns, health education materials and seminars, etc.

In 2012-13, DH will increase its subvention to the Hong Kong Council on Smoking and Health (COSH) to conduct publicity and education programmes targeting schools and the community. DH will also collaborate with community-based organizations, such as Po Leung Kuk and the Life Education Activity Programme, to organize health promotional activities at schools to promote a smoke-free culture.

The expenditures / provision of tobacco control activities managed by the Tobacco Control Office (TCO) of DH from 2007-08 to 2012-13 breakdown by types of activities are shown in Annex. Various DH services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's services, such expenditure could not be separately identified and included here. On the other hand, Hospital Authority (HA) operates 6 full-time and 36 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counselling and treatment. HA provides treatment services for smoking cessation as an integral part of its overall services provision; therefore, a breakdown of the expenditure on the services is not available.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	23.2.2012

Annex

Expenditures / Provisions of the Department of Health on Tobacco Control

	2007-08 ($ million)	2008-09 ($ million)	2009-10 ($ million)	2010-11 ($ million)	2011-12 Revised Estimate ($ million)	2012-13 Estimate ($ million)
Enforcement						
Programme 1: Statutory Functions	20.3	23.1	30.8	40.4	35.6	36.8
Health Education and Smoking Cessation						
Programme 3: Health Promotion	35.1	35.8	44.5	57.8	85.6 [Note6]	115.0
(a) General health education and promotion of smoking cessation						
TCO	*24.9*	*22.4*	*28.2*	*22.3*	*27.2*	*22.4*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.2*	*10.9*	*12.6*	*13.2*	*11.3*	*11.5*
(b) Provision for smoking cessation services						
TCO				*6.1*	*15.6*	*47.3*
Subvention: COSH					*3.5*	*8.5*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme		*2.5*	*3.7*	*11.4*	*21.0*	*20.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture				*4.8*	*5.8*	-
Smoking cessation programme using acupuncture						*5.0*
Subvention to Po Leung Kuk – School-based smoking prevention activities					*1.2*	*0.3*
Total	**55.4**	**58.9**	**75.3**	**98.2**	**121.2**	**151.8**

[6] The additional provision of $21 million allocated by the Primary Care Office in 2011-12 to enhance smoking cessation service in 2011-12 has been transferred to Programme 3.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)062

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0087

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide, in the form of the following table, the number of babies born in each hospital cluster under the Hospital Authority in the past five years (2007-08 to 2011-12):

Cluster	Both parents are Hong Kong residents	One parent is a Hong Kong resident	Both parents are not Hong Kong residents	
			Both parents are Mainlanders	Both parents are persons of other nationalities
Hong Kong East				
Hong Kong West				
Kowloon Central				
Kowloon East				
Kowloon West				
New Territories East				
New Territories West				
Total				

Asked by: Hon. CHAN Hak-kan

Reply:

Pregnant patients using obstetric services of the Hospital Authority (HA) are not obliged to disclose information of their spouses. The numbers of live births by eligible persons (EPs) and non-eligible persons (NEPs) by hospital clusters are set out in the table below. The numbers of NEPs (including Mainland pregnant women) who claimed that their husbands were Hong Kong residents are provided in the table below based on the information available to HA and are only indicative.

Year	**Cluster**	**Numbers of live births by hospital clusters**		
		Eligible Persons (EPs)	**Non-eligible Persons (NEPs) (Figures in bracket are NEPs who claimed that their husbands were Hong Kong residents)**	**Total**
2007 - 08	**HKEC**	2 733	1 118 (370)	3 851
	HKWC	3 521	716 (317)	4 237
	KCC	4 496	1 404 (534)	5 900

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	KEC	3 249	1 605 (632)	4 854
	KWC	8 155	1 848 (737)	10 003
	NTEC	4 859	1 301 (573)	6 160
	NTWC	4 291	1 193 (581)	5 484
	Overall HA	31 304	9 185 (3 744)	40 489
2008 - 09	**HKEC**	2 666	1 209 (399)	3 875
	HKWC	3 272	699 (277)	3 971
	KCC	4 271	1 883 (553)	6 154
	KEC	3 239	2 108 (675)	5 347
	KWC	8 339	1 944 (762)	10 283
	NTEC	5 094	1 595 (707)	6 689
	NTWC	4 128	1 334 (480)	5 462
	Overall HA	31 009	10 772 (3 853)	41 781
2009 - 10	**HKEC**	2 581	995 (296)	3 576
	HKWC	3 271	637 (254)	3 908
	KCC	4 057	1 831 (461)	5 888
	KEC	3 147	1 686 (554)	4 833
	KWC	8 556	1 956 (736)	10 512
	NTEC	5 133	1 378 (570)	6 511
	NTWC	4 317	1 499 (524)	5 816
	Overall HA	31 062	9 982 (3395)	41 044
2010 - 11	**HKEC**	2 554	1 761 (333)	4 315
	HKWC	3 385	756 (292)	4 141
	KCC	4 193	2 038 (503)	6 231
	KEC	3 308	2 326 (687)	5 634
	KWC	9 258	1 988 (756)	11 246
	NTEC	5 706	1 626 (681)	7 332
	NTWC	4 503	1 484 (517)	5 987
	Overall HA	32 907	11 979 (3769)	44 886
2011 - 12 (up to 31 December 2011)	**HKEC**	1 961	1 304 (233)	3 265
	HKWC	2 584	798 (285)	3 382
	KCC	3 550	1 354 (313)	4 904
	KEC	2 952	1 378 (386)	4 330
	KWC	7 518	1 175 (428)	8 693
	NTEC	4 721	774 (283)	5 495
	NTWC	4 007	560 (184)	4 567

	Overall HA	27 293	7 343 (2112)	34 636

Abbreviations:

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

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)063

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0088

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the numbers of cases of non-Hong Kong residents using obstetric and gynaecology services and neonatal intensive care services of the Hospital Authority in the past five years (2007-08 to 2011-12). What were the respective numbers and percentages of cases in which the patients or the babies' mothers were mainlanders?

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the number of non-eligible persons (NEPs) using the gynecology, obstetric and neonatal intensive care services of the Hospital Authority (HA) for the past five years. The breakdown of mainlanders among the NEPs is not available. As for patients of Neonatal Intensive Care unit (NICU), HA only has records on the status of NICU patients (i.e. whether they are eligible person or non-eligible person) but not the resident status of patients' parents.

Services	2007-08	2008-09	2009-10	2010-11	2011-12 (up to 31 December 2011)
Gynaecology	679	525	489	538	459
Obstetrics	10 086	11 791	10 873	12 953	8 250
Neonatal Intensive Care[Note]	102	75	110	113	94
Total	10 867	12 391	11 472	13 604	8 803

Note: It should be noted that a large proportion of NICU patients are usually transferred to the Special Care Babies units (SCBU) for follow-up before discharge. Hence the inpatient and day patient discharges and deaths of neonatology, which cover both throughputs of NICU and SCBU, are provided.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

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Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)064

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0090

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 improvement of service in the Kowloon East Cluster, please advise:

a) on the numbers of deliveries in the Kowloon East Cluster in the past five years (from 2007-08 to 2011-12). Among which, how many pregnant women reported that they lived in Tseung Kwan O or Sai Kung ?

b) if any funds and manpower have been reserved for introducing obstetric service in Tseung Kwan O Hospital in 2012-13. If so, what are the details ?

Asked by: Hon. CHAN Hak-kan

Reply:

a) The numbers of deliveries in the Kowloon East (KE) Cluster of the Hospital Authority ("HA") in the past five years (from 2007-08 to 2011-12) with breakdown on the number of pregnant women with reported address in Tseung Kwan O or Sai Kung districts are appended below:

Reported District of residence	Year of delivery				
	2007-08	2008-09	2009-10	2010-11	2011-12 (up to 31 December 2011)
Tseung Kwan O or Sai Kung	1 416	1 462	1 380	1 462	1 205
Other districts	3 384	3 834	3 405	4 118	3 069
Total number of deliveries in KE cluster	4 800	5 296	4 785	5 580	4 274

b) According to the planning reference drawn up based on the advice of HA's expert committee on obstetrics and gynaecology services, in general a public hospital in a cluster will provide obstetric services only when the number of births in that hospital is projected to reach 3 000 per year. This planning reference aims to ensure that the healthcare personnel can accumulate sufficient clinical experience to handle sudden changes of clinical condition of the pregnant patients. Under the cluster arrangement of HA, the KE cluster is meeting the demand for obstetric service in the Tseung Kwan O district through service provided at the United Christian Hospital (UCH).

Based on HA's experience, the caseload for a new obstetric unit and Neonatal Intensive Care unit (NICU) will need time to build up to ensure smooth run-in of services and that the healthcare personnel can accumulate sufficient clinical experience. As such, HA plans to commission the obstetric and NICU services in Tseung Kwan O Hospital (TKOH) in phases, from enhancement of antenatal and postnatal services, delivery of low risk pregnancies to full scale service.

HA will monitor closely the demand and manpower situation with regard to obstetric and paediatric services and will review in 2012-13 the appropriate timing for the commissioning of obstetric and NICU services in TKOH. Before such services are provided in TKOH, the relevant demand in the KE region will continue to be catered for by UCH.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)065

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0091

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 expansion of the United Christian Hospital and the redevelopment of Kwong Wah Hospital and Queen Mary Hospital mentioned in the Budget Speech, please provide details of the following :

(a) Please provide the details of the expansion and redevelopment projects in the table below.

	Phase	Details of the project	Scheduled commencement date	Scheduled completion date	Expenditure involved	Services affected during the implementation of the project
United Christian Hospital						
Queen Mary Hospital						
Kwong Wah Hospital						

(b) Given that most of the land near the above three hospitals are developed land, will the expansion and redevelopment projects involve additional land use? If yes, what are the details and the expenditure of the site formation work involved?

(c) What are the respective numbers of patients handled by the Accident and Emergency Department and the Cardiology Department at the Queen Mary Hospital and what are the respective ratios of medical staff to patients of these two departments? How many patients can these two departments cope with after redevelopment? Will additional medical staff need to be recruited? If yes, what are the details ?

(d) In respect of the Chinese medicine in-patient service to be offered by Kwong Wah Hospital, how many patient beds are expected to be provided under this in-patient service? How many patients can be served per year? What types of Chinese medicine specialty services will be offered? How many Chinese medicine practitioners, Chinese medicine pharmacists and medical staff with relevant Chinese medicine qualifications have to be recruited for the purpose?

Asked by: Hon. CHAN Hak-kan

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Reply:

(a) The expansion of United Christian Hospital comprises the demolition of three existing hospital blocks and an annex building, as well as the construction of a new block and an extension wing to accommodate ambulatory, inpatient, pathology and staff facilities. Upon relocation and expansion of some of the current service provisions into the completed new block and extension wing, the areas vacated at the existing hospital blocks will be converted or renovated for the improvement, expansion and rationalization of clinical and supporting services. While planning of the project is underway, detailed design and construction will commence subject to the funding approval of Finance Committee (FC). The whole project is estimated to take about nine years for completion in 2021. The preliminary project cost estimate is about $8 billion.

The redevelopment project at Queen Mary Hospital (QMH) comprises the demolition of seven existing hospital buildings for the construction of three new blocks. Upon completion, there will be a new Heart and Cancer Centre Block housing clinical oncology services and all cardiac and cardiothoracic procedures and operation facilities, intensive care units (ICU) and wards; an Accident & Emergency (A&E) Block housing an upgraded A&E department with observation and emergency medicine wards and other operation and ICU facilities, and a block housing part of the reprovisioned services. In order to ensure that service provision by the hospital is maintained throughout the period, the project will be implemented in phases comprising various stages of decanting, demolition, refurbishment and construction works. While planning of the project is underway, detailed design and construction will commence subject to the funding approval of FC. The whole project is estimated to take about 13 years for completion in 2025. The preliminary project cost estimate is about $6.9 billion.

The redevelopment of Kwong Wah Hospital (KWH) comprises the demolition of all existing hospital buildings apart from the Tsui Tsin Tong Outpatient Building for the construction of a new complex. The new complex will accommodate inpatient wards, A&E department with observation and emergency medicine wards, ambulatory care centre, operating theatres, ICU, labour and delivery suites, and radio-diagnostic facilities. The current integrated Chinese Medicine (CM) and western medicine service will also be reprovisioned and enhanced in the new complex, together with a CM outpatient clinic and CM laboratory. In order to ensure that service provision by the hospital is maintained throughout the period, the project will be implemented in phases comprising various stages of decanting, demolition, refurbishment and construction works. While planning of the project is underway, detailed design and construction will commence subject to the funding approval of FC. The whole project is estimated to take about 10 years for completion in 2022. The preliminary project cost estimate is about $8.8 billion.

The above three hospitals will remain functional at all times during the implementation of the project. Any disruption of services, if unavoidable, will be kept to a minimum.

(b) The above projects will be implemented within the existing hospital compounds and no additional land is required.

(c) In 2010-11, the number of A & E attendances of QMH was 128 398 while the number of in-patient discharges and deaths due to cardiac diseases was 4 920. In planning for the redevelopment project at QMH, the Hospital Authority (HA) has taken 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 consideration the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement. HA will constantly assess its manpower requirements and flexibly deploy its staff having regard to the service and operational needs.

(d) The redeveloped KWH will cater for the re-provisioning of Chinese Medicine (CM) and integrated Chinese and western medicine service. Its service model and details of service provisions are being planned. All these services will be operated by the Tung Wah Group of Hospitals (the Group). The

number of beds and CM manpower so required by the Group will be worked out at the latter phase of the project.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)066

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0092

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 manpower of the Hospital Authority, please advise on

(a) the average working hours per week of doctors and nurses and their turnover rates by types of specialties for the past three years (from 2009-10 to 2011-12);

(b) the existing number of doctors and other medical staff recruited from abroad, their types of specialties and the hospitals where they are stationed; and

(c) how much resources have been earmarked in 2012-13 to continue recruiting doctors and medical staff from abroad? How many are expected to be recruited and what are their specialties?

Asked by: Hon. CHAN Hak-kan

Reply:

a) The table below sets out the average weekly work hour of doctors according to the survey conducted in 2009-10 and 2010-11, and the turnover rates of doctors by specialty in 2009-10 to 2011-12. The average weekly work hour of doctors in 2011-12 are being collected and is not available at present.

Specialty	2009-10		2010-11		2011-12
	Average Weekly Work Hour [1]	Turnover Rate	Average Weekly Work Hour [1]	Turnover Rate	Turnover Rate (up to 31 December 2011)
Accident & Emergency	43.7	3.0%	N/A [2]	5.7%	6.9%
Anaesthesia	51.1	6.0%	N/A [2]	3.7%	6.2%
Cardiothoracic Surgery	54.6	6.9%	57.0	7.1%	0.0%
Family Medicine	44.4	6.1%	N/A [2]	6.1%	4.8%
Medicine	53.4	5.2%	52.9	4.9%	4.3%
Neurosurgery	57.9	3.4%	58.0	2.3%	1.5%
Obstetrics & Gynaecology	59.8	8.3%	60.4	9.3%	4.4%
Ophthalmology	50.5	3.4%	49.5	7.4%	7.0%
Orthopaedics & Traumatology	57.9	3.7%	57.3	5.6%	4.7%
Paediatrics	56.3	3.5%	56.1	6.8%	8.6%
Pathology	46.9	4.4%	N/A [2]	2.1%	0.0%
Psychiatry [3]	47.6	1.9%	N/A [2]	5.7%	3.2%
Radiology	47.2	3.7%	N/A [2]	4.4%	4.6%
Surgery	58.4	4.5%	57.7	3.7%	4.8%
Overall	**51.9**	**4.4%**	**N/A [2]**	**5.2%**	**4.8%**

Notes :

1. The average weekly work hours are calculated based on rostered hours and self-reported hours of called back duties during off-site calls.
2. From 2010-11 onwards, only specialties with doctors reported to have worked more than 65 hours a week in 2009-10 are required to report the doctor work hour data on a yearly basis. Full-scale monitoring for all specialties will be conducted every alternate year.
3. Figures for Psychiatry include doctors working in services for the mentally handicapped.

Nurses are generally rostered to work on shift with an average weekly work hour of 44 hours. The table below sets out the turnover rates of nurses by specialty from 2009-10 to 2011-12 (April to December).

Specialty	Turnover Rate		
	2009-10	2010-11	2011-12 (up to 31 December 2011)
Medicine	3.5%	4.7%	5.0%
Obstetrics & Gynaecology	4.2%	7.0%	6.5%
Orthopaedics & Traumatology	2.7%	4.4%	5.9%
Paediatrics	6.0%	8.8%	8.4%
Psychiatry [1]	2.3%	3.1%	3.7%
Surgery	4.9%	5.0%	5.5%
Others [2]	4.4%	5.5%	5.7%
Overall	**4.1%**	**5.3%**	**5.5%**

Notes :

1. The services of the psychiatric department include services for the mentally handicapped.
2. About 2 500 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 2 500 staff is not reflected in the turnover figures of the major specialties listed in the table.

b) The table below sets out information on doctors recruited from abroad :

Specialty	Hospital	No. of doctors recruited
Non-local doctors working in the HA as at 31 December 2011 :		
Anaesthesia	Queen Mary Hospital	1
Pathology	Queen Mary Hospital	1
	Sub-total :	**2**
Non-local doctors newly recruited with limited registration approved in January 2012 :		
Anaesthesia	Prince of Wales Hospital	1
	Queen Mary Hospital	4
	United Christian Hospital	1
Emergency Medicine	Tseung Kwan O Hospital	1
Internal Medicine	Prince of Wales Hospital	1
	United Christian Hospital	1
	Sub-total :	**9**
	Total :	**11**

The table below sets out information on other medical staff recruited from abroad :

Grade	Hospital	No. of staff recruited
Diagnostic	Caritas Medical Center	2

Grade	Hospital	No. of staff recruited
Radiographer		
(DR)	Kwong Wah Hospital	1
	Pamela Youde Nethersole Eastern Hospital	2
	Prince of Wales Hospital	6
	Princess Margaret Hospital	4
	Pok Oi Hospital	2
	Queen Elizabeth Hospital	2
	Queen Mary Hospital	3
	Ruttonjee Hospital & Tang Shiu Kin Hospital	1
	Tuen Mun Hospital	3
	Total :	**26**
Radiation Therapist	Prince of Wales Hospital	4
(RT)	Princess Margaret Hospital	1
	Queen Elizabeth Hospital	1
	Tuen Mun Hospital	1
	Total :	**7**

c) No extra funding is earmarked in 2012-13 for the purpose of recruitment of doctors and other medical staff from abroad. HA will continue to recruit more local full-time and part-time doctors and the recruitment of non-local doctors will only be an interim measure to supplement the local recruitment drive. HA will continue to process applications from non-local doctors who fulfill the qualification and relevant requirements taking into account service needs. As the number of non-local doctors fulfilling the qualification and requirements is not yet known, HA is unable to estimate the number of non-local doctors to be recruited. For allied health staff, HA plans to conduct an overseas DR recruitment in 2012 and will continue to assess the need to recruit overseas RT and other allied health professionals. As the number of overseas DR fulfilling the qualification and requirements is not yet known, HA is unable to estimate the number of DR to be recruited.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)067

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0093

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out by hospital clusters under the Hospital Authority (HA) the number and nature of medical incidents in public hospitals in the past 3 years (i.e. 2009-10 to 2011-12). What is the amount of compensation paid by the HA?

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the number of sentinel events reported in public hospitals under the Hospital Authority (HA) from 1 October 2008 to 30 September 2011.

	Reportable Sentinel Events	**From 1 Oct 08 to 30 Sept 09**	**From 1 Oct 09 to 30 Sept 10**	**From 1 Oct 10 to 30 Sept 11**
1.	Surgery / interventional procedure involving the wrong patient or body part	10	5	3
2.	Retained instruments or other material after surgery / interventional procedure	13	12	18
3.	ABO incompatibility blood transfusion	0	0	1
4.	Medication error resulting in major permanent loss of function or death	0	1	1
5.	Intravascular gas embolism resulting in death or neurological damage	0	1	0
6.	Death of an inpatient from suicide (including home leave)	15	11	20
7.	Maternal death or serious morbidity associated with labour or delivery	2	2	1
8.	Infant discharged to wrong family or infant abduction	0	0	0
9.	Other adverse events resulting in permanent loss of function or death (excluding complications)	0	1	0
	Total Number	**40**	**33**	**44**

Note: Since HA implemented the Sentinel Event Policy on reporting of sentinel events since October 2007, the annual reporting period is from October of a year to September next year.

Some of these sentinel events may involve claims under HA's medical malpractice insurance policies. HA does not have readily available information on the amount of compensation settled by HA for these sentinel events involving claims.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)068

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0095

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the drug expenditure of various hospital clusters of the Hospital Authority and the percentage of drug expenditure in the total expenditure of each hospital cluster in the past three years (2009-10 to 2011-12).

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the drug expenditure of the seven hospital clusters under the Hospital Authority and the respective percentages in their total recurrent operating expenditure from 2009-10 to 2011-12 (projection based on expenditure figure as at 31 December 2011):

Cluster		**2009-10**	**2010-11**	**2011-12 (Projection based on expenditure figure as at 31 December 2011)**
Hong Kong East	Drug Expenditure ($ million)	361.2	435.7	451.3
	% of total recurrent operating expenditure	9.5%	11.1%	10.5%
Hong Kong West	Drug Expenditure ($ million)	536.4	624.1	691.9
	% of total recurrent operating expenditure	12.8%	14.5%	14.6%
Kowloon Central	Drug Expenditure ($ million)	496.7	578.9	622.6
	% of total recurrent operating expenditure	10.6%	11.8%	11.6%
Kowloon	Drug Expenditure	244.4	315.8	361.8

Cluster		2009-10	2010-11	2011-12 (Projection based on expenditure figure as at 31 December 2011)
East	($ million)			
	% of total recurrent operating expenditure	7.3%	9.0%	9.3%
Kowloon West	Drug Expenditure ($ million)	598.0	716.5	861.1
	% of total recurrent operating expenditure	7.8%	9.2%	10.0%
New Territories East	Drug Expenditure ($ million)	525.9	635.0	671.0
	% of total recurrent operating expenditure	9.4%	11.0%	10.5%
New Territories West	Drug Expenditure ($ million)	345.2	408.8	454.2
	% of total recurrent operating expenditure	8.1%	9.2%	9.1%

Note : The above drug expenditure figures represent cash payment for procurement of drugs including Self-financed Items.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 21.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)069

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0096

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the number of applications received (including applications regarding standard drugs on the Drug Formulary and other items subsidized under the Samaritan Fund), the number of applications approved (including cases granted a full subsidy and those granted a partial subsidy) and the average amount of subsidy granted in each case under the Samaritan Fund in the past three years (i.e. 2009-10 to 2011-12) respectively.

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the total number of applications received by the Hospital Authority for financial assistance under the Samaritan Fund; the number of applications approved for subsidy (including cases granted full subsidy and those granted a partial subsidy); and the average amount of subsidy granted in each case for 2009-10, 2010-11 and 2011-12 (up to 31 December 2011):

Year	**Total number of applications received**	**Number of applications approved for subsidy**		**Average amount of subsidy granted in each approved case**
		Full subsidy granted	**Partial subsidy granted**	
2009-10	4 768	4 094	642	$35,924
2010-11	5 344	4 483	838	$44,796
2011-12 (up to 31 December 2011)	4 063	3 455	597	$47,013

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)070

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0097

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the psychiatric services of each hospital cluster under the Hospital Authority (HA) :

(a) Turnover of healthcare professionals in the past five years (2007-08 to 2011-12).

Year	Number of Staff (Turnover)			
	Psychiatrist	Psychiatric Nurse & Community Psychiatric Nurse	Allied Health	
			Clinical Psychologist	Occupational Therapist
Hong Kong East Cluster				
Hong Kong West Cluster				
Kowloon Central Cluster				
Kowloon East Cluster				
Kowloon West Cluster				
New Territories East Cluster				
New Territories West Cluster				
Overall				

(b) Number of psychiatric patients treated by HA in the past five years (2007-08 to 2011-12).

Year	Number of Inpatients	Number of Day Attendances	Number of Specialist Outpatient Attendances	Number of Outreach Attendances
Hong Kong East Cluster				
Hong Kong West Cluster				
Kowloon Central Cluster				
Kowloon East Cluster				
Kowloon West Cluster				
New Territories East Cluster				
New Territories West Cluster				
Overall				

Asked by: Hon. CHAN Hak-kan

Session 19 FHB(H)

Reply:

(a) The table below sets out the turnover of the healthcare professionals of each hospital cluster under the Hospital Authority (HA) in the past five years (2007-08 to 2011-12).

Cluster	Turnover (on headcount basis) (note 1)			
	Psychiatrist	Psychiatric Nurse (note 2)	Allied Health (note 3)	
			Clinical Psychologist	Occupational Therapist
2007 - 08				
HKE	--	--	--	3
HKW	1	1	2	--
KC	2	3	--	1
KE	1	1	--	1
KW	4	4	1	3
NTE	2	9	--	2
NTW	3	8		2
Overall (note 4)	**13**	**26**	**3**	**12**
2008 - 09				
HKE	--	5	--	2
HKW	2	5	-	2
KC	1	2	1	1
KE	2	3	--	1
KW	1	15	2	2
NTE	4	5	1	1
NTW	2	6	1	2
Overall (note 4)	**12**	**41**	**5**	**11**
2009 - 10				
HKE	1	9	--	2
HKW	--	3	--	2
KC	1	1	1	2
KE	--	5	--	--
KW	2	11	2	1
NTE	--	9	--	2
NTW	2	4	--	5
Overall (note 4)	**6**	**42**	**3**	**14**
2010-11				
HKE	--	9	--	1
HKW	--	2	--	1
KC	6	9	--	3
KE	--	1	--	3
KW	2	13	2	3
NTE	4	13	--	3
NTW	6	18	--	6
Overall (note 4)	**18**	**65**	**2**	**20**

Cluster	Turnover (on headcount basis) (note 1)			
	Psychiatrist	Psychiatric Nurse (note 2)	Allied Health (note 3)	
			Clinical Psychologist	Occupational Therapist
2011-12 (Apr – Dec 2011)				
HKE	--	2	1	4
HKW	4	5	1	1
KC	1	11	2	2
KE	--	4	--	2
KW	1	10	3	4
NTE	1	6	1	--
NTW	1	13	--	5
Overall (note 4)	**8**	**51**	**8**	**18**

Notes:

1. Turnover includes all types of cessation of service from HA for permanent and contract staff.
2. Figures refer to turnover of nurses in psychiatric stream including community psychiatric nurses.
3. Figures include those in both psychiatric and general settings.
4. Figures exclude HA Head Office staff.

(b) The table below sets out the number of psychiatric patients treated by HA in each hospital cluster in the past five years (2007-08 to 2011-12).

Year	Number of Inpatients	Number of Day Attendances	Number of Specialist Outpatient Attendances	Number of Outreach Attendances
2007-08				
HKE Cluster	1 899	27 324	66 592	11 267
HKW Cluster	815	14 243	45 495	5 531
KC Cluster	2 340	10 219	66 832	7 148
KE Cluster	501	29 185	66 392	10 525
KW Cluster	3 487	56 600	176 794	24 356
NTE Cluster	2 946	32 777	98 155	14 502
NTW Cluster	2 767	13 037	107 915	22 015
Overall	**14 233**	**183 385**	**628 175**	**95 344**
2008-09				
HKE Cluster	1 723	26 426	67 216	12 672
HKW Cluster	710	14 526	46 753	5 082
KC Cluster	2 228	10 444	67 936	7 338
KE Cluster	604	30 146	70 827	10 222
KW Cluster	3 144	60 890	180 385	27 704
NTE Cluster	3 179	33 246	103 135	16 131
NTW Cluster	2 646	13 530	111 612	25 601
Overall	**13 921**	**189 208**	**647 864**	**104 753**
2009-10				
HKE Cluster	2 038	30 111	73 707	13 845
HKW Cluster	635	16 138	49 327	7 351
KC Cluster	2 283	10 710	72 032	8 679

Year	Number of Inpatients	Number of Day Attendances	Number of Specialist Outpatient Attendances	Number of Outreach Attendances
KE Cluster	613	32 081	79467	11 672
KW Cluster	3 163	63 794	194 397	37 130
NTE Cluster	3 2 67	40 655	111 867	22 970
NTW Cluster	2 618	18 186	122 815	34 280
Overall	**14 264**	**211 675**	**703 612**	**135 927**
2010-11				
HKE Cluster	1 894	29 845	76 523	14 534
HKW Cluster	601	17291	55 575	7 495
KC Cluster	2 343	10 152	69 622	8 755
KE Cluster	639	31 499	86 017	23 450
KW Cluster	3 222	65 809	202 538	46 755
NTE Cluster	3 024	40 780	117 843	21 858
NTW Cluster	2 655	16 617	131 068	44 239
Overall	**14 033**	**211 993**	**739 186**	**167 086**
2011-12 (Apr – Dec 2011)*				
HKE Cluster	1 832	23 019	57 424	15 011
HKW Cluster	622	13 933	41 515	6 222
KC Cluster	2 233	8 229	51 233	7 046
KE Cluster	671	23 597	66 856	20 401
KW Cluster	3 284	49 089	155 868	44 327
NTE Cluster	3 036	32 288	88 348	23 749
NTW Cluster	2 544	14 937	100 150	45 393
Overall	**13 896**	**165 092**	**561 394**	**162 149**

*Provisional data as at 31December 2011

Note: Overall number of patients may not necessarily equal to the summation of the breakdowns as a patient may attend hospitals in more than one cluster for treatment.

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 Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)071

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0098

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 psychiatric services provided by the Hospital Authority, please advise this Committee of -

(a) the number of case managers, the number of patients receiving the services and the ratios of case managers to patients in respective districts since the implementation of the case management programme for persons with severe mental illness, as well as the number of case managers and service targets in the remaining districts in which the programme will be implemented;

(b) the number of staff of the service centres, requests for assistance received, confirmed cases and patients who need extended treatment under the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme over the past three years (2009-10 to 2011-12); and

(c) the amount of allocation earmarked by the Hospital Authority in 2012-13 to promote mental health and enhance public awareness about mentally illness and mentally-ill patients as well as details of the promotional and educational activities?

Asked by: Hon. CHAN Hak-kan

Reply:

(a) Since April 2010, the Hospital Authority (HA) has launched a Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalized support to patients with severe mental illness. In 2011-12, the programme has been extended to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to support more patients. As at 31 December 2011, HA has recruited a total of 138 case managers, providing intensive community support for more than 9 000 patients with severe mental illness living in these eight districts. It is estimated that the ratio of a case manager to patients is around 1:50. In 2012-13, the Case Management Programme will be further extended to cover another four districts (Kowloon City, Southern, Central & Western and Islands). It is estimated that an addition of about 40 case managers including nurses and allied health professionals will be recruited to provide community support for about 1 900 more patients. HA plans to further roll out the programme to the remaining districts in the coming years.

(b) HA has implemented the Early Assessment Service for Young People with Early Psychosis (EASY) programme since 2001. It targets at young people between 15 and 25 years of age with first episode psychosis. The specialized teams (including Psychiatrists, Psychiatric Nurses, Clinical Psychologists, Occupational Therapists and Social Workers) under the EASY programme offer one-stop, phase specific and ongoing intensive support for these target patients for the first two critical years of their illness. In 2009-10 and 2010-11, 1 025 and 1 050 assessments were conducted respectively. Among them, 651 and 605 were respectively confirmed cases receiving ongoing follow-up support.

In 2011-12, HA has expanded this programme to include adult patients (up to 64 years old) and extended the duration of intensive care to the first three critical years of illness. As at 31 December 2011, a total of 1 189 assessments were conducted., among which 924 patients were with first episode psychosis receiving intensive care. There were a total of 26 case workers under the EASY programme as at end 2011.

(c) HA will continue to support the Government's efforts on public education and promotion to enhance awareness of mental health in the community. As each hospital will draw up and implement its own mental health promotion and public awareness activities including those supporting the annual Mental Health Month, the HA does not have readily available information on the budget allocated to mental health promotion in 2012-13. Details of the various activities in 2012-13 are being worked out.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)072

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0517

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please give a breakdown of the medical equipment procured and replaced, specialties using such equipment, expenditures involved and equipment utilization by each hospital cluster under the Hospital Authority in the past three years (2009-10 to 2011-12). Does such equipment need to be operated or used by healthcare professionals? If yes, is the existing manpower adequate?

Asked by: Hon. CHAN Hak-kan

Reply:

The Hospital Authority (HA) procures from time to time a wide variety of new and replacement medical equipment items to meet its operational requirements. Individual hospitals procure thousands of medical equipment items with unit cost of $150,000 or below (e.g. anesthesia record system and laboratory supporting items) each year and statistics on these minor equipment items are not available. The HA Head Office co-ordinates procurement of medical equipment items with unit cost exceeding $150,000 (major medical equipment items). The table below sets out the number of major medical equipment items procured by HA during the past three years and the expenditure incurred:

	Number of major medical equipment items procured by HA	Expenditure incurred ($ million)
2009-10 (Actual)	433	432.8
2010-11 (Actual)	616	520.8
2011-12 (Estimate)	660	470.2

Of hundreds of major medical equipment items procured by HA each year, some are of unit cost exceeding $5 million. The tables below set out those major medical equipment items of unit cost exceeding $5 million that were procured by HA during the past three years as well as the clusters, hospitals and specialties for which these items were procured and the expenditure incurred:

2009-10

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Radiographic Systems, Digital (2 sets)	HKE	PYNEH	RAD	10.5
Information System, Picture Archiving/ Communication, Radiology	HKW	QMH	RAD	12.0
Scanning Systems, Computed Tomography, Spiral	HKW	QMH	RAD	9.3
Radiographic/Fluoroscopic Systems, General-Purpose	KC	QEH	RAD	5.4
Radiotherapy Systems, Linear Accelerator	KC	QEH	RAD	15.1
Radiographic/Fluoroscopic Systems, Cardiovascular	KW	KWH	MED	19.0
Scanning Systems, Magnetic Resonance Imaging, Full-Body	KW	KWH	RAD	16.3
Lithotripters, Extracorporeal, Electromechanical	KW	PMH	SUR	6.1
Radiographic/Fluoroscopic Systems, Cardiovascular	KW	PMH	MED	18.2
Radiotherapy Systems, Linear Accelerator	KW	PMH	ONC	8.4
Scanning Systems, Computed Tomography, Spiral	NTE	ANH	RAD	9.7
Scanning Systems, Magnetic Resonance Imaging, Full-Body	NTE	NDH	RAD	16.1
Radiotherapy Systems, Linear Accelerator (2 sets)	NTE	PWH	ONC	34.5
Radiographic/Fluoroscopic Systems, Cardiovascular	NTW	TMH	MED	17.4
Scanning Systems, Magnetic Resonance Imaging, Full-Body	NTW	TMH	RAD	16.7

2010-11

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Information Systems, Picture Archiving/Communication, Radiology	HKE	PYNEH	RAD	6.2
Radiographic/Fluoroscopic Systems, General-Purpose	HKE	PYNEH	RAD	5.3
Scanning Systems, Computed Tomography, Spiral	HKE	PYNEH	RAD	8.7
Radiographic/Fluoroscopic Systems, Cardiovascular	HKW	GH	MED	15.4
Information Systems, Picture Archiving/Communication, Radiology	KC	QEH	RAD	7.9
Information Systems, Picture Archiving/Communication, Radiology	KE	TKOH	RAD	5.9
Scanning Systems, Computed Tomography, Spiral	KE	TKOH	RAD	10.7

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Information Systems, Picture Archiving/ Communication, Radiology	KE	UCH	RAD	6.5
Scanning Systems, Computed Tomography, Spiral	KE	UCH	RAD	8.8
Radiographic/Fluoroscopic Systems, General-Purpose	KW	CMC	CEU	6.0
Radiographic/Fluoroscopic Systems, General-Purpose	KW	PMH	CEU	5.3
Radiographic/Fluoroscopic Systems, General-Purpose	NTE	ANH	RAD	5.1
Radiographic/Fluoroscopic Systems, Angiography/ Interventional	NTE	NDH	RAD	13.0
Radiotherapy Systems, Linear Accelerator	NTE	PWH	ONC	19.3

2011-12

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Scanning Systems, Magnetic Resonance Imaging, Full-Body	HKE	PYNEH	RAD	18.4
Radiographic/Fluoroscopic Systems, Angiography/ Interventional (2 sets)	HKW	QMH	RAD	22.0
Radiotherapy Simulation Systems, Radiographic/ Fluoroscopic-Based	HKW	QMH	ONC	7.2
Scanning Systems, Computed Tomography, Spiral	KC	QEH	RAD	10.0
Information Systems, Picture Archiving/ Communication, Radiology	KW	KWH	RAD	5.4
Radiographic/Fluoroscopic Systems, Angiography/ Interventional	KW	KWH	RAD	10.6
Monitoring Systems, Physiologic, Acute Care	KW	PMH	PAE	5.5
Brachytherapy Systems, Remote Afterloading	NTE	PWH	ONC	7.0

The table below sets out the patient attendances for magnetic resonance imaging (MRI) and computed tomography (CT) scanning service provided by HA in 2010-11 and 2011-12 (up to 31 December 2011):

	Number of patient attendances in 2010-11 (Actual)	Number of patient attendances in 2011-12 (up to 31 December 2011)
MRI scanning services	47 919	38 835
CT scanning services	274 042	217 032

Unlike MRI and CT scanning systems which are mainly used for examinations, most of the other major medical equipment items are mainly used for providing support services to patients (e.g. picture archiving information systems for digital storage and transmission of MRI, CT and X-ray pictures), providing

necessary medical services to patients (e.g. cardiac catheterization systems for heart diagnostic procedures and operating microscopes for carrying out of operations) and monitoring patients' conditions (e.g. physiotherapy monitoring systems for patients in intensive care units). Statistics on utilization of the other major medical equipment items in terms of patient attendances are not available.

Public healthcare services, including operation of necessary medical equipment, are delivered to HA patients by HA staff on a collective basis. HA's medical equipment can be and is operated by doctors, nurses and allied health professionals and their workload incurred by operation of medical equipment cannot be separately accounted for. HA will implement various measures in 2012-13 for attracting and retaining manpower as well as recruiting 400 additional registered nurses for quality patient care.

Abbreviations

Clusters
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

Hospitals
AHN – Alice Ho Miu Ling Nethersole Hospital
CMC – Caritas Medical Centre
GH – Grantham Hospital
KWH – Kwong Wah Hospital
NDH – North District Hospital
PMH – Princess Margaret Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
PWH – Prince of Wales Hospital
QEH – Queen Elizabeth Hospital
QMH – Queen Mary Hospital
TMH – Tuen Mun Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital

Specialties
RAD – radiology
MED – medicine
SUR – surgery
ONC – oncology
CEU – combined endoscopy unit
PAE – paediatrics

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)073

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0457

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Government policies must ensure that proper and adequate health care services are provided to local residents. Please give a breakdown of the following four indicators in the five financial years starting from 2007: (a) the number of Mainland patients (non-local residents) using public hospital services; and (b) the percentage of such patients against the total number of patients of public hospitals.

	07-08	08-09	09-10	10-11	11-12
	(a)(b)	(a)(b)	(a)(b)	(a)(b)	(a)(b)
Number of general out-patient attendances					
Number of specialist out-patient attendances					
Number of accident and emergency attendances					
Number of patient days					

Asked by: Hon. CHAN Kin-por

Reply:

The table below sets out (a) the number of general outpatient attendances, specialist outpatient attendances, accident and emergency attendances and patient days of non-eligible persons (NEPs) in the Hospital Authority (HA) for 2007-08, 2008-09, 2009-10, 2010-11 and 2011-12 (up to 31 December 2011); and (b) the respective percentage of such patients against the total number of patients.

		Non-eligible Persons using public hospital services			
		Number of general outpatient attendances	Number of specialist outpatient attendances	Number of accident and emergency attendances	Number of patient days
2007-08	(a)	2 234	24 387	23 649	42 213
	(b)	<0.05%	0.4%	1.1%	0.6%
2008-09	(a)	2 187	26 352	24 480	45 031
	(b)	<0.05%	0.4%	1.2%	0.6%
2009-10	(a)	2 608	25 947	23 897	42 088
	(b)	0.1%	0.4%	1.1%	0.6%
2010-11	(a)	2 872	32 678	25 161	49 316
	(b)	0.1%	0.5%	1.1%	0.7%
2011-12 (up to 31 December 2011) (provisional figures)	(a)	2 227	15 618	21 583	33 680
	(b)	0.1%	0.3%	1.3%	0.6%

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)074

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0795

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 impatient services provided by public hospitals, there is a general decreasing trend in the number of patients days, bed occupancy rate and average length of stay of general, infirmary, mentally ill and mentally handicapped patients. Please advise this Committee on the following:

(a) Compared with 2010-11, the average length of stay of mentally handicapped patients in the 2011-12 revised estimate has significantly decreased by 10% from 616 days to 553 days. What are the reasons? Has the Administration assessed whether this substantial drop has made a negative impact on the welfare of mentally handicapped patients?

(b) While deliberating the estimate last year, the Administration remarked that with the enhancement of community support services for the mentally ill patients, the demand for inpatient services, both in terms of patient bed-days and the average length of stay, has been decreasing. The average length of stay for the mentally ill patients was 73 days in 2010-11. The figure rose up again to 75 according to the 2011-12 revised estimate and the 2012-13 estimate. Does it suggest that the Hospital Authority did not meet its target set for community mental health support services last year?

(c) Please provide by cluster the bed occupancy rate and average length of stay of general, infirmary, mentally ill and mentally handicapped patients of each hospital in 2009-10, 2010-11 and 2011-12.

Asked by: Hon. CHAN Kin-por

Reply:

(a)

The provisional figure of the average length of stay (ALOS) of the mentally handicapped patients in 2011-12 as at 31 December 2011 is 609 days and that in 2010-11 is 616 days. The difference is not substantial.

(b)

The actual ALOS of discharged mentally ill patients in the past three years is relatively stable, i.e. 74 days in 2009-10, 73 days in 2010-11 and slightly reduced to 67 days in 2011-12 (up to 31 December 2011). It is the international trend to gradually focus on community and ambulatory services in the treatment of mental illness, and to allow the early discharge of mental patients when their conditions are stablised for treatment in the community. The Government has been strengthening its community psychiatric services in line with this direction to allow more patients who are suitable for discharge to receive treatment in the community, so that they can re-integrate into the community and start a new life as early as possible. Such community psychiatric services include the Case Management Programme for patients with severe mental illness in various districts launched in 2010-11. In 2011-12, the Case Management Programme covers eight districts

in total. In 2012-13, the Case Management Programme will be further extended to cover another four districts in Hong Kong West Cluster and Kowloon Central Cluster (Kowloon City, Southern, Central & Western and Islands). In 2012-13, to facilitate early discharge and better community re-integration of psychiatric in-patients, the HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters including the enhancement of nursing and allied health professionals. HA will continue to monitor the trend of utilization of psychiatric in-patient bed and implement suitable measures to ensure that its services can meet the patients' needs.

(c)

The table below sets out the bed occupancy rate and ALOS of general, infirmary, mentally ill and mentally handicapped patients of each hospital cluster under the HA in 2009-10, 2010-11 and 2011-12 (up to December 2011):

2009-10

	Cluster							**HA Overall**
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	
General								
Bed occupancy rate	83%	71%	84%	82%	81%	85%	92%	**82%**
Inpatient ALOS (days)	5.3	6.3	6.8	5.0	5.5	6.4	5.1	**5.8**
Infirmary								
Bed occupancy rate	90%	86%	87%	86%	96%	88%	96%	**90%**
Inpatient ALOS (days)	80	321	104	287	95	363	576	**135**
Mentally ill								
Bed occupancy rate	79%	84%	93%	67%	70%	72%	78%	**77%**
Inpatient ALOS (days)	60	26	57	31	72	33	190	**74**
Mentally handicapped								
Bed occupancy rate	-	-	-	-	72%	-	98%	**92%**
Inpatient ALOS (days)	-	-	-	-	465	-	1153	**838**

2010-11

	Cluster							**HA Overall**
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	
General								
Bed occupancy rate	83%	73%	87%	87%	82%	86%	92%	**84%**
Inpatient ALOS (days)	5.1	6.1	6.9	4.9	5.4	6.2	5.1	**5.7**
Infirmary								
Bed occupancy rate	90%	86%	85%	87%	97%	85%	93%	**89%**
Inpatient ALOS (days)	83	357	129	187	101	276	340	**123**
Mentally ill								
Bed occupancy rate	79%	82%	91%	75%	78%	71%	78%	**79%**
Inpatient ALOS (days)	62	30	56	35	80	36	160	**73**
Mentally handicapped								
Bed occupancy rate	-	-	-	-	63%	-	98%	**89%**
Inpatient ALOS (days)	-	-	-	-	333	-	746	**616**

2011-12 (up to 31 December 2011) [Provisional Figures]

	Cluster							HA Overall
	HKE	**HKW**	**KC**	**KEC**	**KW**	**NTE**	**NTW**	
General								
Bed occupancy rate	79%	72%	84%	85%	81%	85%	93%	**82%**
Inpatient ALOS (days)	4.9	5.9	6.9	4.9	5.3	6.0	5.3	**5.6**
Infirmary								
Bed occupancy rate	87%	84%	81%	94%	97%	82%	90%	**88%**
Inpatient ALOS (days)	65	320	184	234	110	281	398	**120**
Mentally ill								
Bed occupancy rate	75%	80%	84%	75%	80%	70%	76%	**77%**
Inpatient ALOS (days)	52	26	55	27	82	34	140	**67**
Mentally handicapped								
Bed occupancy rate	-	-	-	-	56%	-	98%	**88%**
Inpatient ALOS (days)	-	-	-	-	275	-	735	**609**

Notes: Mentally handicapped beds are provided at KWC and NTWC only.

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 Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)075

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0796

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 Programme (2) under Head 140 Government Secretariat: Food and Health Bureau (Health Branch), the target waiting time for patients of emergency cases for accident and emergency (A&E) services is 15 minutes. In 2010-11, 98% of patients of emergency cases could receive treatment within the target waiting time. However, such rate is reduced to 95% in the revised estimate of 2011-12 and the 2012-13 plan. Please inform this Committee:

(a) the reasons for the drop in percentage of patients of emergency cases receiving treatment within the target waiting time and whether such percentage will continue to go down;

(b) whether the waiting time for A&E services for patients of emergency cases and urgent cases can be shortened and what additional expenditure will thus be involved; and

(c) a recent case where a security guard was chopped to death by a man suffering from schizophrenia has aroused grave public concern. It was reported that the suspect, accompanied a family member, had attended the A&E Department of the North District Hospital during mid-night before the case happened. His family member had told the medical staff that the patient had symptoms such as auditory hallucination. However, the patient was only prescribed some cough medicines and was discharged and the tragedy happened afterwards. Are the manpower and resources of A&E departments of public hospitals insufficient to handle serious mental disorder cases? At present, how many A&E departments of public hospitals are staffed by resident psychiatric nurses 24 hours a day? What is the additional expenditure involved if all A&E departments of public hospitals are staffed by resident psychiatric nurses 24 hours a day?

Asked by: Hon. CHAN Kin-por

Reply:

(a) and (b) To ensure that patients in serious conditions will receive timely treatment, a triage system has been put in place in the Accident and Emergency (A&E) Departments of the public hospitals under the Hospital Authority (HA). Healthcare personnel will triage patients into five categories, namely critical, emergency, urgent, semi-urgent and non-urgent, according to their clinical conditions.

It has been the performance pledge of HA that 95% of the patients who are triaged as emergency cases will be treated within 15 minutes. The performance pledge remains the same in the 2011-12 revised estimate and the 2012-13 estimate. The relevant figure as at 31 March 2011 (i.e. 98% emergency cases treated within 15 minutes) was HA's actual performance in 2010-11, indicating that HA has achieved the performance pledge.

(c) The majority of the A&E Departments of public hospitals are now supported by psychiatrists and

psychiatric nurses for handling psychiatric patients attending A&E Departments. Relevant clinical guidelines on the management of psychiatric patients in A&E Departments are also provided to all staff of A&E Departments to support delivery of relevant services.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)076

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0972

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What were the numbers of urgent and non-urgent new cases undergoing computerized tomography scanning, magnetic resonance imaging and positron emission tomography scanning in 2011-12? Please give a breakdown by hospital and hospital cluster on the average, median, 10th percentile, 25th percentile, 75th percentile and 90th percentile waiting times of urgent and non-urgent new cases for the above three types of scanning services.

Asked by: Hon. CHAN Kin-por

Reply:

The table below sets out the number of patient attendance for computerized tomography (CT) scanning and magnetic resonance imaging (MRI) services in each hospital cluster of the Hospital Authority (HA) in 2011-12 (up to 31 December 2011).

Cluster	Number of patient attendance	
	CT	MRI
HKEC	27 548	2 457
HKWC	21 965	7 040
KCC	31 344	8 529
KEC	24 390	1 938
KWC	47 158	5 889
NTEC	38 282	9 063
NTWC	26 345	3 919
Total	217 032	38 835

The table below sets out the median, 25th, 75th 90th percentile waiting time for patients who received CT and MRI services in HA in 2011-12 (up to 31 December 2011).

Modality	Median waiting time (days)	25th percentile waiting time (days)	75th percentile waiting time(days)	90th percentile waiting time (days)
CT	<1 (Note: about 64% of the CT examinations are urgent cases)	<1	21	109
MRI	68	9	172	318

The positron emission tomography (PET) service is currently provided at the Queen Elizabeth Hospital on a pilot and cost recovery basis. Patient attendance in 2011-12 (up to 31 December 2011) was 2 685. HA does not have readily available information on the waiting time of patients using PET service.

Abbreviations

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

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)077

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1592

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 estimate for 2012-13, the cost per A&E attendances in public hospitals is $930 and that for specialist outpatient attendance is $1,090. However, non-eligible persons (including non-residents) using A&E and specialist outpatient services are currently charged far below the cost at $570 and $700 respectively by the Hospital Authority. What was the total subsidy by the Administration to non-eligible persons using public medical services and the additional expenditure for various major medical services over the past three years?

Asked by: Hon. CHAN Kin-por

Reply:

It has been the Government's policy to provide public healthcare services to Hong Kong residents at highly subsidised rates. Non-Hong Kong residents who use our public healthcare services need to pay the fees applicable to non-eligible persons (NEPs), which are in general set on a cost recovery basis. The table below sets out the NEP charges of major services of the Hospital Authority (HA), which was last revised in April 2003 based on the then prevailing costs of the services.

Services	Charge for NEPs
Inpatient service (General)	$3,300 per day
Accident & Emergency service	$570 per attendance
Specialist Outpatient service	$700 per attendance
General Outpatient service	$215 per attendance

HA has also implemented a package charge for obstetric service for NEPs since 2005. The existing obstetric service package charge for NEPs is $39,000 (for booked case) and $48,000 (for non-booked case).

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)078

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1309

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Despite the public discontent with the shortage of manpower in public hospitals, the planned manpower for 2012-13 has only increased insignificantly from 2010-11, with the total medical staff increased by only 1.6% (from 5,337 to 5,424). Please give the reasons for not planning a more significant increase in the number of medical staff for 2012-13 and onwards.

As the doctor to patient ratio and nursing staff to patient ratio are important service indicators to healthcare, will the Administration consider adding these indicators in the future estimates under this programme ?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. HA constantly assesses its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. On the demand side, HA takes into account the past trend of staff turnover pattern when making estimation of the additional manpower required in the coming years. HA also takes into consideration the possible changes in health services utilization pattern, medical technology development, productivity of healthcare worker, population growth, demographic changes, the growth rate of specific specialties and plans for service enhancement. On the supply side, HA takes into account market availability of doctors, particularly local medical graduates.

HA is facing pressure from the increasing healthcare service demands against a reduced supply of local medical graduates since 2010, which fell from 310 a year in 2007 to 2009, to 280 in 2010, and further decrease to 250 in 2011 to 2014 (with the number picking up to 320 by 2015). To ensure necessary manpower for maintaining and enhancing existing services, HA plans to recruit about 290 doctors in 2012-13, which represent the majority of local medical graduates and some existing qualified doctors in the market. It is estimated that there will be a net increase of 27 doctors in 2012-13. Vigorous efforts will continue be made to recruit more fully registered local full time and part time doctors, coupled with the recruitment of non-local doctors under limited registration as an interim measure to supplement the local recruitment drive. HA will continue to monitor the manpower situation of doctors and make appropriate arrangements in manpower planning and deployment to meet the service needs.

Since the doctor to patient ratio and nursing staff to patient ratio will be affected by factors other than level of manpower, for example, changes in types and level or services provided and the conditions and needs of patients, we have no plan at present to add the ratios as indicators in the future estimates.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)079

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2601

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the Budget Speech, it is proposed to inject $10 billion into the Samaritan Fund to provide adequate provisions for its operation in the next ten years or so. Would the Government provide details as to :

(a) the amount of estimated expenditures, the number of applications, the number of beneficiaries and the average amount of subsidy granted in each case in the next ten years;

(b) whether there is a preliminary plan for utilizing the injected funds of $10 billion in order to maintain the sustainability of the Fund? If yes, what are the details of the plan and for how long will the Fund's operation be extended?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The Financial Secretary has proposed in the 2012-13 Budget to inject $10 billion into the Samaritan Fund (SF) to sustain its operation and provide adequate provisions for subsidizing patients to purchase self-financed drug and non-drug items. The Hospital Authority (HA) has an established mechanism with the support of 21 specialty panels to regularly evaluate new drugs and review the drugs in the Drug Formulary. Recommendations for coverage of additional drugs will be submitted to the Samaritan Fund Management Committee, which in turn will make recommendations to the Medical Services Development Committee under the HA Board for endorsement. To enhance the SF, it is proposed that when calculating the total value of the applicant's disposable assets in the means test, a lump-sum deduction from the applicant's household disposable capital would be given, in addition to allowable deductions for the applicant's household gross income. The deductible is proposed to range from $193,000 to $636,000 depending on the applicant's household size. Furthermore, it is also proposed to simplify the tiers of patients' contribution ratio for drug expenses. Both measures will enable more patients to be benefited from the SF.

The SF expenditure on drug for 2011-12 is estimated to be between $160 million to $200 million. With the implementation of the SF enhancement measures, we estimate that about 2 300 patients will be benefited. The annual SF expenditure on drug varies depending on various factors such as the number of applications received, changes in drug costs and review results of coverage of drugs by SF. The rate of increase for SF expenditure on drug in each of the past five years is in the range of 14% to 79%. The amount of estimated expenditures for 2012-13 is being worked out. The average amount of subsidy and the number of applications for the next ten years are not available.

To make better use of public resources and to enhance the sustainability of the SF, a prudent investment approach is being considered with the aim of optimizing investment returns and meeting operating cash flow requirements. The detailed financial arrangement and the projected cash flow are being worked out. It is

estimated that the injection of $10 billion will provide adequate provisions for the operation in the next ten years or so.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)080

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2603

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the amount of funding earmarked by the Hospital Authority in 2012-13 for implementing measures to recruit and retain staff? Please list out by rank the estimated number of staff to be recruited and retained. Please also give a breakdown of the turnover figure and turnover rate by rank for the past three years.

Asked by: Hon. CHAN Mo-po, Paul

Reply:

In 2012-13, apart from the regular operating budget, the Hospital Authority has earmarked an additional funding of $ 897 million for recruitment and retention of staff in various grades.

The turnover number and turnover rates in the past three years and planned intakes in 2012-13 for doctors, nurses and allied health professionals are as follows:

	Year	Doctors	Nurses	Allied Health Professionals
Turnover number	2009-10	231	772	121
	2010-11	284	1 007	184
	2011-12 (Up to 31 Dec 2011)	202	804	174
Turnover Rate	2009-10	4.4%	4.1%	2.3%
	2010-11	5.3%	5.3%	3.3%
	2011-12 (Annualized)	4.9%	5.5%	4.1%
Planned Intake 2012/13		290	2000	545

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)081

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3036

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

For patients applying for the Samaritan Fund, the Budget proposes to provide allowances when calculating the total value of disposable assets in the means test, and to simplify the tiers of patients' contribution ratio for drug expenses. Would the Administration advise this Committee of the number of applications not meeting the eligibility criteria, the number of applicants and the amount of subsidies involved in the past three years before the aforesaid threshold is relaxed?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The table below sets out the total number of applications rejected by the Samaritan Fund in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011). Information on the amount of subsidies involved is not available.

Year	Number of applications rejected
2009-10	32
2010-11	23
2011-12 (up to 31 December 2011)	11

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)082

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3039

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The provision for the Hospital Authority (HA) in 2012-13 is 6.7% higher than the revised estimate for the previous year, with part of it to be used for introducing additional drugs and expansion of use of drugs in the Hospital Authority Drug Formulary. Will the Administration inform the Committee of the amount of expenditure for this measure as well as the percentage of this year's provision the expenditure accounts for ? Please also provide the list of the additional drugs expected to be introduced, the areas to be covered after the expansion of use of drugs, and the areas where the Samaritan Fund can be applicable.

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The Government has earmarked additional recurrent funding of $230 million for the Hospital Authority (HA) to introduce three new drugs as Special Drugs in the HA Drug Formulary and expand the clinical applications of nine therapeutic groups of drugs in 2012-13. Among the three new drugs to be introduced in the Drug Formulary, two are self-financed items covered by the Samaritan Fund safety net at present. The initiative will be implemented starting from the second quarter of 2012. This amounts to 0.6% of the total financial provision to HA in 2012-13.

The table below sets out the drug classes, drug names, estimated expenditure involved and estimated number of patients to be benefitted from each drug each year:

Drug Class	**Estimated Expenditure Involved ($ Million)**	**Estimated Number of Patients to be Benefited**
(A) Incorporation of New Drugs into the HA Drug Formulary (Reposition from Safety Net to Special Drug)		
(i) Oxaliplatin for colon cancer	24	400
(ii) Interferon beta for multiple sclerosis	8	90
(B) Incorporation of New Drugs into the HA Drug Formulary		

Drug Class	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients to be Benefited
(Reposition from Self-financed Item to Special Drug)		
(i) Gemcitabine for pancreatic and bladder cancer	5	100
(C) Expansion of Clinical Applications of Existing Drugs in the HA Drug Formulary		
(i) Taxanes (including Docetaxel and Paclitaxel) for breast, head and neck, prostate and lung cancer	30	2 000
(ii) Drugs for epilepsy, depression, dementia and attention deficit hyperactivity disorder	49	6 000
(iii) Coagulation factors for haemophilia, iron oral chelating agents for adult thalassaemia, granulocyte-colony stimulating factor for neutropenia	50	900
(iv) Immunosuppressants for transplant	31	500
(v) Drugs for anaesthesia and sedation	9	All suitable patients
(vi) Drugs for gastrointestinal diseases	2	11 000
(vii) Drugs for pulmonary arterial hypertension and glycoprotein IIb / IIIa inhibitor for coronary vascular diseases	15	700
(viii) Peritoneal dialysis fluid (glucose free preparation)	6	300
(ix) Drugs for growth hormone deficiency	1	30

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)083

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3040

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 has conducted comprehensive health risk assessments for patients with hypertension and diabetes. Please inform this Committee of the number and age distribution of patients benefited, as well as details of the follow-up work.

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The Hospital Authority (HA) has been implementing various initiatives to enhance chronic disease management since 2008-09, including the Risk Factor Assessment and Management Programme, the Patient Empowerment Programme, the Nurse and Allied Health Clinics, the General Out-patient Clinic Public-Private Partnership Programme, the Shared Care Programme and smoking cessation service. The latest positions of these programmes are as follows:

Programme	Implementation schedule
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general out-patient clinics (GOPCs) and specialist out-patient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-2010 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organizations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 32 000 patients are expected to benefit from the programme by 2012-13.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in designated GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are expected annually starting from 2012-13.

General Out-patient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public general out-patient services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at February 2012, over 1 600 patients have enrolled in the programme.
Shared Care Programme To partially subsidize diabetes mellitus patients currently under the care of the public healthcare system to have their conditions followed up by private doctors.	Launched in New Territories East Cluster in March 2010 and extended to Hong Kong East Cluster in September 2010. As at February 2012, over 300 patients have enrolled in the programme.
Smoking Cessation To provide smoking cessation service to chronic disease patients who are smokers, with focus on improving disease management and complication prevention through smoking cessation interventions.	Launched in 2011-12 and will be extended to all seven clusters in 2012-13. Over 9 000 patients are expected to benefit from the programme by 2012-13.

We have not kept the age breakdown of patients who benefited from these programmes. These patients will continue to be followed up as necessary and appropriate by GOPCs/SOPCs within HA.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)084

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3041

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 (HA) has, through the collaboration between multi-disciplinary teams, enhanced palliative care for patients with terminal cancer and end stage organ failure.

(a) Would the government advise on the composition and number of members of the multi-disciplinary teams? Will the teams be affected by the high turnover rate of staff in the HA?

(b) In enhancing palliative care services, what is the number of patients benefitted and their age distribution?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

(a) In 2011-12, the Hospital Authority (HA) has enhanced its 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 involving doctors, nurses and social workers. As the multi-disciplinary teams are providing the enhanced services as an integral part of the existing palliative care of HA, a breakdown of the manpower for the enhanced services is not readily available.

HA will continue to closely monitor its manpower requirements and flexibly deploy its manpower to meet operational needs.

(b) About 2 000 patients benefitted from the enhanced palliative care in 2011-12. A breakdown of the patients by age group is not readily available.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)085

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3042

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 shortening of waiting time for specialist services, would the Administration list the number of operations in relation to specialist services carried out by public hospitals in 2010-11 and 2011-12, the number of people benefited and the waiting time?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The number of operations performed in relation to specialist services carried out by public hospitals under the Hospital Authority (HA) in 2010-11 and 2011-12 (up to 31 December 2011) was 359 608 and 281 388 respectively. A large variety of elective surgeries are involved and the waiting time depends on an array of factors, including complexity, urgency and number of new cases listed each year. HA has been closely monitoring the waiting time of specialist services and taking suitable measures to reduce the waiting time in areas with high demand. For example, HA has been enhancing the service capacity for cataract surgeries in public hospitals through a public-private partnership programme launched in 2008. The notional waiting time for cataract surgery has been reduced from 25 months as of 31 December 2010 to 17 months as of 31 December 2011.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)086

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3043

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

How many patients were subsidized by the Hospital Authority to receive specialized surgeries in the private sector in 2011-12? Please tabulate by specialties the number of these surgeries, the number of recipients, the average amounts of subsidy granted in each case and the effectiveness of the arrangement.

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The Hospital Authority subsidizes patients to receive cataract surgeries in the private sector under the Cataract Surgeries Programme (CSP), a pilot project in collaboration with the private sector launched in 2008. Participation in the CSP is voluntary and each participating patient will receive a fixed subsidy of $5,000, subject to a co-payment of no more than $8,000 for a service package consisting of a pre-operative assessment, a cataract surgery and two post-operative checks. The package also covers the intraocular lens used in cataract treatment.

Of the 7 397 patients invited in 2011-12, 2 241 patients have participated in the scheme. From its inception to 31 December 2011, a total of 12 700 patients have received cataract surgeries under the CSP.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 23.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)087

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3044

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of the Centres of Excellence in Neuroscience (CEN) proposed in 2007, could the Administration advise the Committee on the preparation work, development progress as well as the latest estimated expenditure and staffing structure?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The Government announced the initiative to explore the establishment of multi-partite centres of excellence in the specialty of paediatrics and neuroscience in the 2007-08 Policy Address. By locating clinical services, medical research and professional training in one place, and concentrating expertise, advanced technology and cases of complex illnesses, a medical centre of excellence aims to facilitate cross-fertilization, enhance professional standards, provide valuable training opportunities, and provide enhanced tertiary and specialized medical services to the public.

The Steering Committees for the two centres of excellence, set up since 2008 under the Food and Health Bureau (FHB) to advise the Government on the scope of services, the operational model and the physical infrastructure of the two centres, with membership comprising public and private medical professionals, academics and patients' groups, have agreed that the two centres will be built at Kai Tak. Sites have been identified in the Kai Tak development area for this purpose.

The Centre of Excellence in Paediatrics (CEP) is at a more advanced stage of planning. We will brief the Panel on Health Services on the CEP project in March 2012. On the advice of the Steering Committee, FHB together with the Hospital Authority have formulated the blueprints for the establishment of the CEP, including its scale, scope of services and facilities, and sub-specialties to be set up in the CEP, and the Architectural Services Department has completed its physical conceptual design. The CEP will be constructed through a "Design and Build" model. The Administration plans to invite tender in Q2 2012.

Based on the current scope of works and conceptual design, the preliminary project cost is estimated to be about $9.7 billion at September 2011 prices. We plan to seek funding approval from the Finance Committee in 2013 after tendering process completed with the actual construction cost returned by tendering. Subject to funding approval, we plan to commence construction works of the CEP in 2013 with a target date for completion by 2017. The detailed operational arrangements of the CEP including provision of its clinical services, research and training services and the associated resources and manpower requirements will be worked out in parallel, based on the plan to commission services at the CEP by phases.

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 the proposed project. Similarly, we will brief the Panel on Health Services on CEN and seek the approval of the Finance Committee for funding when we have worked out these details.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)088

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3115

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Budget proposes to redevelop Kwong Wah Hospital and strengthen its Chinese and Western medicines shared care services, including Chinese medicine in-patient service. Would the Government advise on the number and distribution of beds to be provided by the hospital after redevelopment, as well as the hospital's manpower and organization after the Chinese and Western medicines shared care services are strengthened?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The initial plan is to provide about 1 000 to 1 200 beds in the redeveloped Kwong Wah Hospital (KWH). The number will be finalized upon the proceeding of the project to the detailed planning and design stage.

The redeveloped KWH will cater for the re-provisioning of Chinese Medicine (CM) and integrated Chinese and western medicine service. Its service model and details of service provisions are being planned. All these services will be operated by the Tung Wah Group of Hospitals (the Group). The number of beds and CM manpower so required by the Group will be worked out at the latter phase of the project.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)089

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3116

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the Budget Speech, it is stated that the Queen Mary Hospital (QMH) will be redeveloped to provide upgraded accident and emergency services and cardiology services. Would the Administration advise on the number of beds and their distribution in the redeveloped QMH, as well as the details of the upgraded services and the estimated expenditure involved?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The redevelopment project at Queen Mary Hospital (QMH) comprises the demolition of seven existing hospital buildings for the construction of three new blocks. Upon completion, there will be a new Heart and Cancer Centre Block housing clinical oncology services and all cardiac and cardiothoracic procedures and operation facilities, intensive care units (ICU) and wards; an Accident & Emergency (A&E) Block housing an upgraded A&E department with observation and emergency medicine wards and other operation and ICU facilities, and a block housing part of the reprovisioned services. In order to ensure that service provision by the hospital is maintained throughout the period, the project will be implemented in phases comprising various stages of decanting, demolition, refurbishment and construction works. Subject to the funding approval of Finance Committee (FC), the planning, detailed design and construction of the whole project is estimated to take about 13 years for completion in 2025. The preliminary project cost estimate is about $6.9 billion.

Upon completion of the redevelopment project at QMH, there will be new and modernized facilities, especially for A&E service, cardiac and cardiothoracic services, operating theatres, ICU, clinical oncology, and lecture theatres and teaching facilities. There are at present 1 700 beds in QMH. While the total number of beds and their distribution upon redevelopment will be further considered in the detailed planning stage, it is the current plan that a total of around 250 beds will be accommodated in the two new blocks of the Heart and Cancer Centre Block and the A&E Block.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 23.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)090

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3117

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

An additional funding of $210 million was allocated to the Hospital Authority in 2011-12 for strengthening support for people with mental illnesses. Will the Government advise on the resource allocation among various support services, the number of patients benefited and the percentage they account for in respect of the total demand for the services?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The table below sets out the new initiatives of the Hospital Authority (HA) to enhance mental health services in 2011-12.

Programme	**Description**	**Estimated expenditure involved and manpower required**
2011-12		
Extension of the Case Management Programme	The Case Management Programme was further extended to Eastern and Wanchai, Sham Shui Po, Shatin and Tuen Mun to benefit about 6 000 patients in these five districts.	$73 million 100 – 120 case managers
Extension of the Integrated Mental Health Programme (IMHP)	The IMHP programme was expanded to cover all clusters in 2011-12 to tackle patients with mild mental illness in the community. As at 31 December 2011, over 6 100 patients benefited from the programme.	$ 20 million Around 20 doctors, nurses and allied health professionals working in multi-disciplinary teams
Expansion of the Early Assessment of Detection of Young Persons with psychosis (EASY)	The EASY programme was expanded to include adult patients to benefit about 600 additional patients.	$30 million About 40 nurses and allied health professionals

programme		
Extension of psychogeriatric outreach service	HA has extended the psychogeriatric outreach service for the medium and large-sized residential care homes for the elderly (RCHEs) and to cover about 80 more RCHEs.	$13 million Seven doctors and seven nurses
Enhancement of child and adolescent mental health service	HA has expanded 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 to benefit about 3 000 more children.	$45 million Around 48 doctors, nurses and allied health professionals working in multi-disciplinary teams
Setting up of Crisis Intervention Teams	HA has set up Crisis Intervention Teams in all seven clusters in 2011-12 to provide intensive case management to very high risk patients and prompt service for these patients when urgent attention under crisis situations is required to benefit about 1 000 patients.	$35 million Six doctors and 42 nurses

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)091

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1371

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the indicator "no. of specialist outpatient (clinical) new attendances" in this programme, could the Administration list the number of cases by disease categories in the order of waiting time, i.e. less than 30 days, 30 to 90 days, 91 to 180 days, 181 to 270 days, 271 to 365 days, 366 days to 2 years, and more than 2 years?

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

The table below sets out the number of specialist outpatient new cases by major specialties and waiting time (i.e. less than 1 year, 1 year to less than 2 years, 2 years to less than 3 years and more than 3 years) for 2011-12 (up to 31 December 2011).

2011-12 (up to 31 December 2011) (Provisional figures)

Specialty	**Number of new cases**				
	Overall	**< 1 year waiting time**	**1 -< 2 years waiting time**	**2 -< 3 years waiting time**	**>= 3 years waiting time**
ENT	**60 098**	53 634	5 627	837	0
MED	**83 080**	75 356	7 477	245	2
GYN	**41 154**	37 044	1 528	2 474	108
OPH	**91 910**	83 618	6 981	1 311	0
ORT	**72 168**	56 941	12 300	2 926	1
PAE	**19 185**	18 970	159	46	10
PSY	**34 693**	32 090	2 147	284	172
SUR	**108 165**	88 181	11 897	7 253	834

Abbreviations

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 Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)092

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1372

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the indicator for the number of specialist outpatient follow-up attendances under this programme, would the Administration advise this Committee on the number of patients infected with community-acquired Methicillin-resistant Staphylococcus aureus requiring follow-up consultation for 2 years or more.

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

The majority of community-acquired Methicillin-resistant Staphylococcus aureus (CAMRSA) cases are non-complicated skin and soft tissue infections, which do not require long term follow-up in specialist outpatient clinics. In 2008 to 2011, there were 29 severe CAMRSA cases in HA (including seven fatal cases and 22 recovered cases). Among the 22 recovered cases, eighteen were given follow-up appointments at specialist outpatient clinics, with follow-up period ranging from less than one month to 21 months.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)093

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0784

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority (HA) will expand its Case Management Programme for patients with severe mental illness. Please advise on the staff establishment of HA's Case Management Programme in each district. Is there a fixed staff establishment for the Case Management Programme? If yes, what is the staff establishment in the next three years?

Asked by: Hon. CHEUNG Kwok-che

Reply:

As at 31 December 2011, the HA has recruited a total of 138 cases managers providing intensive community support to patients with severe mental illness under the Case Management Programme. In 2012-13, it is estimated that an addition of about 40 case managers including nurses and allied health professionals will be recruited. HA is not able to project the estimated additional staff to be recruited in 2013-14 and 2014-15 at present. The breakdown of case managers by district is as follows:

District	**Number of Case Managers (as at 31 December 2011)**
Eastern and Wan Chai Districts	13
Kwun Tong	22
Sham Shui Po and Kwai Tsing	42
Shatin	18
Yuen Long and Tuen Mun	43
Total	**138**

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)094

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0785

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Government will allocate $200 million to increase the number of first-year first-degree places in medicine by 100, nursing by 40 and allied health professionals by 146. In this connection:

(a) Does the Government have any measures in place to ensure that there will be adequate psychiatric healthcare manpower to provide a continuum of appropriate services?

(b) Apart from the number of first-year first-degree places in nursing, has the Government considered increasing the number of nurse training places in public hospitals?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Food and Health Bureau assesses the manpower requirements for healthcare professionals according to the triennial planning cycle of the University Grants Committee (UGC), and advises the UGC on the corresponding requirements for publicly-funded places to facilitate academic planning by tertiary institutions. In making long-term manpower projections, we will take into account the anticipated manpower requirements of major healthcare providers having regard to, among other things, the wastage trends of different healthcare professions, the ageing rate of the population and changes in demographic profiles, and the community's need for services in particular areas, etc. We will also take into consideration the implications on healthcare manpower arising from changes in healthcare services delivery models and related policies such as development of primary care and private hospitals and the introduction of a Health Protection Scheme.

For the triennial cycle starting from 2012, the Government will allocate an additional $200 million to increase the number of first-year first-degree places in medicine by 100, nursing by 40 and allied health professions by 146. The 40 additional nursing places are provided for the training of psychiatric nurses.

In view of the rising demand for nurses, the Hospital Authority has re-opened its nursing schools since 2008, offering publicly-funded three-year Registered Nurse Higher Diploma and two-year Enrolled Nurse training programmes. The two programmes admitted 400 students in 2011-12. Meanwhile, training places for nurses offered by self-financing post-secondary institutions are also on the rise.

We will closely monitor the manpower situation of various healthcare professions and respond accordingly in resource allocation, manpower training and planning so as to facilitate the sustainable development of our healthcare system.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)095

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0786

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) In the past five years, what were the cost of services incurred by the Hospital Authority (HA) for delivery of babies whose parents were both non-Hong Kong permanent residents? What were the amounts of income of relevant services? What were the amounts of medical fees in default?

	2007	2008	2009	2010	2011
Expense					
Income					
Medical fees in default					

(b) In the past five years, what were the cost of services incurred by HA for delivery of babies whose fathers were Hong Kong permanent residents and mothers were non-Hong Kong permanent residents? What were the amounts of income of relevant services? What were the amounts of medical fees in default?

	2007	2008	2009	2010	2011
Expense					
Income					
Medical fees in default					

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) & (b)

The total costs incurred by the Hospital Authority (HA) for the provision of obstetric services cover both the cost of services for eligible persons and non-eligible persons (NEPs) (including Mainland pregnant women). 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. HA does not have the breakdown of cost of obstetric services incurred for NEPs.

The table below sets out the total costs incurred by HA for obstetric services in the past five years

Year	Total costs of obstetric services in HA ($ million)
2007-08	934
2008-09	993
2009-10	1 000
2010-11	1 071
2011-12 (Up to 31 December 2011)	922 (Estimate)

The table below sets out the amount of income of HA for provision of obstetric services for NEPs in the past five years.

	2007-08 ($ million)	2008-09 ($ million)	2009-10 ($ million)	2010-11 ($million)	2011-12 (up to 31 December 2011) ($ million)
Amount of income of HA for provision of obstetric services for NEPs (Figures in the bracket refer to the amount of income for obstetric services for NEPs who claimed that their husbands were Hong Kong residents)	360.7 (145.7)	425.4 (151.4)	393.1 (134.7)	472.8 (150.0)	294.2 (83.9)

It should be noted that NEP patients are not obliged to disclose the resident status of their spouses when using HA services. The figures on NEPs who claimed that their husbands were Hong Kong residents provided above are based on the information available to HA and are only indicative.

The table below sets out the amount of medical fee written off in respect of obstetric services for NEPs in the past five years. The breakdown of information by resident status of the NEPs and their husbands is not available.

	2007-08 ($ million)	2008-09 ($ million)	2009-10 ($ million)	2010-11 ($ million)	2011-12 (up to 31 December 2011) ($ million)
Amount of medical fee written off	29.3	10.7	8.4	6.6	4.0

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)096

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2886

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 will allocate $200 million to increase the number of places in medicine by 100, first-degree places in nursing by 40 and places in allied health professionals by 146.

(a) Are there any measures to ensure the sustainable availability of mental health care practitioners? If so, what are the details? If not, what are the reasons?

(b) Apart from increasing the number of first-degree places in nursing, will the Administration consider increasing the number of training places in nursing for public hospitals? If so, what are the details? If not, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Food and Health Bureau assesses the manpower requirements for healthcare professionals according to the triennial planning cycle of the University Grants Committee (UGC), and advises the UGC on the corresponding requirements for publicly-funded places to facilitate academic planning by tertiary institutions. In making long-term manpower projections, we will take into account the anticipated manpower requirements of major healthcare providers having regard to, among other things, the wastage trends of different healthcare professions, the ageing rate of the population and changes in demographic profiles, and the community's need for services in particular areas, etc. We will also take into consideration the implications on healthcare manpower arising from changes in healthcare services delivery models and related policies such as development of primary care and private hospitals and the introduction of a Health Protection Scheme.

For the triennial cycle starting from 2012, the Government will allocate an additional $200 million to increase the number of first-year first-degree places in medicine by 100, nursing by 40 and allied health professions by 146. The 40 additional nursing places are provided for the training of psychiatric nurses.

In view of the rising demand for nurses, the Hospital Authority has re-opened its nursing schools since 2008, offering publicly-funded three-year Registered Nurse Higher Diploma and two-year Enrolled Nurse training programmes. The two programmes admitted 400 students in 2011-12. Meanwhile, training places for nurses offered by self-financing post-secondary institutions are also on the rise.

We will closely monitor the manpower situation of various healthcare professions and respond accordingly in resource allocation, manpower training and planning so as to facilitate the sustainable development of our healthcare system.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)097

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2887

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget that the Government is taking forward the development of healthcare services. In this connection, does the Administration have any measures to enhance the development of psychiatric specialist services such as increasing the number of psychiatric hospitals to cope with the insufficiency of psychiatric beds? If so, what are the details? If not, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

To meet the needs of the mentally ill patients, the Hospital Authority (HA) provides a spectrum of in-patient, out-patient, ambulatory and community services. It is the international trend to gradually focus on community and ambulatory services in the treatment of mental illness, and to allow the early discharge of mental patients when their conditions are stablised for treatment in the community. The Government has been strengthening its community psychiatric services in line with this direction in an effort to allow more patients who are suitable for discharge to receive treatment in the community, so that they can re-integrate into the community and start a new life as early as possible. As a result of the decreasing demand for in-patient services in recent years as reflected in the consequential drop in number of patient bed days and reduction of average length of in-patient stay, HA has no plan to increase the number of hospital beds or psychiatric hospitals for mentally ill patients in 2012-13. In 2012-13, to facilitate early discharge and better community re-integration of psychiatric in-patients, HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters including the enhancement of nursing and allied health professionals.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)098

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2889

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

(2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The redevelopment of Kwong Wah Hospital will involve strengthening the hospital's Chinese and Western medicines shared care services, including Chinese medicine inpatient service.

(a) Please provide the number of Chinese medicine practitioners and Chinese medicine assistants currently working in each hospital within the hospital clusters.

(b) Does the Administration have any measures to ensure an adequate supply of Chinese medicine practitioners for the provision of Chinese medicine inpatient services? If so, what are the details? If not, what are the reasons?

(c) Is there currently an adequate supply of medical staff (such as registered nurses and contract nurses) for the provision of Chinese medicine inpatient services? If so, what are the details? If not, what are the reasons?

(d) How will the Administration solve the shortage problem of Chinese medicine assistants?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The Government is actively incorporating Chinese medicine services into the public healthcare system on an incremental basis. The Government has been actively taking forward the plan to establish 18 public Chinese medicine clinics (CMCs) in the territory by phases under the tripartite collaboration of the Hospital Authority (HA), non-governmental organizations (NGOs) and universities. So far, we have established CMCs in 16 districts. Around 300 Chinese Medicine practitioners (CMP) are currently employed at the 16 CMCs operated by the NGOs.

(b), (c) and (d)

At present, three local universities have provided full-time degree courses on Chinese medicine. In the long run, the local education institutions could produce an adequate pool of high calibre professionals to support Hong Kong's development as an international centre for Chinese medicine. HA has been actively increasing the job and training opportunities for CMP practising in public CMCs. Fresh graduates of local Chinese medicine degree programmes will be engaged as junior CMPs in the first year and as CMP trainees in the second and third years. Each public CMC is required to employ at least four part-time (or two full-time) senior CMPs and 12 junior CMPs/CMP trainees, thereby enhancing the job and training opportunities for CMPs significantly. In 2011, 192 training places were offered to Chinese medicine graduates.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)099

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1688

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As stated by the Financial Secretary in the Budget Speech, "(I propose) to inject $10 billion into the (Samaritan) Fund to provide adequate provisions for its operation in the next ten years or so. The injection will also give the Fund more headroom to increase the types of subsidized drugs in accordance with clinical protocols and scientific evidences, benefiting more people in need." In this regard, please provide the following information –

(a) Has the Government assessed the amount of additional funding the Fund can make use of each year after taking into account the injection into the Fund and annual investment returns? What is the percentage of increase?

(b) Has the Government assessed the Fund's annual rate of increase in expenditure after considering changes in population growth, ageing and disease pattern, even if the current means test mechanism remains unchanged?

(c) How does the Government make projection of the Fund's expenditure in the next ten years?

(d) Expensive medicines are the major item subsidized by the Fund. Have the prices of medicines purchased by the Government risen over the past three years? Has the Government considered how to buy medicines from pharmaceutical firms at the most reasonable price while increasing the types of subsidized drugs by way of injection into the Fund at the same time?

Asked by: Hon. CHEUNG Man-kwong

Reply:

(a) – (c)

The Financial Secretary has proposed in the 2012-13 Budget to inject $10 billion into the Samaritan Fund (SF) to sustain its operation and provide adequate provisions for subsidizing patients to purchase self-financed drug and non-drug items. The Hospital Authority (HA) has an established mechanism with the support of 21 specialty panels to regularly evaluate new drugs and review the drugs in the Drug Formulary. Recommendations for coverage of additional drugs will be submitted to the Samaritan Fund Management Committee, which in turn will make recommendations to the Medical Services Development Committee under the HA Board for endorsement. To enhance the SF, it is proposed that when calculating the total value of the applicant's disposable assets in the means test, a lump-sum deduction from the applicant's household disposable capital would be given, in addition to allowable deductions for the applicant's household gross income. The deductible is proposed to range from $193,000 to $636,000 depending on the

applicant's household size. Furthermore, it is also proposed to simplify the tiers of patients' contribution ratio for drug expenses. Both measures will enable more patients to be benefited from the SF.

The SF expenditure on drug for 2011-12 is estimated to be between $160 million to $200 million. With the implementation of SF enhancement measures, we estimate that about 2 300 patients will be benefited. The annual SF expenditure on drug varies depending on various factors such as the number of applications received, changes in drug costs and review results of coverage of drugs by SF. The rate of increase for SF expenditure on drug in each of the past five years is in the range of 14% to 79%. The amount of estimated SF expenditure in the next ten years is not available.

To make better use of public resources and to enhance the sustainability of the SF, a prudent investment approach is being considered with the aim of optimizing investment returns and meeting operating cash flow requirements. The detailed financial arrangement and the projected cash flow are being worked out. It is estimated that the injection of $10 billion will provide adequate provisions for the operation in the next ten years or so.

(d)

The prices of pharmaceutical products subsidized by the SF have been steady over the past three years. HA procures pharmaceuticals of substantial volume and value through tenders to maximize economy of scale and market competition.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)100

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1689

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As stated by the Financial Secretary in the Budget Speech, "to make better use of the (Samaritan) Fund, I propose to provide allowances when calculating the total value of disposable assets in the means test. I also propose to simplify the tiers of patients' contribution ratio for drug expenses so that more people will benefit from the subsidy, and patients already receiving partial subsidies will have the burden of drug expenses further eased" Please explain the difference in detail between the existing and the new means test mechanisms. How many patients are expected to benefit? What is the additional expenditure to be incurred by the Samaritan Fund?

Asked by: Hon. CHEUNG Man-kwong

Reply:

For the Samaritan Fund (SF) enhancement programme, it is proposed that when calculating the total value of the applicant's disposable assets in the means test, a lump-sum deduction from the applicant's household disposable capital would be given, in addition to allowable deductions for the applicant's household gross income. The deductible is proposed to range from $193,000 to $636,000 depending on the applicant's household size. Furthermore, it is also proposed to simplify the tiers of patients' contribution ratio for drug expenses. Both measures will enable more patients to be benefitted from the SF.

With the implementation of SF enhancement measures, we estimate that about 2 300 patients will be benefitted. The SF expenditure on drug for 2011-12 is estimated to be between $160 million to $200 million. The annual SF expenditure on drug varies depending on various factors such as the number of applications received, changes in drug costs and review results of coverage of drugs by SF. The rate of increase for SF expenditure on drug in each of the past five years is in the range of 14% to 79%. The estimated additional expenditure for 2012-13 is being worked out.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)101

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1690

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 the past ten years :

(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 the past 10 years as well as the percentage changes over the period.

Year	HA's Expenditure ($ million)	Percentage changes in HA's actual expenditure	Consumer Price Index (A)	Percentage changes in Consumer Price Index (A)
2002-03 (Actual)	30,636	-	101.4	-
2003-04 (Actual)	30,670	0.1%	99.3	-2.1%
2004-05 (Actual)	29,631	-3.4%	99.3	0.0%
2005-06 (Actual)	29,512	-0.4%	100.3	1.0%
2006-07 (Actual)	29,967	1.5%	102.1	1.8%
2007-08 (Actual)	31,295	4.4%	103.4	1.3%

Year	HA's Expenditure ($ million)	Percentage changes in HA's actual expenditure	Consumer Price Index (A)	Percentage changes in Consumer Price Index (A)
2008-09 (Actual)	33,617	7.4%	107.1	3.6%
2009-10 (Actual)	34,461	2.5%	107.4	0.3%
2010-11 (Actual)	36,009	4.5%	110.4	2.8%
2011-12 (Projection)	40,047	11.2%	116.9	5.9%

The increase in the 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 the past ten years.

Year	Hong Kong Population	Number of HA Patients[(Note)]	Average HA expenditure per 1 000 population ($ million)	Percentage changes in average HA expenditure per 1 000 population
2002-03 (Actual)	6 744 000	2 329 137	4.5	-
2003-04 (Actual)	6 731 000	2 082 793	4.6	0.3%
2004-05 (Actual)	6 783 000	2 200 832	4.4	-4.1%
2005-06 (Actual)	6 813 000	2 182 463	4.3	-0.8%
2006-07 (Actual)	6 857 000	2 781 744	4.4	0.9%
2007-08 (Actual)	6 926 000	2 774 592	4.5	3.4%
2008-09 (Actual)	6 978 000	2 821 169	4.8	6.6%
2009-10 (Actual)	7 004 000	2 878 386	4.9	2.1%
2010-11 (Actual)	7 068 000	2 939 561	5.1	3.5%
2011-12 (Projection)	7 120 000	2 713 562 (as at 31 December 2011)	5.6	10.4%

Note:

The number of HA patients for 2006-07 is around 600 000 (27%) higher than that for 2005-06 because the former has taken into consideration general out-patient clinic patients and the latter has not. HA took over the management of around 70 general out-patient clinics (GOPCs) from the Department of Health in 2003 and computerization of patient registration data for GOPCs was completed in 2006-07. Hence, statistics on patient headcounts in GOPCs is unable to be collated by HA's computerized systems prior to 2006-07.

(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 patients over the average for non-elderly patients for the past ten years.

Year	**Number of elderly population**	**Number of elderly patients(Note)**	**Ratio of average medical expenditure per elderly patient over average for non-elderly patient**	**Percentage of HA's expenditure on services for elderly patients**
2002-03 (Actual)	777 000	476 069	3.1 : 1	43.8%
2003-04 (Actual)	795 000	465 401	2.9 : 1	45.3%
2004-05 (Actual)	819 000	489 829	3.0: 1	45.5%
2005-06 (Actual)	835 000	499 087	2.9 : 1	45.6%
2006-07 (Actual)	852 000	623 278	3.0 : 1	45.5%
2007-08 (Actual)	871 000	635 729	3.0 : 1	46.2%
2008-09 (Actual)	880 000	646 912	2.9 : 1	45.4%
2009-10 (Actual)	893 000	661 585	2.8 : 1	44.9%
2010-11 (Actual)	912 000	680 675	2.8 : 1	45.8%
2011-12 (Projection)	938 000	673 879 (as at 31 December 2011)	2.8 : 1	46.0%

Note:

The number of HA elderly patients for 2006-07 is around 124 000 (25%) higher than that for 2005-06 because the former has taken into consideration GOPC elderly patients and the latter has not. HA took over the management of around 70 GOPCs from the Department of Health in 2003 and computerization of patient registration data for GOPCs was completed in 2006-07. Hence, statistics on elderly patient headcounts in GOPCs is unable to be collated by HA's computerized system prior to 2006-07.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)102

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1691

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 the past ten years, 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)

The table below sets out the inpatient and day patient discharges and deaths for the Hospital Authority (HA) and private hospitals and HA's percentage shares in the past ten years.

Year	Number of Inpatient and Daypatient Discharges and Deaths			Percentage share of HA
	HA	Private hospitals	Total	
2002-03	1 198 103	196 320	1 394 423	86%
2003-04	975 383	188 431	1 163 814	84%
2004-05	1 126 389	229 112	1 355 501	83%
2005-06	1 125 265	248 538	1 373 803	82%
2006-07	1 155 224	287 077	1 442 301	80%
2007-08	1 224 643	319 843	1 544 486	79%
2008-09	1 274 808	350 627	1 625 435	78%
2009-10	1 365 199	364 749	1 729 948	79%
2010-11	1 441 187	385 833	1 827 020	79%
2011-12	1 111 953 *	#	-	-

Notes: * Provisional figures (up to 31 December 2011)
Not available yet

The table below sets out the patient days for HA and private hospitals and HA's percentage shares in the past ten years.

Year	Number of Patient Days (including inpatient and day patient)			Percentage share of HA
	HA	Private hospitals	Total	
2002-03	8 322 967	539 997 ^	8 862 964	94%
2003-04	7 140 758	532 892 ^	7 673 650	93%
2004-05	7 636 607	590 542 ^	8 227 149	93%
2005-06	7 490 619	666 792 ^	8 157 411	92%
2006-07	7 416 089	732 209 ^	8 148 298	91%
2007-08	7 478 661	845 430	8 324 091	90%
2008-09	7 399 407	895 894	8 295 301	89%
2009-10	7 483 419	930 681	8 414 100	89%
2010-11	7 662 904	1 039 338	8 702 242	88%
2011-12 (up to 31 December 2011) (Provisional Figures)	5 719 620	#	-	-

Notes: ^ Number of day case admissions in private hospitals were not available for these years
Not available yet

(b) and (c)

The table below sets out the number of specialist and general outpatient attendances of HA in the past ten years. There are no statistics on the number of specialist and general outpatient attendances in the private sector. Thus the percentage share of HA's outpatient services is not available.

	Number of Specialist Outpatient Attendances	Number of General Outpatient Attendances [Note]
2002-03	6 078 683	1 264 923
2003-04	5 486 710	4 297 848
2004-05	5 833 849	5 302 779
2005-06	5 839 664	5 179 203
2006-07	5 808 178	4 842 247
2007-08	5 912 383	4 841 927
2008-09	6 070 631	4 968 586
2009-10	6 392 410	4 700 543
2010-11	6 630 190	4 979 754
2011-12 (up to 31 December 2011) (Provisional Figures)	5 039 925	3 939 089

Note: The management of General Outpatient clinics was transferred from the Department of Health to HA in 2003.

(d)

The tables below set out the number of doctors and nurses of HA and HA's percentage share in the past ten years.

Year	Number of Doctors		Percentage share of HA
	Total number of doctors in HA^	Total number of registered doctors*	
2002-03	4 279.5	10 800	40%
2003-04	4 541.9	11 050	41%
2004-05	4 526.3	11 266	40%
2005-06	4 568.6	11 526	40%
2006-07	4 616.9	11 760	39%
2007-08	4 722.5	11 982	39%
2008-09	4 863.0	12 239	40%
2009-10	4 994.7	12 440	40%
2010-11	5 051.9	12 634	40%
2011-12	5 184.2	12 818	40%

Note: ^ Manpower figures of HA provided above represent the full-time equivalent strength of doctors as at 31 March of respective years, except for 2011-12 where the figure refers to the position as at 31 December 2011.

* The figures of registered doctors refer to the doctors with full registration on the local and overseas lists as at 31 March of respective years except for 2011-12 where figure refers to position as at 31 December 2011.

Year	Number of Nurses		Percentage share of HA
	Total number of nurses in HA ^	Total number of registered and enrolled nurses*	
2002-03	19 567.5	43 389	45%
2003-04	19 307.9	43 807	44%
2004-05	19 161.7	44 398	43%
2005-06	19 248.0	35 525	54%
2006-07	19 212.0	36 449	53%
2007-08	19 273.3	37 045	52%
2008-09	19 521.6	37 466	52%
2009-10	19 866.3	38 770	51%
2010-11	20 101.8	40 124	50%
2011-12	20 825.6	41 310	50%

Note: ^ Manpower figures of HA provided above represent the full-time equivalent strength of nurses as at 31 March of respective years, except for 2011-12 where the figure refers to the position as at 31 December 2011.

* The figures of registered and enrolled nurses refer to the position as at end of March of respective years except for 2011-12 where the figure refers to the position as at 31 December 2011. The drop in the number of nurses in 2005-06 was due to a major update of the register resulting in the removal of names of more than 9 000 nurses from the register/roll in accordance with the Nurses Registration Ordinance.

The table below sets out the number of hospital beds of the HA and private hospitals and HA's percentage shares in the past ten years.

Year	Number of Hospital Beds			Percentage share of HA
	HA^	Private hospitals*	Total	
2002-03	29 188	2 853	32 041	91%
2003-04	28 476	2 902	31 378	91%
2004-05	28 176	2 794	30 970	91%
2005-06	27 742	3 038	30 780	90%
2006-07	27 633	3 122	30 755	90%
2007-08	27 555	3 438	30 993	89%
2008-09	27 117	3 712	30 829	88%
2009-10	26 824	3 818	30 642	88%

Year	Number of Hospital Beds			Percentage share of HA
	HA^	Private hospitals*	Total	
2010-11	27 041	3 946	30 987	87%
2011-12	27 041	4 098	31 139	87%

Notes: ^ Figures refer to the position as at 31 March of respective years, except for 2011-12 where the figure refers to the position as at 31 December 2011.

***** Figures refer to the position as at 31 December of respective years.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)103

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1692

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 healthcare 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 the past three years by hospitals with Accident and Emergency Departments in each hospital cluster;

(b) the turnover figures and turnover rates of all ranks of nurses in the past three years by hospitals with Accident and Emergency Departments in each hospital cluster;

(c) the turnover figures and turnover rates of doctors in different specialties in the past three years 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 the past three years by hospitals with Accident 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 2009-10, 2010-11 and 2011-12.

			Turnover of Doctors			**Turnover Rate[2]**		
Cluster	**Hospital**	**Rank Group[1]**	**2009-10**	**2010-11**	**2011-12 (up to 31 December 2011)**	**2009-10**	**2010-11**	**2011-12 (Annualized)**
Hong Kong East	**Pamela Youde Nethersole Eastern Hospital**	Consultant	3	5	4	6.1%	9.4%	9.4%
		SMO/AC	7	9	7	6.9%	8.8%	8.6%
		MO/R	15	8	5	5.7%	3.0%	2.5%
	Ruttonjee Hospital	Consultant		1		0.0%	11.1%	0.0%
		SMO/AC		2		0.0%	10.3%	0.0%
		MO/R		2	1	0.0%	4.1%	2.9%
	St John Hospital	SMO/AC				0.0%	0.0%	0.0%
		MO/R	1	1		20.0%	21.1%	0.0%

			Turnover of Doctors			Turnover Rate[2]		
Cluster	**Hospital**	**Rank Group[1]**	**2009-10**	**2010-11**	**2011-12 (up to 31 December 2011)**	**2009-10**	**2010-11**	**2011-12 (Annualized)**
Hong Kong West	**Queen Mary Hospital**	Consultant	6	5	6	7.9%	6.7%	10.1%
		SMO/AC	6	7	7	5.6%	6.3%	7.5%
		MO/R	13	10	13	4.5%	3.4%	5.9%
Kowloon Central	**Queen Elizabeth Hospital**	Consultant	4	8	3	5.5%	10.5%	4.8%
		SMO/AC	4	3	3	3.0%	2.2%	2.6%
		MO/R	11	14	5	3.5%	4.4%	2.2%
Kowloon East	**Tseung Kwan O Hospital**	Consultant			1	0.0%	0.0%	8.3%
		SMO/AC	4	2	4	8.8%	4.2%	10.4%
		MO/R	5	5	2	7.7%	7.0%	3.7%
	United Christian Hospital	Consultant		1		0.0%	2.3%	0.0%
		SMO/AC	1	6	6	1.1%	6.0%	7.3%
		MO/R	13	10	10	4.4%	3.4%	4.7%
Kowloon West	**Caritas Medical Centre**	Consultant	1	3	2	4.6%	13.5%	11.3%
		SMO/AC	2	3	1	4.0%	5.8%	2.4%
		MO/R	3	10	10	1.8%	6.1%	8.7%
	Kwong Wah Hospital	Consultant	2	2	4	5.9%	5.5%	13.2%
		SMO/AC	3	7	2	4.2%	10.1%	3.8%
		MO/R	11	11	10	6.0%	6.0%	7.5%
	Princess Margaret Hospital	Consultant	8	3	2	16.8%	6.4%	5.1%
		SMO/AC	5	6	1	4.6%	5.4%	1.1%
		MO/R	8	5	6	3.8%	2.4%	3.9%
	Yan Chai Hospital	Consultant	1			6.7%	0.0%	0.0%
		SMO/AC	2	1	1	4.7%	2.3%	2.8%
		MO/R	5	7		5.2%	7.4%	0.0%
New Territories East	**Alice Ho Miu Ling Nethersole Hospital**	Consultant		3	1	0.0%	19.4%	8.3%
		SMO/AC	2	2	2	6.0%	5.8%	6.9%
		MO/R	5	9	2	6.2%	10.9%	3.2%
	North District Hospital	Consultant	1	1		5.8%	5.5%	0.0%
		SMO/AC	4	5	1	8.6%	10.7%	2.6%
		MO/R	7	5	2	8.0%	5.7%	3.1%
	Prince of Wales Hospital	Consultant	1	2		1.9%	3.6%	0.0%
		SMO/AC	3	7	6	3.1%	7.0%	7.2%
		MO/R	8	19	19	2.6%	6.1%	8.4%
New Territories West	**Pok Oi Hospital**	Consultant				0.0%	0.0%	0.0%
		SMO/AC	1	2	1	3.8%	6.5%	3.7%
		MO/R	1	8	1	1.8%	13.8%	2.5%
	Tuen Mun Hospital	Consultant	2		5	3.5%	0.0%	10.2%
		SMO/AC	1	1	5	1.0%	1.0%	6.2%
		MO/R	12	11	12	3.5%	3.3%	4.9%

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 12 / no. of months 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 2009-10, 2010-11 and 2011-12.

			Turnover of Nurses			Turnover Rate[2]		
Cluster	**Hospital**	**Rank Group[1]**	**2009-10**	**2010-11**	**2011-12 (up to 31 December 2011)**	**2009-10**	**2010-11**	**2011-12 (Annualized)**
Hong Kong East	**Pamela Youde Nethersole Eastern Hospital**	DOM/SNO and above		2	2	0.00%	12.50%	16.44%
		APN/NS/NO/WM	4	9	9	1.64%	3.56%	4.50%
		Registered Nurse	69	67	50	8.01%	7.69%	7.54%
		Enrolled Nurse/Others	10	9	4	7.49%	7.02%	3.51%
	Ruttonjee Hospital	DOM/SNO and above			1	0.00%	0.00%	24.00%
		APN/NS/NO/WM	1	4		1.49%	5.88%	0.00%
		Registered Nurse	20	35	10	8.38%	14.16%	5.43%
		Enrolled Nurse/Others	1	6	4	1.21%	8.00%	7.05%
	St John Hospital	DOM/SNO and above				0.00%	0.00%	0.00%
		APN/NS/NO/WM				0.00%	0.00%	0.00%
		Registered Nurse	2			13.11%	0.00%	0.00%
		Enrolled Nurse/Others	1			11.88%	0.00%	0.00%
Hong Kong West	**Queen Mary Hospital**	DOM/SNO and above	1	1		5.00%	5.02%	0.00%
		APN/NS/NO/WM	11	11	11	3.64%	3.57%	4.52%
		Registered Nurse	55	76	64	4.85%	6.69%	7.44%
		Enrolled Nurse/Others	10	16	17	8.34%	14.95%	19.32%
Kowloon Central	**Queen Elizabeth Hospital**	DOM/SNO and above			2	0.00%	0.00%	12.31%
		APN/NS/NO/WM	11	9	5	3.17%	2.48%	1.73%
		Registered Nurse	57	74	68	4.70%	6.08%	7.42%
		Enrolled Nurse/Others	4	10	8	3.82%	10.27%	9.22%
Kowloon East	**Tseung Kwan O Hospital**	DOM/SNO and above				0.00%	0.00%	0.00%
		APN/NS/NO/WM		2	2	0.00%	2.27%	2.71%
		Registered Nurse	19	19	13	7.31%	6.86%	5.88%
		Enrolled Nurse/Others	2	1	2	3.46%	1.86%	4.23%
	United Christian Hospital	DOM/SNO and above	2	1		11.27%	5.71%	0.00%
		APN/NS/NO/WM	5	14	7	2.11%	5.60%	3.47%
		Registered Nurse	34	44	54	3.70%	4.66%	7.53%
		Enrolled Nurse/Others	5	5	10	3.91%	4.03%	10.37%
Kowloon West	**Caritas Medical Centre**	DOM/SNO and above	1	1		8.96%	8.39%	0.00%
		APN/NS/NO/WM	4	2	4	2.85%	1.36%	3.69%
		Registered Nurse	28	28	20	6.48%	6.59%	6.10%
		Enrolled Nurse/Others	2	4	4	1.59%	3.60%	4.64%
	Kwong Wah Hospital	DOM/SNO and above			1	0.00%	0.00%	9.76%
		APN/NS/NO/WM	6	8	8	2.85%	3.80%	5.07%
		Registered Nurse	25	48	37	3.31%	6.29%	6.46%
		Enrolled Nurse/Others	7	2	2	13.19%	4.41%	5.18%
	Princess Margaret Hospital	DOM/SNO and above	1	1	2	6.25%	6.45%	18.32%
		APN/NS/NO/WM	3	11	7	1.27%	4.65%	3.81%
		Registered Nurse	41	57	39	4.07%	5.52%	4.98%
		Enrolled Nurse/Others	4	3	3	6.96%	5.37%	6.35%

			Turnover of Nurses			Turnover Rate[2]		
Cluster	**Hospital**	**Rank Group[1]**	**2009-10**	**2010-11**	**2011-12 (up to 31 December 2011)**	**2009-10**	**2010-11**	**2011-12 (Annualized)**
Kowloon West	**Yan Chai Hospital**	DOM/SNO and above	**2**			**31.58%**	**0.00%**	**0.00%**
		APN/NS/NO/WM	**4**	**2**		**3.43%**	**1.68%**	**0.00%**
		Registered Nurse	**12**	**21**	**14**	**3.03%**	**5.43%**	**4.79%**
		Enrolled Nurse/Others	**1**	**3**	**1**	**2.17%**	**7.14%**	**2.98%**
New Territories East	**Alice Ho Miu Ling Nethersole Hospital**	DOM/SNO and above				0.00%	0.00%	0.00%
		APN/NS/NO/WM	1	1		1.19%	1.13%	0.00%
		Registered Nurse	11	11	9	3.27%	3.18%	3.50%
		Enrolled Nurse/Others	1	3	2	2.13%	6.59%	6.19%
	North District Hospital	DOM/SNO and above	1	1	1	13.48%	13.48%	23.08%
		APN/NS/NO/WM	3	3	1	3.03%	2.92%	1.23%
		Registered Nurse	16	15	11	4.03%	3.68%	3.61%
		Enrolled Nurse/Others		3	1	0.00%	6.19%	2.74%
	Prince of Wales Hospital	DOM/SNO and above	1	2		6.82%	14.29%	0.00%
		APN/NS/NO/WM	3	8	7	1.20%	3.05%	3.42%
		Registered Nurse	60	73	52	5.70%	6.96%	6.49%
		Enrolled Nurse/Others	3	1	5	3.64%	1.25%	7.92%
New Territories West	**Pok Oi Hospital**	DOM/SNO and above				0.00%	0.00%	0.00%
		APN/NS/NO/WM		2		0.00%	3.63%	0.00%
		Registered Nurse	14	22	13	6.69%	9.17%	6.95%
		Enrolled Nurse/Others	2	3	3	5.58%	7.73%	9.63%
	Tuen Mun Hospital	DOM/SNO and above	2	1	1	10.86%	5.36%	7.19%
		APN/NS/NO/WM	6	11	4	1.97%	3.57%	1.64%
		Registered Nurse	59	58	45	5.46%	5.24%	5.38%
		Enrolled Nurse/Others	5	10	5	2.91%	6.26%	4.02%

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 Manger
Enrolled Nurse and Others – Includes Enrolled Nurse, Midwife, and other rank such as Senior Enrolled Nurse, Junior Sister, Nursing Officer II/III.

(2) Turnover rate = Total turnover number / Average headcount of the relevant period x 12 / no. of months 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 2009-10, 2010-11 and 2011-12.

			Turnover of Doctors			Turnover Rate[2]		
Cluster	**Hospital**	**Specialty[1]**	**2009-10**	**2010-11**	**2011-12 (up to 31 December 2011)**	**2009-10**	**2010-11**	**2011-12 (Annualized)**
Hong Kong East	**Pamela Youde Nethersole Eastern Hospital**	Accident & Emergency	2	1	1	6.3%	3.1%	4.3%
		Anaesthesia	1	2	1	3.3%	6.9%	4.2%
		Family Medicine	2	3	1	4.6%	6.6%	2.8%
		Medicine	6	2	2	8.3%	2.8%	3.6%
		Obstetrics & Gynaecology	3	4	2	16.4%	20.6%	13.0%
		Orthopaedics & Traumatology	1	1	2	3.3%	3.2%	8.6%
		Paediatrics	4	2	2	15.1%	7.2%	9.5%
		Pathology	2			12.3%	0.0%	0.0%
		Psychiatry[3]	1			3.2%	0.0%	0.0%
		Radiology	2	2	2	6.6%	6.4%	8.4%
		Surgery		2	2	0.0%	5.5%	7.1%
		Others	1	3	1	2.6%	8.0%	3.5%
	Ruttonjee Hospital	Accident & Emergency		2		0.0%	13.0%	0.0%
		Medicine		3	1	0.0%	6.4%	2.8%
	St John Hospital	Accident & Emergency		1		0.0%	26.7%	0.0%
		Family Medicine	1			57.1%	0.0%	0.0%
Hong Kong West	**Queen Mary Hospital**	Anaesthesia	5	2	4	11.2%	4.3%	11.2%
		Cardio-thoracic Surgery	1			10.3%	0.0%	0.0%
		Family Medicine	2	1	1	6.5%	3.0%	3.8%
		Medicine	5	4	5	7.2%	5.6%	9.3%
		Neurosurgery	1			7.4%	0.0%	0.0%
		Obstetrics & Gynaecology		1	1	0.0%	4.0%	5.1%
		Ophthalmology		1		0.0%	9.5%	0.0%
		Orthopaedics & Traumatology	1		1	4.1%	0.0%	4.9%
		Paediatrics	1	3	2	2.7%	8.0%	7.1%
		Pathology	1	2		4.4%	8.4%	0.0%
		Psychiatry[3]			4	0.0%	0.0%	24.1%
		Radiology	2	2	3	5.9%	5.7%	10.8%
		Surgery	6	4	3	9.7%	6.3%	6.0%
		Others		2	2	0.0%	5.5%	7.6%
Kowloon Central	**Queen Elizabeth Hospital**	Accident & Emergency	1	5	1	2.6%	13.2%	3.4%
		Anaesthesia	2			4.2%	0.0%	0.0%
		Cardio-thoracic Surgery	1	2		7.1%	15.3%	0.0%
		Family Medicine	3	2	1	6.4%	4.0%	2.7%
		Medicine	3	5		3.0%	4.9%	0.0%
		Neurosurgery		1		0.0%	6.4%	0.0%
		Obstetrics & Gynaecology	3	3		12.0%	12.9%	0.0%
		Paediatrics	2	2	4	5.1%	5.2%	14.7%
		Pathology	1			4.4%	0.0%	0.0%
		Radiology		1	1	0.0%	2.5%	3.2%
		Surgery	3	1	2	5.8%	1.9%	4.9%
		Others		3	2	0.0%	5.9%	5.3%
Kowloon East	**Tseung Kwan O Hospital**	Accident & Emergency	1		1	5.9%	0.0%	8.7%
		Anaesthesia	2	1	1	19.4%	9.0%	12.5%
		Medicine	2	2		7.1%	6.0%	0.0%
		Orthopaedics & Traumatology	3	1	2	22.8%	7.9%	20.3%
		Others			1	0.0%	0.0%	34.3%
		Paediatrics		3	1	0.0%	26.3%	10.9%
		Pathology				0.0%	0.0%	0.0%
		Surgery	1		1	6.5%	0.0%	6.8%
		Others			1	0.0%	0.0%	34.3%

			Turnover of Doctors			Turnover Rate[2]		
Cluster	**Hospital**	**Specialty[1]**	**2009-10**	**2010-11**	**2011-12 (up to 31 December 2011)**	**2009-10**	**2010-11**	**2011-12 (Annualized)**
Kowloon East	**United Christian Hospital**	Anaesthesia		3		0.0%	10.2%	0.0%
		Family Medicine	4	3	3	5.6%	4.3%	5.3%
		Medicine	3			4.1%	0.0%	0.0%
		Obstetrics & Gynaecology		2	1	0.0%	9.4%	6.2%
		Ophthalmology	2	1		16.1%	7.6%	0.0%
		Orthopaedics & Traumatology	1	3		4.1%	12.0%	0.0%
		Paediatrics		2	3	0.0%	7.1%	15.1%
		Pathology	1			8.5%	0.0%	0.0%
		Radiology			1	0.0%	0.0%	7.3%
		Surgery		1	2	0.0%	2.4%	6.8%
		Others	1	2	1	6.0%	7.8%	4.4%
Kowloon West	**Caritas Medical Centre**	Accident & Emergency	1	2	1	3.8%	7.5%	5.2%
		Anaesthesia	1			7.9%	0.0%	0.0%
		Family Medicine	1	6	2	1.5%	9.2%	4.1%
		Medicine		3	5	0.0%	6.2%	14.1%
		Ophthalmology		2	5	0.0%	8.4%	28.7%
		Orthopaedics & Traumatology	1			6.6%	0.0%	0.0%
		Paediatrics		2		0.0%	17.4%	0.0%
		Surgery	2	1		10.3%	5.0%	0.0%
	Kwong Wah Hospital	Accident & Emergency	3	2	2	11.5%	7.5%	10.6%
		Anaesthesia	1	3	1	3.9%	12.2%	5.0%
		Family Medicine	1		2	6.3%	0.0%	16.3%
		Medicine	5	2	3	7.7%	3.1%	6.1%
		Neurosurgery	1		1	7.5%	0.0%	10.9%
		Obstetrics & Gynaecology	1	3		4.0%	12.7%	0.0%
		Orthopaedics & Traumatology		4	2	0.0%	22.7%	15.5%
		Paediatrics	1	1	2	4.4%	4.5%	11.9%
		Radiology	3		1	13.6%	0.0%	5.8%
		Surgery		4	1	0.0%	11.6%	3.9%
		Others		1	1	0.0%	12.0%	15.0%
	Princess Margaret Hospital	Accident & Emergency		1		0.0%	3.4%	0.0%
		Anaesthesia	1		2	3.8%	0.0%	10.4%
		Family Medicine	2	2	1	9.2%	9.9%	6.1%
		Medicine	7	2	2	8.7%	2.4%	3.1%
		Neurosurgery	1			8.5%	0.0%	0.0%
		Obstetrics & Gynaecology	6	1		25.1%	4.2%	0.0%
		Orthopaedics & Traumatology	1		1	4.9%	0.0%	6.1%
		Paediatrics	1	4	3	2.6%	10.8%	10.4%
		Pathology		1		0.0%	4.0%	0.0%
		Radiology	2	2		9.6%	9.4%	0.0%
		Surgery		1		0.0%	2.9%	0.0%
	Yan Chai Hospital	Accident & Emergency	1	2		3.4%	6.8%	0.0%
		Anaesthesia	2			18.8%	0.0%	0.0%
		Family Medicine		1	1	0.0%	12.1%	16.7%
		Medicine	1	3		2.2%	6.9%	0.0%
		Orthopaedics & Traumatology				0.0%	0.0%	0.0%
		Radiology				0.0%	0.0%	0.0%
		Surgery	3	1		17.0%	5.2%	0.0%
		Others	1	1		5.0%	5.2%	0.0%

			Turnover of Doctors			Turnover Rate[2]		
Cluster	**Hospital**	**Specialty[1]**	**2009-10**	**2010-11**	**2011-12 (up to 31 December 2011)**	**2009-10**	**2010-11**	**2011-12 (Annualized)**
New Territories East	**Alice Ho Miu Ling Nethersole Hospital**	Accident & Emergency		2		0.0%	9.4%	0.0%
		Anaesthesia			2	0.0%	0.0%	30.8%
		Family Medicine	2	1	1	16.0%	7.5%	9.8%
		Medicine	4	4		11.5%	11.7%	0.0%
		Ophthalmology		1		0.0%	21.4%	0.0%
		Orthopaedics & Traumatology	1	3	1	6.9%	23.1%	9.9%
		Paediatrics		1		0.0%	5.7%	0.0%
		Psychiatry[3]		1		0.0%	12.2%	0.0%
		Radiology		1		0.0%	34.3%	0.0%
		Others			1	0.0%	0.0%	40.0%
	North District Hospital	Accident & Emergency		3		0.0%	17.4%	0.0%
		Anaesthesia	2	1	1	13.6%	6.7%	8.8%
		Family Medicine	2	2	1	20.2%	20.9%	11.2%
		Medicine	1	1	1	2.6%	2.6%	3.5%
		Neurosurgery		1		0.0%	57.1%	0.0%
		Orthopaedics & Traumatology	1	2		6.3%	13.2%	0.0%
		Radiology		1		0.0%	10.4%	0.0%
		Surgery	4			17.6%	0.0%	0.0%
		Others	2			20.2%	0.0%	0.0%
	Prince of Wales Hospital	Accident & Emergency	1	1	8	3.4%	3.3%	37.2%
		Anaesthesia	1	1		2.8%	2.9%	0.0%
		Family Medicine	2	6		3.5%	10.2%	0.0%
		Medicine	2	3	8	3.3%	4.9%	16.2%
		Obstetrics & Gynaecology	4	2	2	12.6%	6.2%	8.3%
		Ophthalmology	1	4	2	5.3%	21.2%	14.7%
		Orthopaedics & Traumatology		1		0.0%	3.7%	0.0%
		Paediatrics	1	1	1	2.8%	2.9%	3.9%
		Pathology		1		0.0%	4.9%	0.0%
		Radiology		1		0.0%	4.3%	0.0%
		Surgery		2	3	0.0%	3.6%	7.3%
		Others		5	1	0.0%	8.5%	2.2%
New Territories West	**Pok Oi Hospital**	Accident & Emergency		2	1	0.0%	10.1%	6.6%
		Anaesthesia	2		1	26.7%	0.0%	10.5%
		Family Medicine		1		0.0%	31.6%	0.0%
		Medicine		6		0.0%	23.2%	0.0%
		Orthopaedics & Traumatology		1		0.0%	10.1%	0.0%
	Tuen Mun Hospital	Accident & Emergency	1		1	2.2%	0.0%	3.2%
		Anaesthesia	1		4	2.9%	0.0%	14.8%
		Family Medicine	4	2	4	5.8%	2.9%	8.1%
		Medicine	2	5	4	2.1%	5.2%	5.4%
		Obstetrics & Gynaecology		3	1	0.0%	10.9%	4.9%
		Ophthalmology		1		0.0%	5.7%	0.0%
		Orthopaedics & Traumatology	1	1	1	3.0%	3.1%	4.3%
		Paediatrics	1		2	2.9%	0.0%	7.6%
		Pathology	2			9.8%	0.0%	0.0%
		Radiology			1	0.0%	0.0%	4.9%
		Surgery	1		2	2.5%	0.0%	5.8%
		Others	2		2	5.3%	0.0%	7.0%

Notes

(1) For each hospital, only those specialties in which there were doctors departed in 2009-10, 2010-11 or 2011-12 are listed in the above table.

(2) Turnover rate = Total turnover number / Average headcount of the relevant period x 12 / no. of months x 100%

(3) The services of the psychiatric department include services for the mentally handicapped.

(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 2009-10, 2010-11 and 2011-12.

			Turnover of Nurses			Turnover Rate[2]		
Cluster	**Hospital**	**Specialty[1]**	**2009/2010**	**2010/2011**	**2011/2012 (up to 31 Dec 2011)**	**2009/2010**	**2010/2011**	**2011/2012 (Annualized)**
Hong Kong East	**Pamela Youde Nethersole Eastern Hospital**	Medicine	7	15	10	4.3%	8.8%	7.4%
		Obstetrics & Gynaecology	5	9	4	6.5%	13.3%	8.2%
		Orthopaedics & Traumatology	2	3	1	4.7%	6.6%	2.8%
		Paediatrics	1	3	6	1.8%	5.2%	14.9%
		Psychiatry[3]	9	9	2	4.7%	4.8%	1.4%
		Surgery	3	5	6	5.3%	6.8%	9.8%
		Others[4]	56	43	36	8.3%	6.4%	6.9%
	Ruttonjee Hospital	Medicine	15	25	6	6.8%	10.8%	3.4%
		Orthopaedics & Traumatology		6	3	0.0%	41.9%	26.1%
		Surgery	4	4	2	11.2%	10.7%	7.0%
		Others[4]	3	10	4	2.5%	8.7%	4.9%
	St John Hospital	Others[4]	3			10.1%	0.0%	0.0%
Hong Kong West	**Queen Mary Hospital**	Medicine	6	9	15	2.2%	3.2%	6.8%
		Obstetrics & Gynaecology	2	10	5	1.6%	8.1%	5.3%
		Orthopaedics & Traumatology	6	3	4	8.5%	4.0%	7.4%
		Paediatrics	12	17	16	6.3%	8.7%	11.1%
		Psychiatry[3]	3	2	5	3.8%	2.5%	7.5%
		Surgery	13	27	14	3.7%	7.9%	5.9%
		Others[4]	35	36	33	7.3%	7.6%	8.5%
Kowloon Central	**Queen Elizabeth Hospital**	Medicine	8	10	8	2.4%	3.0%	3.1%
		Obstetrics & Gynaecology	5	3	7	3.4%	2.0%	6.2%
		Orthopaedics & Traumatology	3	4	7	4.7%	6.5%	14.7%
		Paediatrics	12	9	5	8.7%	6.9%	5.1%
		Surgery	12	13	5	5.7%	6.5%	3.2%
		Others[4]	32	54	51	4.1%	6.5%	8.1%
Kowloon East	**Tseung Kwan O Hospital**	Medicine	5	4	2	5.0%	3.5%	1.9%
		Obstetrics & Gynaecology		1		0.0%	48.0%	0.0%
		Orthopaedics & Traumatology	2		1	5.7%	0.0%	3.8%
		Paediatrics	2	1	4	10.6%	5.1%	28.4%
		Surgery	3	4	3	7.2%	7.6%	7.5%
		Others[4]	9	12	7	4.3%	5.9%	4.4%
	United Christian Hospital	Medicine	11	17	15	3.1%	4.7%	5.5%
		Obstetrics & Gynaecology	4	6	10	3.8%	5.5%	11.3%
		Orthopaedics & Traumatology	2	3	5	2.6%	3.8%	8.5%
		Paediatrics	3	14	9	2.4%	11.7%	9.5%
		Psychiatry[3]	5	1	4	5.8%	1.0%	4.8%
		Surgery	9	2	11	9.3%	2.0%	15.4%
		Others[4]	12	21	17	2.6%	4.5%	4.7%
Kowloon West	**Caritas Medical Centre**	Medicine	5	4	5	2.6%	2.2%	3.1%
		Orthopaedics & Traumatology				0.0%	0.0%	0.0%
		Paediatrics	1	1	4	5.9%	5.9%	22.5%
		Psychiatry[3]	2		4	5.6%	0.0%	15.4%
		Surgery		3		0.0%	8.1%	0.0%
		Others[4]	27	27	15	6.5%	6.6%	5.7%
	Kwong Wah Hospital	Medicine	3	8	4	1.5%	4.0%	2.4%
		Obstetrics & Gynaecology	7	5	7	6.0%	4.2%	7.8%
		Orthopaedics & Traumatology		2	3	0.0%	6.0%	11.7%
		Paediatrics	5	10	5	5.8%	11.5%	8.1%
		Surgery	3	2	2	2.4%	1.6%	2.0%
		Others[4]	20	31	27	4.2%	6.6%	8.0%

			Turnover of Nurses			Turnover Rate[2]		
Cluster	**Hospital**	**Specialty[1]**	**2009/2010**	**2010/2011**	**2011/2012 (up to 31 Dec 2011)**	**2009/2010**	**2010/2011**	**2011/2012 (Annualized)**
Kowloon West	**Princess Margaret Hospital**	Medicine	6	5	11	2.4%	2.1%	5.2%
		Obstetrics & Gynaecology	6	14	2	8.4%	23.0%	3.5%
		Orthopaedics & Traumatology		1		0.0%	2.4%	0.0%
		Paediatrics	2	7	2	2.2%	8.0%	2.9%
		Surgery	1	8		1.2%	10.6%	0.0%
		Others[4]	34	37	36	4.4%	4.4%	6.0%
	Yan Chai Hospital	Medicine	1	4	9	0.9%	3.5%	5.3%
		Orthopaedics & Traumatology		1		0.0%	3.1%	0.0%
		Paediatrics		1		0.0%	7.3%	0.0%
		Surgery	3		1	6.7%	0.0%	1.7%
		Others[4]	15	20	5	4.2%	5.7%	3.5%
New Territories East	**Alice Ho Miu Ling Nethersole Hospital**	Medicine	9	8	6	4.6%	4.1%	4.1%
		Orthopaedics & Traumatology		1		0.0%	2.6%	0.0%
		Paediatrics	1	2		2.8%	5.7%	0.0%
		Psychiatry[3]	1			5.0%	0.0%	0.0%
		Others[4]	2	4	5	1.0%	2.0%	3.4%
	North District Hospital	Medicine	6	6	3	5.7%	5.5%	2.9%
		Orthopaedics & Traumatology		1	1	0.0%	2.9%	3.9%
		Psychiatry[3]				0.0%	0.0%	0.0%
		Surgery	6	2	2	9.8%	3.2%	4.1%
		Others[4]	8	13	8	2.4%	3.8%	3.4%
	Prince of Wales Hospital	Medicine	13	16	11	4.7%	5.7%	5.0%
		Obstetrics & Gynaecology	7	9	11	3.6%	4.6%	7.5%
		Orthopaedics & Traumatology	1	6	5	1.5%	9.0%	9.7%
		Paediatrics	17	20	9	9.5%	11.5%	6.7%
		Psychiatry[3]		1	1	0.0%	10.5%	14.5%
		Surgery	15	1	8	7.0%	0.5%	5.8%
		Others[4]	14	31	19	3.1%	6.5%	4.9%
New Territories West	**Pok Oi Hospital**	Medicine	8	12	6	6.9%	10.3%	6.9%
		Others[4]	8	15	10	4.4%	6.9%	5.6%
	Tuen Mun Hospital	Medicine	21	21	17	5.1%	4.6%	4.7%
		Obstetrics & Gynaecology	5	10	2	3.9%	7.6%	2.0%
		Orthopaedics & Traumatology	2		3	3.0%	0.0%	5.9%
		Paediatrics	10	10	9	6.9%	7.0%	8.5%
		Psychiatry[3]		1		0.0%	2.7%	0.0%
		Surgery	5	4	7	3.6%	2.8%	6.4%
		Others[4]	29	34	17	4.5%	5.5%	3.7%

Notes

(1) For each hospital, only those specialties in which there were nurses departed in 2009-10, 2010-11 or 2011-12 are listed in the above table.

(2) Turnover rate = Total turnover number / Average headcount of the relevant period x 12 / no. of months x 100%

(3) The services of the psychiatric department include services for the mentally handicapped.

(4) About 2 500 nursing staff (4 000 prior to 2011-12) 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 staff is not reflected in the turnover figures for the major specialties as indicated above.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)104

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1693

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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;

(b) In the past 3 years, 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, 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, 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, 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 HA's total recurrent operating expenditure from 2007-08 to 2011-12 (projection based on expenditure figure as at 31 December 2011):

Cluster		2007-08	2008-09	2009-10	2010-11	2011-12 (Projection based on expenditure figure as at 31 December 2011)
Hong Kong East	Drug Expenditure ($ million)	290.7	322.7	361.2	435.7	451.3
	% of total recurrent operation expenditure	8.4%	8.7%	9.5%	11.1%	10.5%
Hong Kong West	Drug Expenditure ($ million)	452.1	453	536.4	624.1	691.9
	% of total recurrent operation expenditure	11.8%	11.1%	12.8%	14.5%	14.6%
Kowloon Central	Drug Expenditure ($ million)	401.2	414.5	496.7	578.9	622.6
	% of total recurrent operation expenditure	9.4%	9.1%	10.6%	11.8%	11.6%
Kowloon East	Drug Expenditure ($ million)	249.1	239.6	244.4	315.8	361.8
	% of total recurrent operation expenditure	8.1%	7.3%	7.3%	9.0%	9.3%
Kowloon West	Drug Expenditure ($ million)	505.0	547.0	598.0	716.5	861.1
	% of total recurrent operation expenditure	7.2%	7.3%	7.8%	9.2%	10.0%
New Territories East	Drug Expenditure ($ million)	476.2	511.4	525.9	635.0	671.0
	% of total recurrent operation expenditure	9.3%	9.4%	9.4%	11.0%	10.5%
New Territories West	Drug Expenditure ($ million)	295.3	300.1	345.2	408.8	454.2
	% of total recurrent operation expenditure	7.8%	7.2%	8.1%	9.2%	9.1%
HA Total	Drug Expenditure ($ million)	2 680.0	2 793.0	3 113.0	3 715.0	4 147.5
	% of total recurrent operation expenditure	8.6%	8.3%	9.0%	10.4%	10.4%

Note 1. The drug expenditure of HA Total includes the expenditures of clusters, HA Head Office and HA Information Technology Services.

Note 2. The above figures represent cash payments for drugs (including Self-financed Items) and recurrent expenditure items.

(b)

The table below sets out the percentages of drug items in respect of General drugs, Special drugs, Self-financed Items with safety net and Self-financed Items without safety net, in all the drug items prescribed to patients in all seven clusters from 2009-10 to 2011-12 (up to 31 December 2011):

Cluster	**Category**	**2009-10**	**2010-11**	**2011-12 (Up to 31 December 2011)**
Hong Kong East	General drugs	90.52%	90.07%	88.87%
	Special drugs	6.91%	7.62%	8.79%
	Self-financed drugs with safety net	0.01%	0.01%	0.01%
	Self-financed drugs without safety net	2.56%	2.30%	2.32%
Hong Kong West	General drugs	86.96%	86.69%	85.81%
	Special drugs	8.60%	8.95%	9.81%
	Self-financed drugs with safety net	0.04%	0.05%	0.08%
	Self-financed drugs without safety net	4.40%	4.30%	4.31%
Kowloon Central	General drugs	91.98%	91.65%	90.87%
	Special drugs	6.55%	6.91%	7.73%
	Self-financed drugs with safety net	0.05%	0.05%	0.08%
	Self-financed drugs without safety net	1.42%	1.39%	1.33%
Kowloon East	General drugs	93.57%	93.03%	92.27%
	Special drugs	5.12%	6.05%	6.84%
	Self-financed drugs with safety net	0.01%	0.01%	0.02%
	Self-financed drugs without safety net	1.30%	0.90%	0.87%
Kowloon West	General drugs	93.22%	92.41%	91.49%
	Special drugs	5.70%	6.63%	7.59%
	Self-financed drugs with safety net	0.01%	0.02%	0.02%
	Self-financed drugs without safety net	1.07%	0.94%	0.89%

Cluster	Category	2009-10	2010-11	2011-12 (Up to 31 December 2011)
New Territories East	General drugs	92.42%	92.04%	91.18%
	Special drugs	6.10%	6.60%	7.38%
	Self-financed drugs with safety net	0.01%	0.01%	0.01%
	Self-financed drugs without safety net	1.47%	1.34%	1.43%
New Territories West	General drugs	93.76%	93.73%	93.04%
	Special drugs	5.76%	5.83%	6.51%
	Self-financed drugs with safety net	0.01%	0.02%	0.03%
	Self-financed drugs without safety net	0.47%	0.43%	0.42%
HA Total	**General drugs**	**92.27%**	**91.80%**	**90.91%**
	Special drugs	**6.15%**	**6.77%**	**7.65%**
	Self-financed drugs with safety net	**0.02%**	**0.02%**	**0.03%**
	Self-financed drugs without safety net	**1.56%**	**1.40%**	**1.40%**

Note: Figures may not add up to 100% due to rounding.

(c)

The table below sets out the consumption expenditures by cluster on General drugs and Special drugs prescribed to patients and their respective percentages in the overall consumption expenditures on drugs prescribed in all seven clusters from 2009-10 to 2011-12 (projection based on expenditure figure as at 31 December 2011):

Cluster	**Category**	**2009-10**		**2010-11**		**2011-12 (Projection based on expenditure figure as at 31 December 2011)**	
		Expenditure ($ million)	**% of total drug expenditure**	**Expenditure ($ million)**	**% of total drug expenditure**	**Expenditure ($ million)**	**% of total drug expenditure**
Hong Kong East	General drugs	158.1	60%	169.0	58%	170.8	54%
	Special drugs	105.5	40%	122.5	42%	144.4	46%
Hong Kong West	General drugs	186.2	50%	196.0	47%	202.1	45%
	Special drugs	183.1	50%	221.6	53%	244.9	55%
Kowloon Central	General drugs	239.4	66%	259.6	63%	273.4	60%
	Special drugs	124.3	34%	155.3	37%	181.4	40%

Cluster	Category	2009-10		2010-11		2011-12 (Projection based on expenditure figure as at 31 December 2011)	
		Expenditure ($ million)	% of total drug expenditure	Expenditure ($ million)	% of total drug expenditure	Expenditure ($ million)	% of total drug expenditure
Kowloon East	General drugs	248.5	69%	269.6	67%	283.2	64%
	Special drugs	109.4	31%	132.0	33%	158.8	36%
Kowloon West	General drugs	324.1	59%	352.6	56%	384.8	53%
	Special drugs	225.5	41%	282.4	44%	338.6	47%
New Territories East	General drugs	267.7	58%	279.0	58%	287.3	55%
	Special drugs	190.2	42%	201.8	42%	231.0	45%
New Territories West	General drugs	179.7	56%	193.7	56%	203.8	56%
	Special drugs	138.7	44%	150.9	44%	160.3	44%
HA Total	**General drugs**	**1 603.8**	**60%**	**1 719.5**	**58%**	**1 805.4**	**55%**
	Special drugs	**1 076.7**	**40%**	**1 266.5**	**42%**	**1 459.4**	**45%**

Subsidies provided for 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 consumption 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 clusters in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011):

Cluster	2009-10 ($ million)	2010-11 ($ million)	2011-12 (up to 31 December 2011) ($ million)
Hong Kong East	9.3	15.7	10.8
Hong Kong West	12.1	19.1	18.0
Kowloon Central	12.0	20.6	18.5
Kowloon East	7.4	16.6	9.6
Kowloon West	17.7	32.8	24.8
New Territories East	12.5	21.3	18.5
New Territories West	13.2	24.4	21.8
HA Total	**84.2**	**150.5**	**122.0**

(d)

In general, Self-financed drugs have a variety of clinical indications and only the defined clinical indications of certain drugs are covered by the Samaritan Fund safety net. The table below sets out the number and percentage of patients subsidized by the Samaritan Fund in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011):

		2009-10	**2010-11**	**2011-12 (up to 31 December 2011)**
(1)	Total number of patients prescribed with self-financed drugs with safety net	4 752	5 551	6 544
(2)	Total number of patients provided with subsidy under the Samaritan Fund to cover expenses on self-financed drugs	1 055	1 282	1 058
(3)	Percentage of patients in (2) of the total number in (1)	22.0%	23.1%	16.2%
(4)	Percentage of subsidies granted under the Samaritan Fund in the total expenditure on the self-financed drugs with safety net (Note)	27.6%	35.4%	29.3%

Note : Since some drugs are used for more than one clinical indication, the percentage data does not represent the actual percentage of patients and subsidies granted under the Samaritan Fund for the specific indications covered by the safety net.

(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 2009-10, 2010-11 and 2011-12 (up to 31 December 2011):

	2009-10	**2010-11**	**2011-12 (up to 31 December 2011)**
Number of patients who purchased Self-financed drugs through HA	40 033	43 610	41 561
Total expenditure incurred by these patients on purchasing Self-financed drugs through HA	$752.4 million	$780.4 million	$635.9 million

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)105

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1694

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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.

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 2009-10, 2010-11 and 2011-12.

	2009-10 (Actual) $ billion	2010-11 (Actual) $ billion	2011-12 (full-year projection) $ billion
Hospital Authority (HA) (negative) reserve	(0.304)	(0.062)	The actual amount of reserve balance will be available only after finalization of HA's accounts for 2011-12
Operating expenditure of HA	34.46	35.78	40.05
Provision for HA from Government (including capital account items)	32.86	34.37	38.55
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)	1.61	1.73	1.64
- Eligible Persons	1.18	1.22	1.21
- Non-eligible Persons	0.43	0.51	0.43
Patients' payment on self-financed drugs which are purchased through HA (Note)	0.75	0.88	0.99

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Patients' payment on privately purchased medical items which are purchased through HA (Note)	0.30	0.31	0.32
Donation to HA	0.24	0.29	0.27
Subsidy rate of public funds for public health services	95.2%	95.0%	95.8%

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 the HA.

The table below sets out the budget allocation and operating surplus for the seven hospital clusters of the HA for 2009-10, 2010-11 and 2011-12.

Year		**HKE**	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**
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)	Cluster Budget	3.53	3.71	4.47	3.21	7.29	5.26	4.17
	Surplus/(Deficit)	-	-	-	-	0.01	-	-
2011-12 ($billion) (full year projection)	Cluster Budget	3.95	4.11	4.96	3.65	8.15	5.88	4.73
	Surplus/(Deficit)	0.05	-	0.02	0.03	0.04	-	-

The table below sets out the number of inpatients for the seven hospital clusters of the HA for 2009-10, 2010-11 and 2011-12.

Year	**HKE**	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**
2009-10	105 104	100 203	126 419	108 320	238 148	153 772	116 348
2010-11	109 683	105 482	126 092	117 322	245 422	156 483	121 155
2011-12 (as at 31 December 2011)	82 360	80 094	93 436	89 932	183 048	119 796	92 516

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	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	21.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)106

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1695

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 2012-13;

(b) the main use of the 6.7% increase in the provision for 2012-13. Please give a breakdown of expenditure involved.

(c) the reasons why the revised estimate for 2011-12 is $1.7 billion more than the original.

Asked by: Hon. CHEUNG Man-kwong

Reply:

(a) & (b)

The financial provision for the Hospital Authority ("HA") for 2012-13 is 6.7% higher than the revised estimate for 2011-12. The additional financial provision mainly includes the followings:

(1) **$1,100 million additional recurrent provision** to meet the growth in service demand. Major initiatives to be implemented in 2012-13 include:

(i) supporting the hospital commissioning of the North Lantau Hospital Phase 1 and Tseung Kwan O Hospital New Ambulatory Block;

(ii) expansion of capacity of inpatient services in the New Territories West Cluster and the Kowloon East Cluster by opening additional 80 beds in Tuen Mun Hospital, Pok Oi Hospital and Tseung Kwan O Hospital;

(iii) expansion of neonatal intensive care ("NICU") services by opening additional 11 NICU beds;

(iv) expansion of capacity of renal services including haemodialysis, peritoneal dialysis and renal transplant service;

(v) expansion of coverage of the HA Drug Formulary by including new drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the Formulary;

(vi) enhancement of training for healthcare staff;

(vii) enhancement of service quality and safety management in the five hospitals participated in the pilot scheme of hospital accreditation;

(viii) enhancement of sterilization systems in operating theatres and application of Radio Frequency Identification technology to more hospital mortuaries to improve accuracy in identification of bodies;

(ix) enhancement of services including hydrotherapy service for patients with musculoskeletal disorder, integrated care for adult thalassemia hemophilia patients, and service for patients with Transient Ischaemic Attack by providing prompt diagnosis and management; and

(x) enhancement of non-emergency transport services by strengthening the manpower and service monitoring and expansion of HA laundry services to cope with increasing service demand.

(2) **$352 million additional provision** for the HA to implement a number of healthcare reform related initiatives, including:

(i) providing services in support of the Primary Care Development Strategy and the initiative to enhance primary care through the development of community health centres ("CHCs")/networks and strengthening of chronic disease management;

(ii) further supporting the development of CHCs by setting up Primary Care Resource Hubs alongside general outpatient clinics/CHCs in consultation with the Primary Care Office;

(iii) enhancement of training programs for registered nurses, enrolled nurses, midwifes, psychiatric nurses, pharmacy specialty and care-related supporting staff;

(iv) strengthening haemodialysis service for patients with end stage renal disease in the HA through purchase of service from qualified service providers in the community including private hospitals and non-government organizations; and

(v) providing support service for Electronic Health Record Engagement Initiative exercise and related initiatives.

(3) **$1,012 million additional provision** for the HA to implement various new / on-going initiatives, including:

(i) implementation of various measures for attracting and retaining manpower for quality patient care;

(ii) enhancement of nursing workforce by recruiting a total of 400 additional registered nurses;

(iii) topping up of the monthly salaries of the relevant HA staff members to the statutory minimum wages level of $28 per hour as well as meeting the additional costs for outsourced labour-intensive supporting services delivered by workers who are benefited from Minimum Wages Ordinance;

(iv) enhancement of mental health services by extending the District-based Personalized Care Program for persons with severe mental illness to four more districts and the care of psychiatric patients in hospitals through the provision of multidisciplinary therapeutic care in a safe, supportive and recovery focused ward environment;

(v) providing 24-hour pharmacy services in acute hospitals and enhancing pharmacy services in Specialist Outpatient Clinics;

(vi) modernization of pharmacy supply chain;

(vii) improvement of the drug quality and upgrading of aseptic dispensing services;

(viii) enhancement of the HA's response to critical incidents and chemical, biological, radiation and nuclear safety; and

(ix) provision of Cord Blood Bank and Cellular Therapy Laboratory services.

(4) **$171 million additional provision** for the implementation or enhancement of a number of initiatives including enhancing diagnostic imaging services in magnetic resonance imaging and computerized tomography scanning, implementing the Clinical Waste Control Scheme, and implementing equipment replacement plan for Daya Bay Contingency Plan.

(c)

The increase of $1.73 billion in the 2011-12 revised estimate over the original estimate is mainly due to a net increase of $1.91 billion in the HA's recurrent subvention resulted from 2011 pay adjustment ($1.83 billion) and other minor adjustments ($0.08 billion), offset by return of $0.18 billion for the Government's 50% share of the additional income arising from the obstetric package charges for non-eligible persons for 2010-11.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)107

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1696

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 2001-02 and 2011-12; and

(c) the respective costs of inpatient services for each inpatient attendance in the past three years. 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 Hospital Authority (HA) is mainly met by the Government subvention and medical fees received from patients. The subsidy rate is the ratio of the Government subvention to HA's operating expenditure. The projected subsidy rate for 2011-12 is about 96%.

(b) The tables below provide the number of inpatient discharges and deaths and the number of patient days for general inpatient services, and the respective ratio per 1 000 population of different age groups for 2001-02 and 2011-12 (up to 31 December 2011).

2001-02				
Age groups	**Inpatient discharges and deaths of general inpatient services**		**Inpatient patient days of general inpatient services**	
	Number	**Ratio per 1 000 population**	**Number**	**Ratio per 1 000 population**
Age below 15	108 246	99	465 908	424
Age 15-64	386 042	79	2 015 729	415
Age 65-74	157 458	342	1 247 328	2 709
Age 75 and above	228 195	779	2 064 321	7 045

2011-12 (up to 31 December 2011) (provisional figures)				
Age groups	**Inpatient discharges and deaths of general inpatient services**		**Inpatient patient days of general inpatient services**	
	Number	**Ratio per 1 000 population**	**Number**	**Ratio per 1 000 population**
Age below 15	95 407	114	366 138	439
Age 15-64	305 363	57	1 365 478	255
Age 65-74	91 990	198	597 429	1 287
Age 75 and above	233 490	493	1 722 185	3 636

The table below sets out the total cost of healthcare services provided by HA per 1 000 population for the overall population and different age groups for 2011-12. Relevant information by age group is not available for 2001-02.

2011-12 (Revised Estimate)	
Age groups	**Total cost of HA's healthcare services per 1 000 population ($ million)**
Age below 15	4.0
Age 15-64	3.6
Age 65-74	12.6
Age 75 and above	28.0
Overall	5.9

(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 the past three years.

Types of beds	2009-10 ($)	2010-11 ($)	2011-12 (Revised Estimate) ($)
General (acute and convalescent)	18,920	18,630	20,840
Infirmary	175,290	161,460	197,140
Mentally Ill	112,420	112,660	126,780
Mentally Handicapped	682,100	655,390	703,650

The table below sets out the average length of stay for death cases in general inpatient services by age group for 2009-10, 2010-11 and 2011-12 (up to 31 December 2011).

Age group	2009-10 (day)	2010-11 (day)	2011-12 (up to 31 December 2011) (provisional figures) (day)
Age below 15	45.1	85.3 Note	141.2 Note
Age 15-64	15.4	16.3	16.2
Age 65-74	16.2	14.7	14.8
Age 75 and above	12.8	12.7	13.5

Note: The exceptionally long average length of stay was due to the inclusion of a long-stay patient in 2010-11 and three such patients in 2011-12 (up to 31 December 2011) with each staying over 2 600 days before death.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)108

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1697

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding pregnant Mainland women using healthcare services in Hong Kong, please provide the following information :

(a) Please list the number of pregnant Mainland women admitted to hospitals via the Accident and Emergency (A&E) department in the past year. Of these hospitals, how many do not provide obstetric services?

(b) Provide the number of pregnant Mainland women admitted to hospitals via the A&E departments by months in the past two years. Among them, how many are pregnant mainland women whose spouses are not permanent residents of Hong Kong (doubly non-permanent resident pregnant women) and pregnant mainland women whose spouses are permanent residents of Hong Kong (singly non-permanent resident pregnant women), and how many of them did not settle the medical fee in full?

(c) Is there any difference between the percentage of children admitted into intensive care units (ICU) through A&E departments and the percentage of babies admitted into ICUs who were born to pregnant Mainland women with appointment? What are the costs of neonatal ICUs? What additional neonatal ICU services will the Hospital Authority provide in 2012-13? How many additional healthcare staff are needed for such additional services?

(d) In the past two years, how many local pregnant women and pregnant Mainland women were referred by private hospitals to public hospitals respectively. Please give a comparison between the percentage of their babies admitted into the ICUs and the overall percentage?

Asked by: Hon. CHEUNG Man-kwong

Reply:

(a)

The number of deliveries by Non-eligible Persons (NEPs) (including Mainland pregnant women) via the Accident and Emergency Departments (AED) in the Hospital Authority (HA) hospitals in 2011-12 (up to 31 December 2011) is 1 430. Of these HA hospitals, eight of them do not provide obstetric service.

(b)

The table below sets out the monthly number of NEPs who were admitted to HA hospitals for deliveries via the AED in 2010-11 and 2011-12 (up to 31 December 2011). The numbers of write-off cases of NEPs in

respect of obstetric services where the NEPs did not settle the medical fees in full in 2010-11 and 2011-12 (up to 31 December 2011) are 241 and 171 respectively.

		NEPs who were admitted to HA hospitals for deliveries via the AED (Figures in bracket refer to the NEPs who claimed that their husband were Hong Kong resident)
2010/11	April	51 (17)
	May	42 (11)
	June	52 (15)
	July	54 (20)
	August	74 (25)
	September	84 (24)
	October	93 (38)
	November	103 (37)
	December	88 (26)
	January	86 (24)
	February	70 (18)
	March	71 (17)
2011/12 (up to 31 December 2011) (Provisional figures)	April	86 (20)
	May	103 (25)
	June	122 (30)
	July	155 (29)
	August	156 (36)
	September	175 (52)
	October	224 (64)
	November	205 (56)
	December	204 (57)

It should be noted that the NEP patients are not obliged to disclose the resident status of their spouses when using HA services. The figures of NEPs who claimed that their husbands were Hong Kong residents provided above are based on the information available to HA and are only indicative. The breakdown of NEP by "doubly non-permanent resident pregnant women" and "singly non-permanent resident pregnant women" is not available.

(c)

The percentage of babies admitted into neonatal intensive care units (NICU) born by NEP without booking and NEP with booking from January to September 2011 was 10.9% and 2.2% respectively. The cost incurred by the HA for provision of NICU service for 2010-11 was $302 million.

In 2012-13, HA will strengthen its NICU services by opening an additional 11 NICU beds, including five beds in Kwong Wah Hospital, two beds in Queen Elizabeth Hospital, two beds in Pamela Youde Nethersole Eastern Hospital, one bed in Prince of Wales Hospital and one bed in Tuen Mun Hospital. With the increase of NICU beds, an additional 1 364 neonatal intensive care inpatient bed days will be available in 2012-13. It is estimated that an additional eight doctors, 40 nurses and 11 supporting staff will be required for the opening of the NICU beds in 2012-13. The estimated cost involved for the opening of additional NICU beds in 2012-13 is $52.8 million, including $9.8 million one-off capital cost.

(d)

The HA does not maintain statistics on the number of pregnant women transferred from private hospitals to public hospitals.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)109

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1391

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 case management programme for persons with mental illness, please set out the actual expenditure in 2010-11, the revised estimate in 2011-12, the estimate in 2012-13; the numbers of psychiatrists, psychiatric nurses, clinical psychologists, occupational therapists and medical social workers; the number of attendances and the expenditure involved.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

To enhance the support for persons with mental illness in the community, the Hospital Authority (HA) has launched the Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalized support for patients with severe mental illness in 2010-11. The expenditure in 2010-11 was $78 million. In 2011-12, the programme has been extended to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to support more patients. The expenditure in 2011-12 is estimated at $73 million. As at 31 December 2011, HA has recruited a total of 138 case managers, providing intensive community support for more than 9 000 patients with severe mental illness living in these eight districts. In 2012-13, the Case Management Programme will be further extended to cover another four districts (Kowloon City, Southern, Central & Western and Islands). It is estimated that an addition of about 40 case managers including nurses and allied health professionals will be recruited to provide community support for about 1 900 more patients. The additional recurrent expenditure is estimated at $26.9 million.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)110

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1394

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide by clusters under the Hospital Authority :

(a) the number of doctors, nurses and beds;

(b) the staff cost involved; and

(c) the expenditure of medical equipment

of neonatal intensive care services in the 2012-13 estimate.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

In 2012-13, the Hospital Authority (HA) will strengthen its neonatal intensive care unit (NICU) services by opening an additional 11 NICU beds in five hospital clusters. The table below sets out the number of NICU beds in each cluster after the opening of the additional beds.

	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	**Overall HA**
Number of beds	9	17	17	10	24	22	12	**111**

As for manpower, the medical and nursing staff providing NICU service is part of the staff of the paediatric department providing a range of paediatric services in the hospital. Breakdown of manpower by the type of services is not available. The table below sets out the manpower of paediatric service of each cluster as at 31 December 2011:

Cluster		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	**HA Total**
2011-12 (as at 31 December 2011)	Doctors	25.2	41.7	37.2	38	76.5	55	36	**309.7**
	Nurses	59.5	198.9	145.4	151.1	228.7	236.4	151.8	**1 171.9**

Note: manpower figures provided above represent the full-time equivalent (FTE) strength of the paediatric departments.

It is estimated that an additional eight doctors, 40 nurses an 11 supporting staff will be required for the opening of the NICU beds in 2012-13. The estimated cost involved for the opening of additional NICU beds and provision of relevant equipment in 2012-13 is $52.8 million, including $9.8 million one-off capital cost.

Abbreviations

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

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)111

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1395

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide by clusters under the Hospital Authority:

(a) the number of doctors, nurses and beds;

(b) the staff cost involved; and

(c) the expenditure of medical equipment

of neonatal intensive care services in the for 2009-10, 2010-11 and 2011-12 (revised estimate).

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

(a)

The medical and nursing staff providing neonatal intensive care unit (NICU) service is part of the staff of the paediatric department providing a range of paediatric services in the hospital. Breakdown of manpower by the type of services is not available. The tables below set out the manpower of paediatric service of each cluster in the past three years.

Year	Number of doctors in paediatrics services by clusters							
	HKE	HKW	KC	KE	KW	NTE	NTW	Total
2009-10	26.9	41.3	38.5	40.6	76.5	54	37	314.8
2010-11	28.9	41.3	36.8	38	73.2	51	39	308.2
2011-12 (as at 31 December 2011)	25.2	41.7	37.3	38	76.5	55	36	309.7

Note: manpower figures provided above represent the full-time equivalent (FTE) strength of doctors of the paediatric departments.

Year	Number of nurses in paediatrics services by clusters							
	HKE	HKW	KC	KE	KW	NTE	NTW	Total
2009-10	63.8	194.3	140.8	138.6	204	212	148.9	1 102.4
2010-11	64.3	199.4	142.8	138.9	202	207	144.3	1 098.7
2011-12 (as at 31 December 2011)	59.5	198.9	145.4	151.1	228.7	236.4	151.8	1 171.9

Note: manpower figures provided above represent the full-time equivalent (FTE) strength of nurses of the paediatric departments.

The table below sets out the number of NICU beds by clusters in the past three years.

Year	Number of NICU beds by clusters							
	HKE	HKW	KC	KE	KW	NTE	NTW	Overall HA
2009-10	7	17	15	10	19	21	11	100
2010-11	7	17	15	10	19	21	11	100
2011-12 (as at 31 December 2011)	7	17	15	10	19	21	11	100

(b) and (c)

The table below sets out the staff cost and other charges incurred by the HA for the provision of neonatal intensive care service in each hospital cluster for 2009-10 and 2010-11. For 2011-12, only the estimated total costs by hospital clusters are available and breakdown by staff costs and other charges is not yet available.

Cluster	**Staff Cost ($ million)**	**Other Charges [Note] ($ million)**	**Total Cost of Neonatal Intensive Care Service ($ million)**
2009-10			
HKE	10	5	15
HKW	32	14	46
KC	42	15	57
KE	24	9	33
KW	39	13	52
NTE	40	18	58
NTW	22	7	29
Total	**209**	**81**	**290**
2010-11			
HKE	14	6	20
HKW	28	13	41
KC	38	21	59
KE	23	9	32
KW	40	15	55
NTE	39	23	62
NTW	22	11	33
Total	**204**	**98**	**302**

2011-12	
	Total Cost of Neonatal Intensive Care Service (Revised Estimate) ($ million)
HKE	23
HKW	46
KC	66
KE	38
KW	61
NTE	70
NTW	36
Total	**340**

Note : Other charges include cost for drugs, medical equipment and consumables, as well as other operating costs.

The costs of neonatal intensive care service vary among different hospital clusters due to different case-mix i.e. the mix of patients of different conditions in the cluster, which may differ according to the population profile and other factors. Thus clusters with more patients having more complex conditions or requiring more costly treatment would incur a higher average cost. Therefore the costs cannot be directly compared among different clusters.

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 Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)112

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1396

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide by clusters under the Hospital Authority:

(a) the number of doctors, nurses and beds;

(b) the staff cost involved; and

(c) the expenditure of medical equipment

of obstetric services (excluding neonatal intensive care services) in the 2012-13 estimate.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The estimated cost and manpower for provision of obstetric services for 2012-13 are being worked out and not yet available.

The table below sets out the number of obstetric beds in each cluster as at 31 December 2011.

	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	**Overall HA**
Number of beds	67	89	130	82	226	145	70	**809**

As for manpower, the medical and nursing manpower providing obstetric services is part of the obstetric and gynaecology department providing a range of obstetric and gynaecology services in the hospital. Breakdown of manpower by types of service is not available. The table below sets out the manpower for obstetric and gynaecology service of each cluster as at 31 December 2011.

Cluster		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	**HA Total**
2011/12 (as at 31 December 2011)	Doctors	21	27.1	28.9	27.2	48.9	32	30.4	**215.4**
	Nurses	70.7	142.6	155.3	128.8	215.9	197.5	146.6	**1 057.4**

Note: manpower figures provided above represent the full-time equivalent (FTE) strength of the obstetric and gynaecology departments.

Abbreviations

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

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)113

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1397

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 please list:

(a) the numbers of doctors, nurses and hospital beds;

(b) the expenditures involved in manpower; and

(c) the expenses on the medical equipment

of the obstetric service (excluding neonatal intensive care) of the clusters of the Hospital Authority in the revised estimates for 2009-10, 2010-11 and 2011-12?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

(a)

The medical and nursing manpower providing obstetric services is part of the obstetric and gynaecology department providing a range of obstetric and gynaecology services in the hospital. Breakdown of manpower by the type of services is not available. The tables below set out the manpower for obstetric and gynaecology service of each cluster in the past three years.

Year	Number of doctors in obstetric and gynaecology services							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Total
2009-10	17	26.1	23.4	27.1	49.4	31	31.8	205.9
2010-11	21	27	26.3	25.6	45.5	31	28.4	204.7
2011-12 (as at 31 December 2011)	21	27.1	28.9	27.2	48.9	32	30.4	215.4

Note: manpower figures provided above represent the full-time equivalent (FTE) strength of the obstetric and gynaecology departments.

Year	Number of nurses in obstetric and gynaecology services							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Total
2009-10	76.7	135.4	153.1	113.2	186.4	195	133.7	993.5
2010-11	71	131.8	157.3	113	176.9	193	133.3	976.3
2011-12 (as at 31 December 2011)	70.7	142.6	155.3	128.8	215.9	197.5	146.6	1 057.4

Note: manpower figures provided above represent the full-time equivalent (FTE) strength of the obstetric and gynaecology departments.

The table below sets out the number of obstetric beds of each clusters in the past three years.

Cluster	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA
2009-10	61	77	130	82	226	145	70	791
2010-11	67	89	130	82	226	145	70	809
2011-12 (as at 31 December 2011)	67	89	130	82	226	145	70	809

(b) and (c)

The tables below set out the staff cost and other charges incurred by the HA for the provision of inpatient and outpatient obstetric services (excluding neonatal intensive care) in each cluster in 2009-10 and 2010-11. For 2011-12, only the estimated total costs by hospital clusters are available and breakdown by staff costs and other charges is not yet available.

Cluster	**Staff Cost ($ million)**	**Other Charges** Note **($ million)**	**Total Costs of Obstetrics Services ($ million)**
2009-10			
HKE	55	39	94
HKW	52	40	92
KC	97	55	152
KE	75	49	124
KW	150	101	251
NTE	103	65	168
NTW	81	38	119
Total	**613**	**387**	**1 000**
2010-11			
HKE	56	47	103
HKW	64	58	122
KC	102	53	155
KE	78	53	131
KW	150	102	252
NTE	99	79	178
NTW	71	59	130
Total	**620**	**451**	**1 071**

2011-12	
	Total Costs of Obstetrics Services (Revised Estimate) ($ million)
HKE	114
HKW	124
KC	177
KE	151
KW	295
NTE	204
NTW	152
Total	**1 217**

Note : Other charges include cost for drugs, medical equipment and consumables, as well as other operating costs.

The costs of obstetric service vary among different hospital clusters due to different case-mix i.e. the mix of patients of different conditions in the cluster, which may differ according to the population profile and other factors. Thus clusters with more patients having more complex conditions or requiring more costly treatment would incur a higher average cost. Therefore the costs cannot be directly compared among different clusters.

Abbreviations

HKE – Hong Kong East
HKW – Hong Kong West
KCC –Kowloon Central
KEC – Kowloon East
KWC – Kowloon West
NTE – New Territories East
NTW – New Territories West

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)114

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1398

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 please list the number of staff (if professionals are involved, please provide a breakdown), number of attendance and expenditure involved in the Crisis Intervention Team for mental patients among the hospital clusters in the revised estimate for 2011-12 and the estimate for 2012-13?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

To strengthen the support for very high risk psychiatric patients and to enhance the capacity to provide prompt response to urgent cases in the community, the Hospital Authority (HA) has set up Crisis Intervention Teams (the Teams) in all seven clusters to provide intensive support for a total of 1 000 patients in 2011-12. The Teams adopt a case management approach to provide intensive and long term care to the target group of patients assessed to have very high risk and complex needs, and provide prompt service for these patients when urgent attention is required under crisis situations. The recurrent expenditure involved is estimated at $35 million. As at 31 December 2011, the HA has recruited a total of 30 healthcare professionals. The number of patients to be served, the recurrent expenditure and number of staff in 2012-13 will remain similar to that of 2011-12. Breakdown by hospital clusters is not available.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)115

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1650

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list by hospital clusters the respective numbers of local and non-local births in the hospitals of the Hospital Authority in 2009-10, 2010-11 and 2011-12.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The table below sets out the number of live births by eligible persons (EPs) and non-eligible persons (NEPs) by hospital cluster in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011).

Hospital Cluster	**2009-10**			**2010-11**			**2011-12 (up to 31 December 2011) (Provisional figures)**		
	EP	**NEP**	**Total**	**EP**	**NEP**	**Total**	**EP**	**NEP**	**Total**
Hong Kong East Cluster	2 581	995	3 576	2 554	1 761	4 315	1 961	1 304	3 265
Hong Kong West Cluster	3 271	637	3 908	3 385	756	4 141	2 584	798	3 382
Kowloon Central Cluster	4 057	1 831	5 888	4 193	2 038	6 231	3 550	1 354	4 904
Kowloon East Cluster	3 147	1 686	4 833	3 308	2 326	5 634	2 952	1 378	4 330
Kowloon West Cluster	8 556	1 956	10 512	9 258	1 988	11 246	7 518	1 175	8 693
New Territories East Cluster	5 133	1 378	6 511	5 706	1 626	7 332	4 721	774	5 495
New Territories West Cluster	4 317	1 499	5 816	4 503	1 484	5 987	4 007	560	4 567
Total	**31 062**	**9 982**	**41 044**	**32 907**	**11 979**	**44 886**	**27 293**	**7 343**	**34 636**

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)116

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1651

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 the Government, four sites have been reserved for the development of private hospitals. Please provide the estimated value of these four sites.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Government has reserved four sites at Wong Chuk Hang (about 2.8 hectares), Tseung Kwan O (about 3.5 hectares), Tai Po (about 4.8 hectares) and Lantau (about 1.6 hectares) for private hospital development.

We are formulating the land disposal arrangements for the four reserved hospital sites. To ensure that the services provided by the new hospitals would be of good quality and can enhance the medical professional standards, the Government will formulate a set of requirements for development of the sites, covering the scope of service (such as the types of specialty), the standard of service (such as the number of beds and hospital accreditation) and price transparency, etc. We plan to first dispose of the two sites at Wong Chuk Hang and Tai Po through open tender in the first quarter of 2012. The other two sites will be disposed of later in phases. Information on the estimated value of the four sites is not available.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)117

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1652

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration list out the number of general beds, the occupancy rate of beds and the average length of stay of inpatient of the major specialties (including Ear, Nose and Throat; Gynaecology; Obstetrics; Medicine; Ophthalmology; Orthopaedics and Traumatology; Paediatrics and Adolescent Medicine; Surgery) for 2009-10, 2010-11 and 2011-12 respectively in the Hospital Authority as a whole and in each hospital cluster?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The tables below set out the number of general beds, the bed occupancy rates and the average length of stay (ALOS) and that for the major inpatient specialties in the Hospital Authority (HA) as a whole and in each hospital cluster in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011).

2009-10	Cluster							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
Overall for general beds (acute & convalescence)								
Number of hospital beds as at 31 March 2010	1 942	2 853	3 002	2 075	5 174	3 473	1 997	**20 516**
Bed occupancy rate	83%	71%	84%	82%	81%	85%	92%	**82%**
Inpatient ALOS (days)	5.3	6.3	6.8	5.0	5.5	6.4	5.1	**5.8**
Major specialties								
Gynaecology								
Number of hospital beds as at 31 March 2010	58	72	29	64	139	99	51	**512**
Bed occupancy rate	89%	67%	82%	68%	88%	56%	82%	**74%**
Inpatient ALOS (days)	2.4	2.8	2.8	2.8	2.3	2.3	2.0	**2.4**
Obstetrics								
Number of hospital beds as at 31 March 2010	61	77	130	82	226	145	70	**791**
Bed occupancy rate	81%	69%	58%	68%	64%	67%	83%	**68%**
Inpatient ALOS (days)	3.1	3.0	3.1	3.2	2.8	3.0	2.8	**3.0**
Medicine								
Number of hospital beds as at 31 March 2010	819	936	1 128	982	2 245	1 256	895	**8 261**
Bed occupancy rate	89%	81%	95%	88%	90%	100%	98%	**92%**
Inpatient ALOS (days)	5.1	5.9	7.4	5.1	6.4	6.9	6.2	**6.2**
Orthopaedics & Traumatology								
Number of hospital beds as at 31 March 2010	169	331	291	213	487	471	250	**2 212**
Bed occupancy rate	81%	69%	91%	90%	86%	82%	91%	**84%**
Inpatient ALOS (days)	5.9	8.4	11.6	6.9	7.7	9.2	9.6	**8.4**
Paediatrics and Adolescent Medicine								
Number of hospital beds as at 31 March 2010	54	171	124	112	361	188	84	**1 094**
Bed occupancy rate	85%	63%	67%	66%	63%	82%	81%	**70%**
Inpatient ALOS (days)	3.5	5.6	4.4	2.8	3.3	3.6	3.5	**3.6**
Surgery								
Number of hospital beds as at 31 March 2010	253	567	288	334	744	499	223	**2 908**
Bed occupancy rate	69%	84%	82%	76%	70%	84%	93%	**79%**
Inpatient ALOS (days)	3.7	6.1	5.0	4.0	4.0	5.8	4.0	**4.7**

2010-11	Cluster							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
Overall for general beds (acute & convalescence)								
Number of hospital beds as at 31 March 2011	2 002	2 853	3 002	2 135	5 174	3 473	2 094	**20 733**
Bed occupancy rate	83%	73%	87%	87%	82%	86%	92%	**84%**
Inpatient ALOS (days)	5.1	6.1	6.9	4.9	5.4	6.2	5.1	**5.7**
Major specialties								
Gynaecology								
Number of hospital beds as at 31 March 2011	40	77	29	64	139	64	49	**462**
Bed occupancy rate	86%	61%	77%	68%	82%	58%	81%	**72%**
Inpatient ALOS (days)	2.5	2.6	2.5	2.5	2.1	2.2	1.9	**2.3**
Obstetrics								
Number of hospital beds as at 31 March 2011	67	89	130	82	226	145	70	**809**
Bed occupancy rate	84%	66%	67%	77%	68%	72%	85%	**72%**
Inpatient ALOS (days)	3	3	3.1	3.1	2.8	3	2.8	**2.9**
Medicine								
Number of hospital beds as at 31 March 2011	863	947	1 120	1 020	2 245	1 303	940	**8 438**
Bed occupancy rate	87%	77%	98%	92%	91%	99%	98%	**92%**
Inpatient ALOS (days)	4.9	5.6	7.6	5.2	6.2	6.8	6.4	**6.1**
Orthopaedics & Traumatology								
Number of hospital beds as at 31 March 2011	186	333	298	231	487	472	267	**2 274**
Bed occupancy rate	83%	68%	94%	99%	87%	86%	89%	**86%**
Inpatient ALOS (days)	5.9	8.9	11.7	6.9	7.3	9.4	9.5	**8.4**
Paediatrics and Adolescent Medicine								
Number of hospital beds as at 31 March 2011	54	177	124	112	361	165	84	**1 077**
Bed occupancy rate	82%	66%	73%	76%	63%	85%	81%	**73%**
Inpatient ALOS (days)	3.4	5.7	4.8	2.7	3.6	3.6	3.4	**3.7**
Surgery								
Number of hospital beds as at 31 March 2011	258	589	288	334	744	475	242	**2 930**
Bed occupancy rate	70%	82%	86%	77%	69%	86%	93%	**79%**
Inpatient ALOS (days)	3.8	5.9	5.0	4.0	4.0	5.2	3.9	**4.5**

2011-12 (up to 31 December 2011)	Cluster							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
Overall for general beds (acute & convalescence)								
Number of hospital beds as at 31 March 2012	2 002	2 853	3 002	2 135	5 174	3 473	2 115	**20 754**
Bed occupancy rate	79%	72%	84%	85%	81%	85%	93%	**82%**
Inpatient ALOS (days)	4.9	5.9	6.9	4.9	5.3	6.0	5.3	**5.6**
Major specialties								
Gynaecology								
Number of hospital beds as at 31 December 2011	40	78	29	64	139	64	49	**463**
Bed occupancy rate	89%	60%	84%	70%	82%	63%	90%	**75%**
Inpatient ALOS (days)	2.3	2.6	2.5	2.5	2	2	1.9	**2.2**
Obstetrics								
Number of hospital beds as at 31 December 2011	67	89	130	82	226	145	70	**809**
Bed occupancy rate	78%	67%	70%	76%	70%	66%	93%	**73%**
Inpatient ALOS (days)	2.8	2.9	3.1	2.9	2.8	2.7	2.9	**2.9**
Medicine								
Number of hospital beds as at 31 December 2011	863	950	1 117	1 020	2 245	1 328	943	**8 466**
Bed occupancy rate	81%	73%	92%	88%	88%	95%	96%	**88%**
Inpatient ALOS (days)	4.7	5.4	7.6	5	6.2	6.6	6.8	**6.1**
Orthopaedics & Traumatology								
Number of hospital beds as at 31 December 2011	184	334	298	231	505	456	267	**2 275**
Bed occupancy rate	80%	68%	89%	103%	83%	86%	95%	**86%**
Inpatient ALOS (days)	5.8	8.2	11.3	7.0	7.0	9.1	9.6	**8.1**
Paediatrics and Adolescent Medicine								
Number of hospital beds as at 31 December 2011	54	177	124	112	361	165	84	**1 077**
Bed occupancy rate	84%	69%	67%	71%	58%	87%	76%	**70%**
Inpatient ALOS (days)	3.3	5.3	4.8	2.5	3.5	4	4.1	**3.8**
Surgery								
Number of hospital beds as at 31 December 2011	258	592	288	334	726	466	272	**2 936**
Bed occupancy rate	69%	84%	86%	78%	71%	85%	92%	**79%**
Inpatient ALOS (days)	3.6	6.0	5.0	4.0	4.0	5.5	3.8	**4.5**

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 Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)118

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1655

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the changes in manpower regarding doctors, nurses and allied health professionals in the Hospital Authority as whole (hospital beds for general services) and the major specialties of its clusters (including Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine and Surgery) in 2009-10, 2010-11 and 2011-12.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Tables 1 to 3 below set out respectively the manpower of doctors, nurses and allied health professionals by specialty/grade in the Hospital Authority (HA) in 2009-10, 2010-11 and 2011-12.

Table 1 Manpower of doctors in HA in 2009-10, 2010-11 and 2011-12 on a full-time equivalent basis

Cluster	Specialty	2009-10	2010-11	2011-12 (as at 31 December 2011)
Hong Kong East	Ear, Nose, Throat	9	8	9
	Medicine	140.8	139.7	146.7
	Obstetrics & Gynaecology	17	21	21
	Ophthalmology	18	20	20
	Orthopaedics & Traumatology	32	31	32
	Paediatrics	26.9	28.9	25.2
	Surgery	59.3	59	60.2
	Doctors Total (General Beds) (1)	509.4	518.5	528
Hong Kong West	Ear, Nose, Throat	9	8	9
	Medicine	124.3	126.5	131.0
	Obstetrics & Gynaecology	26.2	27	27.1
	Ophthalmology	11	11	11
	Orthopaedics & Traumatology	30	30	30
	Paediatrics	41.3	41.3	41.7
	Surgery	93.5	99.5	101.3
	Doctors Total (General Beds) (1)	537.5	547	561.5
Kowloon Central	Ear, Nose, Throat	12	12	12
	Medicine	136.8	140.8	141.8
	Obstetrics & Gynaecology	23.4	26.3	28.9
	Ophthalmology	37.1	36.2	37.2
	Orthopaedics & Traumatology	32	34	35
	Paediatrics	38.5	36.8	37.3
	Surgery	80.9	79.9	84.9
	Doctors Total (General Beds) (1)	602	614.6	633.6

Cluster	Specialty	2009-10	2010-11	2011-12 (as at 31 December 2011)
Kowloon East	Ear, Nose, Throat	11	11	11
	Medicine	117.9	130.6	130.9
	Obstetrics & Gynaecology	27.1	25.6	27.2
	Ophthalmology	15	17	20
	Orthopaedics & Traumatology	35	38.29	40.29
	Paediatrics	40.6	38	38
	Surgery	61.8	63.7	57.5
	Doctors Total (General Beds) (1)	537	555.8	565.5
Kowloon West	Ear, Nose, Throat	14	15	16
	Medicine	278.0	277.7	282.6
	Obstetrics & Gynaecology	49.4	45.5	48.9
	Ophthalmology	24	24	23.49
	Orthopaedics & Traumatology	66.5	69.5	69.5
	Paediatrics	76.5	73.2	76.5
	Surgery	131.4	134.4	139.3
	Doctors Total (General Beds) (1)	1 116.0	1 123.7	1151.9
New Territories East	Ear, Nose, Throat	15	15	17
	Medicine	175.2	175	177.5
	Obstetrics & Gynaecology	31	31	32
	Ophthalmology	25	21	21.5
	Orthopaedics & Traumatology	62	60	63
	Paediatrics	54	51	55
	Surgery	89.7	92	91.2
	Doctors Total (General Beds) (1)	783	778	796.4
New Territories West	Ear, Nose, Throat	10	11	11
	Medicine	125.6	116.1	126.6
	Obstetrics & Gynaecology	31.8	28.4	30.4
	Ophthalmology	17.8	18.8	20.8
	Orthopaedics & Traumatology	41	43	42
	Paediatrics	37	39	36
	Surgery	62.4	70.7	71.0
	Doctors Total (General Beds) (1)	584.3	582	595.4

Note
(1) Refers to doctor manpower in all specialties except Psychiatry.

Table 2 Manpower of nurses in major specialties in HA in 2009-10, 2010-11 and 2011-12 on a full-time equivalent basis

Cluster	Specialty (2)	2009-10	2010-11	2011-12 (as at 31 December 2011)
Hong Kong East	Medicine	502.4	539.3	560.9
	Obstetrics & Gynaecology	76.7	71	70.7
	Orthopaedics & Traumatology	64.8	65	68.7
	Paediatrics	63.8	64.3	59.5
	Surgery	106.3	131.7	129.9
	Total (General Nurses) (3)	1 857.9	1 911.2	1994.7
Hong Kong West	Medicine	628.7	644.5	644.1
	Obstetrics & Gynaecology	135.4	131.8	142.6
	Orthopaedics & Traumatology	69	79	74.5
	Paediatrics	194.3	199.4	198.9
	Surgery	451.0	444.2	421.6
	Total (General Nurses) (3)	2 285.8	2 354.9	2386.3
Kowloon Central	Medicine	530.4	513	525
	Obstetrics & Gynaecology	153.1	157.3	155.3
	Orthopaedics & Traumatology	67.2	64.6	73.6
	Paediatrics	140.8	142.8	145.4
	Surgery	209.2	203.2	240.8
	Total (General Nurses) (3)	2 568.8	2 573.7	2727.3

Cluster	Specialty [2]	2009-10	2010-11	2011-12 (as at 31 December 2011)
Kowloon East	Medicine	665.6	716	742.7
	Obstetrics & Gynaecology	113.2	113	128.8
	Orthopaedics & Traumatology	109	115.9	122.8
	Paediatrics	138.6	138.9	151.1
	Surgery	155.7	151.2	156.7
	Total (General Nurses) [3]	1 930.3	1 987.6	2082.2
Kowloon West	Medicine	1 053.6	1 037.4	1354.1
	Obstetrics & Gynaecology	186.4	176.9	215.9
	Orthopaedics & Traumatology	131	128	175
	Paediatrics	204	202	228.7
	Surgery	304.6	289.6	366.3
	Total (General Nurses) [3]	4 682.8	4 183	4256.6
New Territories East	Medicine	886.5	932.5	1024.1
	Obstetrics & Gynaecology	195	193	197.5
	Orthopaedics & Traumatology	206	202	218.4
	Paediatrics	212	207	236.4
	Surgery	302	275	295.7
	Total (General Nurses) [3]	2 989.3	3 041.2	3147.7
New Territories West	Medicine	585.7	622.3	628
	Obstetrics & Gynaecology	133.7	133.3	146.6
	Orthopaedics & Traumatology	70	71.4	68.2
	Paediatrics	148.9	144.3	151.8
	Surgery	150.1	150.9	158.2
	Total (General Nurses) [3]	1 997.3	2004	2077.8

Note

(2) For Ear, Nose, Throat and Ophthalmology services, a majority of nursing staff work in the specialist outpatient departments for which breakdown of manpower by individual specialties is not available.

(3) Refers to manpower of General Nurses only (i.e. excluding nurses working in Psychiatry).

Table 3 Manpower of major allied health grades in HA in 2009-10, 2010-11 and 2011-12 on a full-time equivalent basis

Cluster	Grade [4]	2009-10	2010-11	2011-12 (as at 31 December 2011)
Hong Kong East	Medical Laboratory Technologist	98	97	101
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	103.5	106.5	110.5
	Medical Social Worker	30	34.4	39
	Occupational Therapist	58	59	64
	Physiotherapist	97.4	97	100.4
	Pharmacist	47	46	51.0
	Dispenser	120	121	122
	Total (All Grades)	615.3	623.3	656.7
Hong Kong West	Medical Laboratory Technologist	198	206	213
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	120.2	118.4	121.2
	Medical Social Worker	30	30	34
	Occupational Therapist	55	57	60
	Physiotherapist	90	91	94
	Pharmacist	47	47	52
	Dispenser	105	104	108
	Total (All Grades)	726.9	737.7	770.7
Kowloon Central	Medical Laboratory Technologist	190	200	205
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	132	139	138
	Medical Social Worker	13	14	15
	Occupational Therapist	73	82	89
	Physiotherapist	117	127	136.4
	Pharmacist	41.7	43.7	49.7
	Dispenser	114	118	124
	Total (All Grades)	782.2	827.0	870.9

Cluster	Grade [4]	2009-10	2010-11	2011-12 (as at 31 December 2011)
Kowloon East	Medical Laboratory Technologist	109	111	114.5
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	81.2	82.2	80.7
	Medical Social Worker	32	35	37.5
	Occupational Therapist	52.5	57.5	63.3
	Physiotherapist	90.7	93.3	101.9
	Pharmacist	33.0	34	37
	Dispenser	106	109	112
	Total (All Grades)	549.8	569	601.3
Kowloon West	Medical Laboratory Technologist	244	249	256
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	193	197.6	200.7
	Medical Social Worker	71	72	76
	Occupational Therapist	108.1	125.1	136
	Physiotherapist	141.9	143.6	151.4
	Pharmacist	90	94	104
	Dispenser	228	233	236
	Total (All Grades)	1 173.2	1 222.9	1,277.1
New Territories East	Medical Laboratory Technologist	188	188	192
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	160	158	163
	Medical Social Worker	16	18	21.5
	Occupational Therapist	96	98	105
	Physiotherapist	143	145	147
	Pharmacist	49	52	58
	Dispenser	158	161	167
	Total (All Grades)	911	922	958.5
New Territories West	Medical Laboratory Technologist	118	123.7	129.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	107	104	112.5
	Medical Social Worker	15	17.5	27
	Occupational Therapist	88	93	96
	Physiotherapist	74	77	83
	Pharmacist	36	38	41
	Dispenser	110	114	116
	Total (All Grades)	633.1	653.1	703.2

Note
(4) Only manpower breakdown of major allied health grades are shown in the table.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)119

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1656

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the average length of service of departed doctors, nurses and allied health staff of the Hospital Authority as a whole (general beds) and of major specialties in all hospital clusters (including Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine and Surgery) in 2009-10, 2010-11 and 2011-12. What is the expenditure reserved for healthcare staff retention in this year's estimate? If no such expenditure has been reserved, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Tables 1 to 3 below set out respectively the average length of service of departed doctors, nurses and allied staff of the Hospital Authority (HA) by major specialties / grade and for all general beds as a whole in 2009-10, 2010-11 and 2011-12.

Table 1 Average length of HA service of departed doctors in 2009-10, 2010-11 and 2011-12

Cluster	Specialty	2009-10		2010-11		2011-12 (up to 31 December 2011)	
		Turnover Number	Average Length of HA Service (Year)	Turnover Number	Average Length of HA Service (Year)	Turnover Number	Average Length of HA Service (Year)
Hong Kong East	Ear, Nose, Throat	1	16.5	2	14.4	0	-
	Medicine	7	9.5	5	11.9	3	17.4
	Obstetrics & Gynaecology	3	9.5	4	16.1	2	13.3
	Orthopaedics & Traumatology	1	14.4	1	15.4	2	14.7
	Ophthalmology	1	11.7	1	7.4	0	-
	Paediatrics	4	13.5	2	8.4	2	9.8
	Surgery	0	-	2	15.6	2	12.8
	Doctors Total (General Beds) (1)	28	10.7	29	12.7	17	12.6
Hong Kong West	Medicine	8	10.0	5	11.0	7	10.2
	Obstetrics & Gynaecology	0	-	1	15.0	1	19.3
	Orthopaedics & Traumatology	1	14.4	0	-	2	20.0
	Ophthalmology	0	-	1	11.2	0	-
	Paediatrics	1	12.5	3	9.2	2	9.0
	Surgery	8	8.5	5	10.5	5	14.0
	Doctors Total (General Beds) (1)	29	9.3	24	11.0	27	11.8

Cluster	Specialty	2009-10		2010-11		2011-12 (up to 31 December 2011)	
		Turnover Number	Average Length of HA Service (Year)	Turnover Number	Average Length of HA Service (Year)	Turnover Number	Average Length of HA Service (Year)
Kowloon Central	Ear, Nose, Throat	0	-	1	18.1	0	-
	Medicine	8	5.6	6	14.9	2	10.1
	Obstetrics & Gynaecology	3	12.5	3	15.7	0	-
	Ophthalmology	1	17.7	0	-	1	14.5
	Paediatrics	2	8.0	2	15.7	4	18.2
	Surgery	4	21.6	4	13.9	2	13.4
	Doctors Total (General Beds) (1)	25	10.8	27	12.4	14	15.8
Kowloon East	Ear, Nose, Throat	1	4.0	1	14.6	1	13.5
	Medicine	7	11.5	2	9.7	0	-
	Obstetrics & Gynaecology	0	-	2	13.6	1	17.7
	Orthopaedics & Traumatology	4	13.8	4	11.8	2	16.5
	Ophthalmology	2	11.3	1	10.3	0	-
	Paediatrics	0	-	5	11.7	4	13.2
	Surgery	1	14.8	1	18.5	3	16.7
	Doctors Total (General Beds) (1)	25	10.1	24	11.2	23	11.5
Kowloon West	Ear, Nose, Throat	1	16.6	0	-	0	-
	Medicine	17	10.3	15	13.4	11	12.2
	Obstetrics & Gynaecology	7	7.9	4	16.1	0	-
	Orthopaedics & Traumatology	2	17.4	4	14.5	3	18.5
	Ophthalmology	0	-	2	13.6	5	11.7
	Paediatrics	2	16.1	7	13.7	5	11.3
	Surgery	8	11.3	7	13.2	2	11.0
	Doctors Total (General Beds) (1)	59	9.4	64	12.2	41	10.7
New Territories East	Ear, Nose, Throat	0	-	2	11.9	1	15.8
	Medicine	9	5.6	11	9.4	10	9.0
	Obstetrics & Gynaecology	4	14.5	2	13.0	2	9.2
	Orthopaedics & Traumatology	2	14.1	6	11.7	1	1.3
	Ophthalmology	1	0.5	5	11.0	2	12.2
	Paediatrics	1	0.4	2	7.2	1	7.9
	Surgery	4	15.4	3	10.6	3	11.9
	Doctors Total (General Beds) (1)	33	8.5	55	10.3	34	9.0
New Territories West	Ear, Nose, Throat	1	8.3	0	-	1	20.1
	Medicine	2	10.3	11	11.0	4	11.9
	Obstetrics & Gynaecology	0	-	3	9.1	1	19.6
	Orthopaedics & Traumatology	1	12.3	2	7.9	1	14.1
	Ophthalmology	0	-	1	10.3	0	-
	Paediatrics	1	7.2	0	-	2	12.7
	Surgery	1	16.2	0	-	2	12.0
	Doctors Total (General Beds) (1)	17	7.8	22	9.9	24	10.5

Note:
(1) Refers to turnover number and average length of service of doctors of all specialties except Psychiatry

Table 2 Average length of HA service of departed nurses in major specialties in 2009-10, 2010-11 and 2011-12

Cluster	Specialty [2]	2009-10		2010-11		2011-12 (up to 31 December 2011)	
		Turnover Number	Average Length of HA Service (Year)	Turnover Number	Average Length of HA Service (Year)	Turnover Number	Average Length of HA Service (Year)
Hong Kong East	Medicine	28	12.7	45	12.1	21	13.0
	Obstetrics & Gynaecology	5	16.4	9	14.2	4	15.2
	Orthopaedics & Traumatology	2	9.8	9	14.9	4	10.0
	Paediatrics	1	0.3	3	16.3	6	15.8
	Surgery	7	9.9	9	9.3	8	11.3
	Total (General Nurses) [3]	110	10.1	133	10.9	88	10.6
Hong Kong West	Medicine	18	16.5	17	10.1	37	12.7
	Obstetrics & Gynaecology	2	17.2	10	15.5	5	21.8
	Orthopaedics & Traumatology	6	10.8	3	7.5	4	8.3
	Paediatrics	12	4.6	17	14.6	16	13.1
	Surgery	18	8.9	33	13.9	19	8.6
	Total (General Nurses) [3]	99	12.0	125	13.1	128	12.5
Kowloon Central	Medicine	15	14.8	21	13.3	11	12.3
	Obstetrics & Gynaecology	5	17.3	3	12.1	7	12.8
	Orthopaedics & Traumatology	3	27.1	4	16.0	7	11.2
	Paediatrics	12	15.7	9	14.9	5	16.5
	Surgery	12	13.4	13	6.0	5	23.5
	Total (General Nurses) [3]	101	12.5	127	11.8	105	10.9
Kowloon East	Medicine	22	7.5	36	7.7	28	9.9
	Obstetrics & Gynaecology	4	6.2	7	12.7	10	13.4
	Orthopaedics & Traumatology	4	16.0	3	12.5	6	10.0
	Paediatrics	5	12.0	15	13.5	13	11.1
	Surgery	12	9.2	6	13.4	14	5.0
	Total (General Nurses) [3]	69	9.5	100	11.0	95	10.5
Kowloon West	Medicine	18	16.2	36	16.1	40	15.0
	Obstetrics & Gynaecology	13	16.7	19	17.0	9	13.7
	Orthopaedics & Traumatology	0	-	4	16.8	3	16.6
	Paediatrics	8	13.8	19	14.6	11	15.2
	Surgery	7	16.2	13	15.6	4	16.2
	Total (General Nurses) [3]	155	11.3	219	12.5	154	11.1
New Territories East	Medicine	39	10.7	46	12.0	34	10.5
	Obstetrics & Gynaecology	7	15.9	9	11.2	11	15.4
	Orthopaedics & Traumatology	2	7.3	8	11.5	6	5.5
	Paediatrics	18	6.8	22	9.8	9	7.5
	Surgery	21	6.2	3	10.4	11	9.7
	Total (General Nurses) [3]	115	9.7	139	11.9	104	11.2
New Territories West	Medicine	29	8.7	35	12.7	23	9.2
	Obstetrics & Gynaecology	5	13.3	10	14.9	2	4.0
	Orthopaedics & Traumatology	2	0.7	0	-	3	6.9
	Paediatrics	10	11.8	10	13.8	9	12.0
	Surgery	5	6.5	4	10.5	7	14.3
	Total (General Nurses) [3]	88	9.8	106	12.4	72	10.2

Note

(2) For Ear, Nose, Throat and Ophthalmology services, a majority of the nursing staff work in the specialist outpatient departments for which breakdown of turnover by individual specialties is not available.

(3) Refers to turnover number and average length of service of all general nurses (i.e. nurses of all specialties except Psychiatry).

Table 3 Average length of HA service of departed staff in major allied health grades in 2009-10, 2010-11 and 2011-12

Cluster	Grade [4]	2009-10		2010-11		2011-12 (up to 31 December 2011)	
		Turnover Number	Average Length of HA Service (Year)	Turnover Number	Average Length of HA Service (Year)	Turnover Number	Average Length of HA Service (Year)
Hong Kong East	Medical Laboratory Technologist	3	22.8	6	12.6	3	16.5
	Radiographer (Diagostic Radiographer & Radiation Therapist)	1	15.4	2	16.4	6	9.6
	Medical Social Workers	1	0.6	1	17.9	2	8.8
	Occupational Therapist	2	4.9	1	0.6	4	15.0
	Physiotherapist	4	5.6	2	0.5	0	-
	Pharmacist	0	-	1	18.7	3	8.2
	Dispenser	2	12.0	2	4.6	6	7.8
	Total	14	11.2	19	10.9	27	11.5
Hong Kong West	Medical Laboratory Technologist	3	10.1	1	16.0	5	12.6
	Radiographer (Diagostic Radiographer & Radiation Therapist)	5	7.0	7	7.6	2	19.7
	Medical Social Workers	0	-	1	2.3	0	-
	Occupational Therapist	2	5.2	1	0.3	1	0.4
	Physiotherapist	4	10.9	6	12.4	0	-
	Pharmacist	0	-	0	-	1	2.0
	Dispenser	2	17.1	3	18.0	2	11.6
	Total	18	10.2	22	10.6	15	11.8
Kowloon Central	Medical Laboratory Technologist	5	16.4	2	18.7	1	1.0
	Radiographer (Diagostic Radiographer & Radiation Therapist)	0	-	5	8.5	6	3.9
	Medical Social Workers	1	4.3	1	1.5	0	-
	Occupational Therapist	2	6.9	3	0.4	2	10.2
	Physiotherapist	10	7.4	12	5.1	16	4.7
	Pharmacist	0	-	3	10.8	1	12.2
	Dispenser	4	15.5	3	10.8	1	18.2
	Total	24	10.2	31	7.3	31	5.7
Kowloon East	Medical Laboratory Technologist	1	0.3	2	10.4	1	19.6
	Radiographer (Diagostic Radiographer & Radiation Therapist)	0	-	1	18.9	4	13.4
	Medical Social Workers	2	1.7	0	-	1	9.8
	Occupational Therapist	0	-	3	4.6	2	3.3
	Physiotherapist	6	8.3	9	9.0	5	12.2
	Pharmacist	1	17.3	2	3.8	0	-
	Dispenser	3	17.8	2	17.2	0	-
	Total	15	8.7	20	9.0	14	10.8
Kowloon West	Medical Laboratory Technologist	4	21.0	9	14.6	3	8.4
	Radiographer (Diagostic Radiographer & Radiation Therapist)	2	6.9	9	9.5	5	10.5
	Medical Social Workers	4	1.3	1	0.0	1	0.4
	Occupational Therapist	1	14.9	3	5.2	4	2.6
	Physiotherapist	4	10.9	4	5.3	2	2.3
	Pharmacist	0	-	4	4.0	4	6.9
	Dispenser	3	12.3	4	13.5	9	18.5
	Total	25	10.0	38	8.6	34	9.6
New Territories East	Medical Laboratory Technologist	1	14.8	2	8.6	1	12.5
	Radiographer (Diagostic Radiographer & Radiation Therapist)	0	-	6	4.7	3	1.3
	Medical Social Workers	0	-	0	-	1	15.9
	Occupational Therapist	2	1.2	3	9.6	0	-
	Physiotherapist	0	-	6	5.7	7	9.4
	Pharmacist	1	4.0	0	-	3	7.0
	Dispenser	2	5.9	1	15.3	2	2.0
	Total	9	7.3	24	6.9	25	8.8

Cluster	Grade [4]	2009-10		2010-11		2011-12 (up to 31 December 2011)	
		Turnover Number	Average Length of HA Service (Year)	Turnover Number	Average Length of HA Service (Year)	Turnover Number	Average Length of HA Service (Year)
New Territories West	Medical Laboratory Technologist	2	19.8	0	-	3	24.2
	Radiographer (Diagostic Radiographer & Radiation Therapist)	1	15.2	9	5.3	6	3.1
	Medical Social Workers	3	3.2	1	7.7	0	-
	Occupational Therapist	5	4.3	6	8.4	5	11.5
	Physiotherapist	1	11.1	3	2.9	4	10.1
	Pharmacist	0	-	4	6.5	4	8.3
	Dispenser	1	14.1	3	6.2	3	11.9
	Total	14	8.2	29	6.2	25	10.3

Note
(4) Only turnover of major allied health grades are shown in the table.

HA will implement a series of initiatives in 2012-13 to further increase manpower strength and improve staff retention for doctors, nurses and allied health staff, and the budgeted expenditure is around $790 million.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)120

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1946

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the actual number of eligible persons and non-eligible persons who used the delivery services of obstetrics department of private hospitals from 2007 to 2012 in the following table.

Private Hospital	Month (Year) Eligible persons												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Whole Year

Private Hospital	Month (Year) Non-eligible persons												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Whole Year

Session 19 FHB(H)

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The numbers of deliveries by local and non-local women in private hospitals from 2009 to Jan 2012 are shown in the tables below. We do not have the monthly breakdown from 2009 to 2011 and the relevant statistics for 2007 and 2008.

Table (a) Number of deliveries by local women in private hospitals

Private Hospitals	**2009**	**2010**	**2011**	**2012 (Jan)**
Canossa Hospital (Caritas)	995	1 177	1 049	101
Hong Kong Adventist Hospital	803	766	741	46
Hong Kong Baptist Hospital	2 649	2 134	2 113	180
Hong Kong Sanatorium & Hospital	1 462	1 674	1 797	141
Matilda & War Memorial Hospital	1 098	1 118	1 105	86
Precious Blood Hospital (Caritas)	14	27	81	4
Shatin International Medical Centre Union Hospital	2 180	2 712	3 047	270
St. Paul's Hospital	1 156	1 212	1 420	135
St. Teresa's Hospital	3 039	3 504	3 323	284
Tsuen Wan Adventist Hospital	628	814	783	69
Total	**14 024**	**15 138**	**15 459**	**1 316**

Table (b) Number of deliveries by non-local women in private hospitals

Private Hospitals	**2009**	**2010**	**2011**	**2012 (Jan)**
Canossa Hospital (Caritas)	957	857	1 045	109
Hong Kong Adventist Hospital	426	452	550	64
Hong Kong Baptist Hospital	10 385	10 316	10 752	742
Hong Kong Sanatorium & Hospital	562	847	1 263	83
Matilda & War Memorial Hospital	72	99	130	7
Precious Blood Hospital (Caritas)	321	2 137	3 615	293
Shatin International Medical Centre Union Hospital	4 655	4 877	4 564	342
St. Paul's Hospital	2 814	3 135	2 901	231
St. Teresa's Hospital	4 732	5 222	5 713	388
Tsuen Wan Adventist Hospital	1 888	2 158	2 932	215
Total	**26 812**	**30 100**	**33 465**	**2 474**

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 23.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)121

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1947

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of eligible persons and non-eligible persons who used the advance booking services of obstetrics department of private hospitals from 2007 to 2012 in the following table.

Private Hospital	Month (Year) Eligible persons												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Whole Year

Private Hospital	Month (Year) Non-eligible persons												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Whole Year

Session 19 FHB(H)

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The numbers of deliveries by local and non-local women in private hospitals from 2009 to Jan 2012 are shown in the tables below. We do not have the monthly breakdown from 2009 to 2011 and the relevant statistics for 2007 and 2008.

Table (a) Number of deliveries by local women in private hospitals

Private Hospitals	**2009**	**2010**	**2011**	**2012 Jan**
Canossa Hospital (Caritas)	995	1 177	1 049	101
Hong Kong Adventist Hospital	803	766	741	46
Hong Kong Baptist Hospital	2 649	2 134	2 113	180
Hong Kong Sanatorium & Hospital	1 462	1 674	1 797	141
Matilda & War Memorial Hospital	1 098	1 118	1 105	86
Precious Blood Hospital (Caritas)	14	27	81	4
Shatin International Medical Centre Union Hospital	2 180	2 712	3 047	270
St. Paul's Hospital	1 156	1 212	1 420	135
St. Teresa's Hospital	3 039	3 504	3 323	284
Tsuen Wan Adventist Hospital	628	814	783	69
Total	**14 024**	**15 138**	**15 459**	**1 316**

Table (b) Number of deliveries by non-local women in private hospitals

Private Hospitals	**2009**	**2010**	**2011**	**2012 Jan**
Canossa Hospital (Caritas)	957	857	1 045	109
Hong Kong Adventist Hospital	426	452	550	64
Hong Kong Baptist Hospital	10 385	10 316	10 752	742
Hong Kong Sanatorium & Hospital	562	847	1 263	83
Matilda & War Memorial Hospital	72	99	130	7
Precious Blood Hospital (Caritas)	321	2 137	3 615	293
Shatin International Medical Centre Union Hospital	4 655	4 877	4 564	342
St. Paul's Hospital	2 814	3 135	2 901	231
St. Teresa's Hospital	4 732	5 222	5 713	388
Tsuen Wan Adventist Hospital	1 888	2 158	2 932	215
Total	**26 812**	**30 100**	**33 465**	**2 474**

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 23.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)122

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1948

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the actual number of eligible persons and non-eligible persons who used the delivery services of obstetrics department from 2007 to 2012 in the following table.

Hospital	Month (Year) Eligible Persons												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Whole Year
Kwong Wah													
Princess Margaret													
Prince of Wales													
Pamela Youde Nethersole Eastern													
Queen Elizabeth													
Queen Mary													
Tuen Mun													
United Christian													

Hospital	Month (Year) Non-eligible Persons												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Whole Year
Kwong Wah													
Princess Margaret													
Prince of Wales													
Pamela Youde Nethersole Eastern													
Queen													

Elizabeth													
Queen Mary													
Tuen Mun													
United Christian													

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The tables below set out the monthly numbers of deliveries by eligible persons (EP) and non-eligible persons (NEP) in the relevant hospitals from 2007-08 to 2011-12 (up to 31 December 2011):

Number of deliveries by EP

Hospital	2007-08 (EP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	322	344	347	356	381	445	438	475	398	341	338	352	4 537
PMH	235	253	245	287	321	297	357	382	327	339	241	266	3 550
PWH	312	330	351	378	402	469	469	485	443	435	390	335	4 799
PYN	189	180	191	224	215	234	280	287	259	270	194	185	2 708
QEH	324	347	313	339	366	417	469	443	405	373	323	327	4 446
QMH	255	261	248	276	278	293	368	336	304	289	249	257	3 414
TMH	287	306	326	352	358	377	439	453	389	371	312	295	4 265
UCH	238	235	222	235	290	290	316	320	311	294	236	231	3 218

Hospital	2008-09 (EP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	327	342	315	353	381	431	429	440	415	428	378	370	4 609
PMH	268	279	241	296	289	284	357	367	373	318	272	301	3 645
PWH	364	368	378	379	412	454	502	496	475	435	382	397	5 042
PYN	208	192	168	196	217	276	259	258	241	234	168	226	2 643
QEH	299	304	310	331	343	400	432	420	423	341	307	302	4 212
QMH	245	234	239	253	270	296	290	309	294	259	256	238	3 183
TMH	297	282	316	331	353	388	394	375	397	319	322	321	4 095
UCH	210	233	235	270	298	274	313	331	324	252	244	228	3 212

Hospital	2009-10 (EP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	343	397	385	351	449	422	472	423	423	408	399	399	4 871
PMH	256	277	248	277	298	321	400	297	324	314	256	309	3 577
PWH	376	388	399	378	441	474	519	438	471	423	367	390	5 064
PYN	181	185	199	179	224	238	270	212	226	239	209	186	2 548
QEH	277	297	318	306	360	345	393	342	376	353	310	321	3 998

Hospital	2009-10 (EP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
QMH	261	234	254	251	236	254	310	288	310	258	269	241	3 166
TMH	321	314	301	317	352	400	457	413	376	351	343	340	4 285
UCH	225	248	255	242	241	287	317	284	304	251	220	241	3 115

Hospital	2010-11 (EP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	390	403	416	433	414	496	503	526	530	442	403	463	5 419
PMH	281	268	272	312	318	350	342	335	313	340	307	294	3 732
PWH	382	399	401	424	449	516	521	598	513	486	433	493	5 615
PYN	196	183	186	220	237	222	236	219	222	209	205	194	2 529
QEH	307	274	294	372	368	378	387	373	348	352	326	351	4 130
QMH	255	272	226	285	307	275	290	307	302	269	239	273	3 300
TMH	315	318	332	377	361	448	396	428	414	368	312	405	4 474
UCH	229	253	240	261	282	314	305	321	274	265	265	278	3 287

Hospital	2011-12 (up to 31 December 2011) (EP) (Provisional figures)									Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
KWH	473	439	418	458	477	490	478	506	461	4 200
PMH	313	321	319	338	388	377	394	403	375	3 228
PWH	464	455	487	465	527	557	556	600	538	4 649
PYN	200	190	198	196	233	210	245	234	238	1 944
QEH	302	324	336	353	398	391	496	456	440	3 496
QMH	268	253	253	285	253	288	298	327	279	2 504
TMH	351	381	400	422	445	461	481	518	510	3 969
UCH	248	292	289	309	337	311	395	368	380	2 929

Number of deliveries by NEP

Hospital	2007-08 (NEP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	46	45	52	59	97	90	91	76	94	86	86	98	920
PMH	57	63	42	66	68	68	84	93	81	92	84	102	900
PWH	65	73	82	102	104	107	121	125	137	126	123	100	1 265
PYN	60	70	84	84	81	103	106	125	137	106	75	70	1 101
QEH	86	119	128	109	112	76	124	144	134	144	101	105	1 382
QMH	38	43	60	63	69	57	59	73	66	75	41	50	694
TMH	57	53	72	84	106	125	130	132	97	116	87	118	1 177
UCH	71	78	71	117	130	165	186	234	167	145	113	105	1 582

Hospital	2008-09 (NEP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	81	88	88	98	92	74	76	64	56	53	66	69	905
PMH	80	97	96	100	106	91	71	67	78	81	71	70	1 008
PWH	111	120	123	153	149	147	165	129	110	132	106	123	1 568
PYN	62	56	82	83	83	114	156	144	126	125	84	81	1 196
QEH	128	125	138	150	152	201	188	154	187	180	128	115	1 846
QMH	39	35	46	47	48	62	78	88	84	64	52	42	685
TMH	91	113	129	132	137	104	112	70	86	116	113	117	1 320
UCH	89	96	96	110	155	212	245	272	282	213	145	169	2 084

Hospital	2009-10 (NEP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	91	91	83	99	62	48	53	58	63	80	63	54	845
PMH	81	86	86	79	89	79	80	117	119	93	76	95	1 080
PWH	97	73	107	125	116	134	152	120	101	102	104	113	1 344
PYN	68	72	58	80	90	95	119	100	68	94	65	73	982
QEH	129	111	120	148	155	214	207	143	145	142	115	151	1 780
QMH	56	54	42	56	59	55	59	64	51	44	30	48	618
TMH	116	109	103	130	135	134	157	141	106	129	105	119	1 484
UCH	115	98	95	114	137	172	214	180	172	148	109	116	1 670

Hospital	2010-11 (NEP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	58	56	57	35	39	48	42	40	56	52	59	66	608
PMH	73	81	89	107	120	101	93	131	176	148	110	110	1 339
PWH	78	105	108	143	153	145	153	112	125	151	162	165	1 600
PYN	77	70	76	86	108	145	200	224	220	182	158	173	1 719
QEH	120	145	150	131	138	190	197	199	191	171	160	182	1 974
QMH	45	46	52	44	65	69	77	88	56	64	55	77	738
TMH	97	115	105	136	114	112	116	97	115	141	148	162	1 458
UCH	108	109	130	154	196	217	264	256	253	205	199	202	2 293

Hospital	2011-12 (up to 31 December 2011) (NEP) (Provisional figures)									Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
KWH	60	72	83	60	43	24	47	38	28	455
PMH	117	107	119	97	91	42	32	37	60	702
PWH	128	164	128	106	61	42	48	42	34	753
PYN	172	185	183	189	208	133	94	48	67	1 279
QEH	175	174	188	158	189	176	125	81	46	1 312
QMH	60	85	109	112	120	102	74	58	59	779

Hospital	2011-12 (up to 31 December 2011) (NEP) (Provisional figures)									Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
TMH	131	116	96	67	33	36	30	25	20	554
UCH	163	208	177	207	191	164	130	63	42	1 345

Abbreviations

KWH – Kwong Wah Hospital
PMH – Princess Margaret Hospital
PWH – Prince of Wales Hospital
PYN – Pamela Youde Netherosole Eastern Hospital
QEH – Queen Elizabeth Hospital
QMH – Queen Mary Hospital
TMH – Tuen Mun Hospital
UCH – United Christian Hospital

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)123

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1949

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of eligible persons and non-eligible persons who used the booked services of obstetrics department from 2007 to 2012 in the following table.

Hospital	Month (Year) Eligible Persons												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Whole Year
Kwong Wah													
Princess Margaret													
Prince of Wales													
Pamela Youde Nethersole Eastern													
Queen Elizabeth													
Queen Mary													
Tuen Mun													
United Christian													

Session 19 FHB(H)

Hospital	Month (Year) Non-eligible Persons												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Whole Year
Kwong Wah													
Princess Margaret													
Prince of Wales													
Pamela Youde Nethersole Eastern													
Queen Elizabeth													
Queen Mary													
Tuen Mun													
United Christian													

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The tables below set out the monthly number of deliveries by eligible persons (EP) and non-eligible persons (NEP) who have made prior booking for delivery service in the relevant hospitals from 2008-09 to 2011-12 (up to 31 December 2011). As the booking system in public hospitals was introduced in 2007, complete data available from 2008-09 onwards are provided below.

Number of deliveries by EP who have made prior booking for delivery service

Hospital	**2008-09 (EP)**												**Total**
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	
KWH	324	340	311	351	378	428	427	438	407	425	373	370	4 572
PMH	268	274	241	291	287	282	355	362	371	315	269	299	3 614
PWH	361	366	374	376	410	450	494	490	474	434	380	392	5 001
PYN	208	192	168	196	217	271	257	257	240	231	168	224	2 629
QEH	295	297	306	326	343	396	425	412	418	339	301	298	4 156
QMH	237	228	236	251	269	294	284	308	287	255	252	235	3 136
TMH	292	277	311	328	348	387	382	368	391	313	316	316	4 029
UCH	208	233	232	265	297	268	310	329	319	250	242	224	3 177

Hospital	2009-10 (EP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	336	395	382	348	447	419	470	420	421	403	397	399	4 837
PMH	251	274	244	272	292	318	396	295	322	309	249	305	3 527
PWH	373	383	396	375	440	466	516	434	466	419	367	385	5 020
PYN	180	183	198	176	224	238	268	210	223	235	205	184	2 524
QEH	274	293	317	303	358	343	388	336	374	350	307	316	3 959
QMH	259	232	250	248	233	252	304	286	306	258	268	240	3 136
TMH	317	310	294	312	346	394	448	409	371	349	340	336	4 226
UCH	223	247	252	240	240	285	314	279	300	247	219	240	3 086

Hospital	2010-11 (EP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	389	400	413	431	411	491	502	525	527	439	401	459	5 388
PMH	275	266	266	311	314	348	342	332	311	338	303	292	3 698
PWH	376	397	400	419	448	514	516	593	506	485	432	491	5 577
PYN	194	183	186	219	232	217	233	219	216	205	203	191	2 498
QEH	303	273	291	368	364	372	383	370	346	348	319	345	4 082
QMH	253	267	225	283	304	273	287	304	300	269	238	269	3 272
TMH	310	313	331	368	354	440	393	422	408	366	311	400	4 416
UCH	227	250	238	260	278	312	303	319	271	265	258	274	3 255

Hospital	2011-12 (up to 31 December 2011) (EP) (Provisional figures)									Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
KWH	468	437	414	456	476	486	474	504	457	4 172
PMH	307	319	316	334	385	371	390	400	372	3 194
PWH	459	447	484	462	524	554	550	597	536	4 613
PYN	199	188	195	196	232	208	240	231	236	1 925
QEH	301	319	334	349	395	390	495	453	438	3 474
QMH	266	252	252	282	252	288	295	325	275	2 487
TMH	346	379	396	419	438	459	478	509	510	3 934
UCH	248	287	288	306	330	309	390	366	377	2 901

Number of deliveries by NEP who have made prior booking for delivery service

Hospital	2008-09 (NEP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	78	84	83	94	89	72	66	50	54	49	61	65	845
PMH	75	96	93	95	102	87	57	48	69	78	66	64	930
PWH	108	115	113	143	139	133	146	115	95	123	100	117	1 447
PYN	61	56	77	81	81	109	146	140	123	121	82	80	1 157
QEH	125	122	135	147	145	190	178	149	176	176	124	111	1 778
QMH	38	35	45	47	48	59	72	85	81	64	51	41	666
TMH	88	107	121	128	128	96	100	53	68	106	110	112	1 217
UCH	84	96	95	110	152	207	235	261	274	212	145	166	2 037

Hospital	2009-10 (NEP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	86	87	81	98	59	45	50	55	63	78	58	51	811
PMH	80	83	81	75	85	72	74	113	112	91	74	93	1 033
PWH	94	70	97	122	113	131	145	113	97	95	98	106	1 281
PYN	67	71	57	77	88	91	118	100	68	93	65	70	965
QEH	127	108	116	146	153	209	202	138	140	136	113	146	1 734
QMH	54	53	39	55	58	54	57	60	49	41	30	48	598
TMH	112	106	103	123	131	128	151	135	97	126	100	114	1 426
UCH	113	98	95	113	135	170	214	179	172	146	107	116	1 658

Hospital	2010-11 (NEP)												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
KWH	56	55	54	34	36	45	40	37	53	49	55	62	576
PMH	66	78	85	102	116	98	89	126	169	143	103	107	1 282
PWH	72	100	106	138	145	139	148	103	118	142	156	161	1 528
PYN	71	69	74	83	106	139	194	222	215	180	157	171	1 681
QEH	117	135	145	125	135	181	187	190	181	163	158	174	1 891
QMH	43	46	50	42	64	68	76	86	54	63	55	76	723
TMH	92	115	104	131	110	105	111	89	109	139	145	159	1 409
UCH	106	105	125	154	194	216	262	255	250	203	196	198	2 264

Hospital	2011-12 (up to 31 December 2011) (NEP) (Provisional figures)									Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
KWH	54	67	78	53	28	11	23	11	3	328
PMH	108	101	109	87	74	27	9	16	37	568
PWH	121	151	111	85	45	16	9	4	2	544
PYN	171	182	180	177	196	122	75	28	48	1 179
QEH	163	161	173	129	160	140	78	40	19	1 063
QMH	56	83	107	107	115	94	65	55	50	732
TMH	127	107	87	57	25	12	10	5	2	432
UCH	160	198	161	193	177	148	117	41	6	1 201

Abbreviations

KWH – Kwong Wah Hospital
PMH – Princess Margaret Hospital
PWH – Prince of Wales Hospital
PYN – Pamela Youde Netherosole Eastern Hospital
QEH – Queen Elizabeth Hospital
QMH – Queen Mary Hospital
TMH – Tuen Mun Hospital
UCH – United Christian Hospital

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)124

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2701

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration provide details on the number of staff (a breakdown by professionals, if any), the number of attendances and the expenditure for the psychogeriatric and child psychiatric services by clusters in the revised estimate for 2011-12 and the estimate for 2012-13?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

As at 31 December 2011, there were 334 psychiatrists, 2 075 psychiatric nurses (including 120 community psychiatric nurses), 54 clinical psychologists and 189 occupational therapists in the Hospital Authority (HA) providing various services to psychiatric patients, including psychogeriatric outreach services and child psychiatric services. HA has no further breakdown on the manpower for these two services.

The table below sets out the psychogeriatric and child psychiatric specialist outpatient attendances for each hospital cluster in 2011-12. The estimated attendances for 2012-13 are not available.

Cluster	**Psychogeriatric Specialist Outpatient Attendances in 2011-12 (up to 31 December 2011)**	**Child & Adolescent Psychiatric Specialist Outpatient Attendances in 2011-12 (up to 31 December 2011)**
Hong Kong East	2 090	7 647 (Note 1)
Hong Kong West	4 740	
Kowloon Central	9 958	13 978 (Note 2)
Kowloon West	7 124	
Kowloon East	13 448	4 545
New Territories East	14 651	8 344
New Territories West	10 036	12 509
Total	**62 047**	**47 023**

Note 1: The majority of the Child and Adolescent patients in the Hong Kong East Cluster is supported by the Child and Adolescent Psychiatric Specialist Team of the Hong Kong West Cluster.

Note 2: The majority of the Child and Adolescent patients in Kowloon Central Cluster is supported by the Child and Adolescent Psychiatric Specialist Team of the Kowloon West Cluster.

The total costs incurred by HA for the provision of psychiatric services are estimated at $3,525 million in 2011-12 (revised estimate) and $3,732 million in 2012-13 (estimate). HA does not have further breakdown of the costs of psychogeriatric and child psychiatric services.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)125

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2702

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration provide details on the number of staff (a breakdown by professionals, if any), the number of attendances and the expenditure for the psychiatric clinics by clusters in the revised estimate for 2011-12 and the estimate for 2012-13?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

As at 31 December 2011, there were 334 psychiatrists, 2 075 psychiatric nurses (including 120 community psychiatric nurses), 54 clinical psychologists and 189 occupational therapists in the Hospital Authority (HA) providing various services to psychiatric patients, including psychiatric specialist out-patient services.

The table below sets out the psychiatric specialist outpatient attendances and the costs of the psychiatric specialist outpatient services of each hospital cluster in 2011-12. The estimated attendances and costs for 2012-13 are not available.

Cluster	**Psychiatric Specialist Outpatient Attendances in 2011-12**	**Psychiatric Specialist Outpatient Service Costs 2011-12 (Revised estimate) ($ million)**
Hong Kong East	57 424	75
Hong Kong West	41 515	76
Kowloon Central	51 233	69
Kowloon East	66 856	101
Kowloon West	155 868	245
New Territories East	88 352	142
New Territories West	100 152	162
Total	**561 400**	**870**

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)126

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2703

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration provide details on the number of staff (a breakdown by professionals, if any), the number of attendances and the expenditure for the "Early Assessment Service for Young Persons with Psychoses (EASY)" by clusters in the revised estimates for 2010-11 and 2011-12 as well as the estimate for 2012-13?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Hospital Authority (HA) has implemented the Early Assessment Service for Young People with Early Psychosis (EASY) Programme since 2001. The Programme originally targeted at young patients between 15 and 25 years of age with first episode psychosis. The specialized teams (including Psychiatrists, Psychiatric Nurses, Clinical Psychologists, Occupational Therapists and Social Workers) under the EASY Programme offer one-stop, phase specific and ongoing intensive support for the target patients for the first two critical years of their illness. In 2010-11, 605 patients benefited from this Programme. In 2011-12, HA has expanded the Programme to include adult patients (up to 64 years old) and extended the duration of intensive care to the first three critical years of illness. The estimated additional recurrent expenditure is $30 million which will benefit about 600 additional patients in 2011-12; and it is estimated that an addition of around 40 nurses and allied health professionals will be recruited for this Programme. The recurrent expenditure and staffing level will remain in 2012-13.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)127

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2705

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the services provided by Tin Shui Wai Hospital and their implementation timetables, including the estimated expenditures for medical manpower, hospital beds and facilities involved.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Upon completion, the new Tin Shui Wai Hospital (TSWH) will provide in-patient services with around 260 beds for emergency medicine, rehabilitation, convalescent and palliative care; ambulatory and community care services including accident and emergency services and specialist out-patient services; and diagnostic and ancillary services including radiology and pathology services. The preliminary project cost estimate is about $2.9 billion.

It is projected that the new TSWH will require 1 000 staff comprising doctors, nurses, allied health staff and other supporting staff upon its full commissioning. About 500 to 600 staff will be required at the TSWH when it commences operation. The New Territories West Cluster (NTWC) will recruit additional staff as well as deploy existing staff from other hospitals in the NTWC to operate the new beds and run the new services in TSWH. As the construction works for the TSWH project will be completed by 2016, it is premature to work out the estimated expenditure for medical manpower.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)128

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2706

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide details on the establishment of "multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong" mentioned in this year's budget and the estimated expenditure involved.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Government announced the initiative to explore the establishment of multi-partite centres of excellence in the specialty of paediatrics and neuroscience in the 2007-08 Policy Address. By locating clinical services, medical research and professional training in one place, and concentrating expertise, advanced technology and cases of complex illnesses, a medical centre of excellence aims to facilitate cross-fertilization, enhance professional standards, provide valuable training opportunities, and provide enhanced tertiary and specialized medical services to the public.

The Steering Committees for the two centres of excellence, set up since 2008 under the Food and Health Bureau (FHB) to advise the Government on the scope of services, the operational model and the physical infrastructure of the two centres, with membership comprising public and private medical professionals, academics and patients' groups, have agreed that the two centres will be built at Kai Tak. Sites have been identified in the Kai Tak development area for this purpose.

The Centre of Excellence in Paediatrics (CEP) is at a more advanced stage of planning. We will brief the Panel on Health Services on the CEP project in March 2012. On the advice of the Steering Committee, FHB together with the Hospital Authority have formulated the blueprints for the establishment of the CEP, including its scale, scope of services and facilities, and sub-specialties to be set up in the CEP, and the Architectural Services Department has completed its physical conceptual design. The CEP will be constructed through a "Design and Build" model. The Administration plans to invite tender in Q2 2012.

Based on the current scope of works and conceptual design, the preliminary project cost is estimated to be about $9.7 billion at September 2011 prices. We plan to seek funding approval from the Finance Committee in 2013 after tendering process completed with the actual construction cost returned by tendering. Subject to funding approval, we plan to commence construction works of the CEP in 2013 with a target date for completion by 2017. The detailed operational arrangements of the CEP including provision of its clinical services, research and training services and the associated resources and manpower requirements will be worked out in parallel, based on the plan to commission services at the CEP by phases.

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 the proposed project. Similarly, we will brief the Panel on Health Services on CEN and seek the approval of the Finance Committee for funding when we have worked out these details.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)129

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1255

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The provision under Programme (2) for 2012-13 is $2,586.3 million (6.7%) higher than the revised estimate for 2011-12. The Administration has explained that the increase is due to the additional provision to meet increasing demand for hospital services and to implement other measures, such as, (1) introducing additional drugs and expansion of use of drugs in the Hospital Authority Drug Formulary, (2) strengthening mental health services, (3) enhancing neonatal intensive care services and (4) chronic disease services. In this connection, will the Administration provide the following information :

(a) Set out the respective provisions for the four measures mentioned above and the details of the measures to be implemented in the year.

(b) Concerning measure (1) above, it has been pointed out by some doctors and patients that the general drugs used by hospitals under the Hospital Authority (HA) are very limited in scope and tend to be low-price drugs, some of which may lead to side effects in case of long term consumption. So in addition to expansion of use of drugs in the Hospital Authority Drug Formulary, will the HA increase provision for purchasing general drugs, such as drugs for blood pressure and mental health problems, that are of better quality and with fewer possible side effects?

Asked by: Hon. FANG Kang, Vincent

Reply:

(a)

The respective provisions and details of the measures for the four measures are set out in (1) to (4) below:

(1) Hospital Authority (HA) Drug Formulary

The Government has earmarked an additional recurrent funding of $230 million to the Hospital Authority (HA) for the introduction of three new drugs as Special Drugs in the HA Drug Formulary and the expansion of the clinical application of nine therapeutic groups of drugs in 2012-13. The initiative will be implemented starting from the second quarter of 2012.

(2) Mental Health Services

HA will implement the following programmes to strengthen mental health services in 2012-13:

Since April 2010, HA has launched a Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalized support for patients with severe

mental illness. In 2011-12, the Programme has been extended to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to support more patients. In 2012-13, this Case Management Programme will be further extended to four more districts (Kowloon City, Southern, Central & Western and Islands). It is estimated that an addition of about 40 case managers including nurses and allied health professionals will be recruited to provide community support for about 1 900 more patients. The additional recurrent expenditure is estimated at $ 26.9 million.

For patients experiencing acute psychiatric crisis, psychiatric in-patient care is essential to facilitate their symptom control, behavioural management as well as early recovery. To facilitate early discharge and better community re-integration, HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters including the enhancement of nursing and allied health professionals. It is estimated that 29 nurses, six occupational therapists and seven clinical psychiatrists will be required to provide the services. The additional recurrent expenditure is estimated at around $ 27.4 million.

(3) Neonatal Intensive Care (NICU) Services

In 2012-13, HA will strengthen its NICU services by opening an additional 11 NICU beds, including five beds in Kwong Wah Hospital, two beds in Queen Elizabeth Hospital, two beds in Pamela Youde Nethersole Eastern Hospital, one bed in Prince of Wales Hospital and one bed in Tuen Mun Hospital. With the increase of NICU beds, an additional 1 364 neonatal intensive care inpatient bed days will be available in 2012-13. It is estimated that an additional eight doctors, 40 nurses and 11 supporting staff will be required for the opening of the NICU beds in 2012-13. The estimated cost involved for the opening of additional NICU beds in 2012-13 is $52.8 million, including $9.8 million one-off capital cost.

(4) Chronic Disease Management

HA has been implementing various initiatives to enhance chronic disease management since 2008-09, including the Risk Factor Assessment and Management Programme, the Patient Empowerment Programme, the Nurse and Allied Health Clinics, the General Out-patient Clinic Public-Private Partnership Programme, the Shared Care Programme and smoking cessation service. For 2012-13, an additional recurrent funding of $191.36 million has been allocated for implementing the chronic disease management programmes. The latest positions of these programmes are as follows:

Programme	Implementation schedule
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general out-patient clinics (GOPCs) and specialist out-patient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-2010 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organizations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 32 000 patients are expected to benefit from the programme by 2012-13.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in designated GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are expected annually starting from 2012-13.

Programme	Implementation schedule
General Out-patient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public general out-patient services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at February 2012, over 1 600 patients have enrolled in the programme.
Shared Care Programme To partially subsidize diabetes mellitus patients currently under the care of the public healthcare system to have their conditions followed up by private doctors.	Launched in New Territories East Cluster in March 2010 and extended to Hong Kong East Cluster in September 2010. As at February 2012, over 300 patients have enrolled in the programme.
Smoking cessation To provide smoking cessation service to chronic disease patients who are smokers, with focus on improving disease management and complication prevention through smoking cessation interventions.	Launched in 2011-12 and will be extended to all seven clusters in 2012-13. Over 9 000 patients are expected to benefit from the programme by 2012-13.

(b)

Currently, the HA Drug Formulary includes drugs for treatment of various diseases. The HA has an established mechanism in place on the procurement of pharmaceutical products which complies with the requirements of the World Health Organisation (WHO) and the World Trade Organisation (WTO). All products of the suppliers must comply with all quality requirements, including pharmaceutical product registration with the Department of Health, accreditation of Good Manufacturing Practice of the manufacturing site, detailed product specific information, as well as the bioequivalence data of generic drugs in comparison with the proprietary drugs to prove the generic drugs' efficacy, before the submitted tender will be considered. In other words, the prices of drugs will only be considered after it has been ascertained that the quality of the products is satisfactory in order to protect the safety of patients. This mechanism ensures that the efficacy of drugs selected and procured by HA from the market is guaranteed.

Besides, HA has a mechanism in place with the support of 21 specialty panels to regularly appraise new drugs and review the drug list 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 and taking into account various factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost and views of professionals and patient groups. Side effects of the drugs is one of the considerations under drug safety. HA will keep in view the latest scientific and clinical evidence of drugs and enhance the HA Drug Formulary as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)130

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1256

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The provision under Programme (2) for 2012-13 is $2,586.3 million (6.7%) higher than the revised estimate for 2011-12. The Administration has explained that the increase is due to the additional provision to meet increasing demand for hospital services and to implement other measures, such as, (1) introducing additional drugs and expansion of use of drugs in the Hospital Authority Drug Formulary, (2) strengthening mental health services, (3) enhancing neonatal intensive care services and (4) chronic disease services. In this connection, will the Administration provide the following information:

(a) While the Administration has indicated the intention to strengthen mental health services, it is revealed on page 423 of the Estimates that the numbers of hospital beds and psychiatric day places for the mentally ill in 2012-13 are identical to those of 2011-12; and the estimated length of stay (days) and bed occupancy rate in 2012-13 are both lower than those of 2011-12. Why is it so? What are the details of the initiative for strengthening mental health services? What are the cost and manpower required?

(b) What are the numbers of mental patients on record in the government and the private healthcare systems, if any in the latter, in the past three years? What is the regional distribution of those using public mental health services? What are the amounts spent by HA on purchasing mental drugs in the past three years? What is the estimated provision for purchasing mental drugs in 2012-13?

(c) Does the Government have any concrete plans for building additional mental hospitals, or reconstructing existing mental hospitals, or enhancing the facilities of existing mental hospitals with a view to providing more advanced therapeutic and rehabilitative services for the mental patients?

Asked by: Hon. FANG Kang, Vincent

Reply:

(a)

It is the international trend to gradually focus on community and ambulatory services in the treatment of mental illness, and to allow the early discharge of mental patients when their conditions are stablised for treatment in the community. The Government has been strengthening its community psychiatric services in line with this direction to allow more patients who are suitable for discharge to receive treatment in the community, thereby enhancing their prospect of early reintegration in the community. As a result of the decreasing demand for in-patient services in recent years, there was a consequential drop in the number of patient bed days and reduction of average length of in-patient stay and HA has no plan to increase the number of hospital beds for mentally ill patients in 2012-13.

In 2012-13, HA will extend the Case Management Programme, which is currently implemented in eight districts, to four more districts (Kowloon City, Southern, Central & Western and Islands) to provide

intensive, continuous and personalized support for patients with severe mental illness. It is estimated that an addition of about 40 case managers including nurses and allied health professionals will be recruited to provide community support for about 1 900 more patients. The additional recurrent expenditure is estimated at $26.9 million.

(b)

The table below sets out the number of psychiatric patients treated under psychiatric services in HA by cluster for the past three years. Relevant figures in respect of private healthcare system are not available.

Cluster	**2009-10**	**2010-11**	**2011-12 (as at 31 December 2011)**
Hong Kong East	17 566	18 944	19 716
Hong Kong West	11 155	12 148	12 371
Kowloon Central	11 185	11 515	11 939
Kowloon East	22 652	24 436	26 052
Kowloon West	46 066	48 756	51 098
New Territories East	29 295	31 364	32 617
New Territories West	27 034	28 627	29 946
Others	331	313	348
Total	**165 284**	**176 103**	**184 087**

The table below sets out the total drug consumption expenditure for psychiatric inpatients and outpatients in HA from 2009-10 to 2011-12. As the drug prescriptions for psychiatric patients are based on the patients' clinical conditions, HA is unable to project the relevant expenditure for 2012-13.

Types of patients	**2009-10 (actual) ($ million)**	**2010-11 (actual) ($ million)**	**2011-12 (projected as at 31 December 2011) ($ million)**
In-patients	45.1	47.3	52.4
Out-patients	264.6	287.7	315.3
Total	309.7	335.0	367.7

(c) In the light of the international trend to focus on community and ambulatory services in treating mental illness as mentioned in part (a) above, HA has no plan to increase the number of hospital beds or to establish new mental hospitals for mentally ill patients. In 2012-13, to facilitate early discharge and better community re-integration of psychiatric in-patients, HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters including the enhancement of nursing and allied health professionals. It is estimated that 29 nurses, six occupational therapists and seven clinical psychologists will be required to provide the services. The additional recurrent expenditure is estimated at around $27.4 million. HA will continue to review and monitor the service provision of its mental health services.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)131

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1257

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

After the delivery of the Budget Speech, the Secretary for Food and Health said publicly that with the proposed injection of $10 billion into the Samaritan Fund by the Government, he would like to invest the provision for capital accumulation, and relax the financial condition assessment of subsidy applicants. In this connection, please advise :

(a) For the provision of $10 billion, did the Bureau estimate the number of years the provision can be of use for the Fund's operation?

(b) The Secretary said publicly that he would like to invest the provision in the Exchange Fund for capital accumulation. Will the $10 billion be made the "investment seed", with only the return of investment allocated for subsidy applications? Or the whole amount opened for application by patients in need?

(c) Has the Bureau calculated the number of patients currently eligible for Fund applications, and the amount granted each year?

(d) In the past 3 years (from 2009-10 to 2011-12), how many applications were rejected by the Samaritan Fund? What were the reasons and the amount involved?

(e) Besides the proposed relaxation of the financial condition assessment of applicants, does the Government plan to relax other restrictions of the Fund, such as the inclusions and ceiling of subsidy applications?

Asked by: Hon. FANG Kang, Vincent

Reply:

(a) and (b)

The Financial Secretary has proposed in the 2012-13 Budget to inject $10 billion into the Samaritan Fund (SF) to sustain its operation and provide adequate provisions for subsidizing patients to purchase self-financed drug and non-drug items. It is estimated that the injection will provide adequate provisions for the operation in the next ten years or so. To make better use of public resources and to enhance the sustainability of the SF, a prudent investment approach is being considered with the aim of optimizing

investment returns and meeting operating cash flow requirements. The detailed financial arrangement and the projected cash flow to be injected to SF are being worked out.

(c) and (d):

The table below sets out the total number of applications approved and rejected; and the amount of subsidies granted by the SF in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011):

Year	Number of applications rejected	Number of applications approved	Amount of subsidies granted ($ million)
2009-10	32	4 736	170.1
2010-11	23	5 321	238.4
2011-12 (up to 31 December 2011)	11	4 052	190.5

The common reasons for rejection are applicants failing the means test and not meeting specific clinical criteria. Information on the amount of subsidies involved in rejected applications is not available.

(e)

For the SF enhancement programme, it is proposed that when calculating the total value of the applicant's disposable assets in the means test, a lump-sum deduction from the applicant's household disposable capital would be given, in addition to allowable deductions for the applicant's household gross income. The deductible is proposed to range from $193,000 to $636,000 depending on the applicant's household size. Furthermore, it is also proposed to simplify the tiers of patients' contribution ratio for drug expenses. Both measures will enable more patients to be benefited from the SF. The Hospital Authority (HA) has an established mechanism to regularly evaluate new drugs and review the drugs in the Drug Formulary. Recommendations for coverage of additional drugs will be submitted to the Samaritan Fund Management Committee, which in turn will make recommendations to the Medical Services Development Committee under the HA Board for endorsement. HA will continue to review the scope of the SF in accordance with the existing mechanism.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)132

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0135

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 55 of the Budget Speech that "The Samaritan Fund assists patients in need …. To make better use of the Fund, I propose to provide allowances when calculating the total value of disposable assets in the means test. I also propose to simplify the tiers of patients' contribution ratio for drug expenses so that more people will benefit from the subsidy, and patients already receiving partial subsidies will have the burden of drug expenses further eased". In this connection, will the Administration inform this Committee of : (a) the specific contents of the allowances to be made; (b) the difference between the Fund and the Second Phase Programme of the Community Care Fund (CCF) Medical Assistance Programmes launched earlier on; and (c) the anticipated number of beneficiaries and estimated expenditure of the Fund?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

a) For the Samaritan Fund (SF) enhancement programme, it is proposed that when calculating the total value of the applicant's disposable assets in the means test, a lump-sum deduction from the applicant's household disposable capital would be given, in addition to allowable deductions for the applicant's household gross income. The deductible is proposed to range from $193,000 to $636,000 depending on the applicant's household size. Furthermore, it is also proposed to simplify the tiers of patients' contribution ratio for drug expenses. Both measures will enable more patients to be benefited from the SF.

b) The second phase of the Community Care Fund (CCF) Medical Assistance Programmes is to provide subsidy to Hospital Authority patients whose contribution ratio on drug costs exceeds 20% of their household annual disposable financial resources under the SF mechanism. The SF and the CCF Medical Assistance programmes will complement each other in providing financial subsidy to SF and CCF patients.

c) With the implementation of the SF enhancement measures, we estimate that about 2 300 patients will be benefitted. The SF expenditure on drug for 2011-12 is estimated to be between $160 million and $200 million. The annual SF expenditure on drug varies depending on various factors such as the number of applications received, changes in drug costs and review results of coverage of drugs by SF. The rate of increase for SF expenditure on drug in each of the past five years is in the range of 14% to 79%. The amount of estimated expenditures for 2012-13 is being worked out.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)133

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0136

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in *Matters Requiring Special Attention* that the Hospital Authority will "introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the Hospital Authority Drug Formulary". In this connection, will the Administration inform this Committee of : (a) the types and names of standard drugs to be introduced into the Hospital Authority Drug Formulary (will drugs such as Glivec, which is used for treatment of chronic myeloid leuknemia and gastrointestinal stromal tumour and demanded by many patient groups for years, be introduced as standard drugs in the future); (b) the implementation schedule and the estimated additional expenditure required for the drugs; and (c) whether the Drug Formulary system will be reformed by using drug necessity, according to the clinical assessments of the attending doctors, as the criteria for receiving allowance for drugs?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Government has earmarked additional recurrent funding of $230 million for the Hospital Authority (HA) to introduce three new drugs as Special Drugs in the HA Drug Formulary and expand the clinical applications of nine therapeutic groups of drugs in 2012-13. The initiative will be implemented starting from the second quarter of 2012.

The table below sets out the drug classes, drug names and estimated expenditure involved each year:

Drug Class	**Estimated Expenditure Involved ($ Million)**
(A) Incorporation of New Drugs into the HA Drug Formulary (Reposition from Safety Net to Special Drug)	
(i) Oxaliplatin for colon cancer	24
(ii) Interferon beta for multiple sclerosis	8
(B) Incorporation of New Drugs into the HA Drug Formulary (Reposition from Self-financed Item to Special Drug)	
(i) Gemcitabine for pancreatic and bladder cancer	5

Drug Class	Estimated Expenditure Involved ($ Million)
(C) Expansion of Clinical Applications of Existing Drugs in the HA Drug Formulary	
(i) Taxanes (including Docetaxel and Paclitaxel) for breast, head and neck, prostate and lung cancer	30
(ii) Drugs for epilepsy, depression, dementia and attention deficit hyperactivity disorder	49
(iii) Coagulation factors for haemophilia, iron oral chelating agents for adult thalassaemia, granulocyte-colony stimulating factor for neutropenia	50
(iv) Immunosuppressants for transplant	31
(v) Drugs for anaesthesia and sedation	9
(vi) Drugs for gastrointestinal diseases	2
(vii) Drugs for pulmonary arterial hypertension and glycoprotein IIb / IIIa inhibitor for coronary vascular diseases	15
(viii) Peritoneal dialysis fluid (glucose free preparation)	6
(ix) Drugs for growth hormone deficiency	1

Currently, Imatinib (Glivec) for treatment of chronic myeloid leukaemia, gastrointestinal stromal tumour and acute lymphoblastic leukaemia is a self-financed drug covered by the Samaritan Fund safety net. HA has an established mechanism with the support of 21 specialty panels to regularly evaluate new drugs and review the drugs in the Drug Formulary. The process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness of drugs and taking into account various factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost and views of professionals and patient groups. HA will keep in view the latest scientific and clinical evidence of drugs and enhance the Drug Formulary as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)134

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0137

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the paragraph 56 of the Budget Speech that "…. I propose to inject $10 billion into the Fund to provide adequate provisions for its operation in the next ten years or so. The injection will also give the Fund more headroom to increase the types of subsidized drugs in accordance with clinical protocols and scientific evidence, benefiting more people in need". In this connection, will the Administration inform this Committee of: (a) the list of subsidized drugs anticipated to be increased and the implementation schedule; and (b) the estimated additional expenditure required for the increase of subsidized drugs?

Asked by: Hon. Fung Kin-kee, Frederick

Reply:

(a) The Hospital Authority (HA) has an established mechanism with the support of 21 specialty panels to regularly evaluate new drugs and review the drugs in the Drug Formulary. The process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness of drugs and taking into account various factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost and views of professionals and patient groups. Recommendations for coverage of additional drugs will be submitted to the Samaritan Fund Management Committee, which in turn will make recommendations to the Medical Services Development Committee under the HA Board for endorsement.

There are currently 17 self-financed drugs covered by the Samaritan Fund (SF) safety net, mainly for treatment of oncology, rheumatology, gastroenterology and haematology diseases. The list of subsidized drugs to be introduced under SF in 2012-13 and the implementation schedule are being worked out.

(b) The SF expenditure on drug for 2011-12 is estimated to be between $160 million and $200 million. The annual SF expenditure on drug varies depending on various factors such as the number of applications received, changes in drug costs and review results of coverage of drugs by SF. The rate of increase for SF expenditure on drug in each of the past five years is in the range of 14% to 79%. The estimated additional expenditure for 2012-13 is being worked out.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)135

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0138

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Question:

It is mentioned in paragraph 54 of the Budget Speech that "….. On capital investment …. We shall also redevelop Queen Mary Hospital (QMH) and Kwong Wah Hospital (KWH) in the coming year. The redeveloped QMH will provide upgraded accident and emergency services and cardiology services. For KWH, redevelopment will involve revamping existing medical facilities, and strengthening the hospital's Chinese and Western medicines shared care services, including Chinese medicine in-patient service". In this connection, will the Administration inform this Committee of the specific redevelopment plans, the anticipated redevelopment timetable and the expenditure required for QMH and KWH respectively?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The redevelopment project at Queen Mary Hospital comprises the demolition of seven existing hospital buildings for the construction of three new blocks. Upon completion, there will be a new Heart and Cancer Centre Block housing clinical oncology services and all cardiac and cardiothoracic procedures and operation facilities, intensive care units (ICU) and wards; an Accident & Emergency (A&E) Block housing an upgraded A&E department with observation and emergency medicine wards and other operation and ICU facilities, and a block housing part of the reprovisioned services. In order to ensure that service provisions by the hospital are maintained throughout the period, the project will be implemented in phases comprising various stages of decanting, demolition, refurbishment and construction works. Subject to the funding approval of Finance Committee (FC), the planning, detailed design and construction of the whole project is estimated to take about 13 years for completion in 2025. The preliminary project cost estimate is about $6.9 billion.

The redevelopment of Kwong Wah Hospital comprises the demolition of all existing hospital buildings apart from the Tsui Tsin Tong Outpatient Building for the construction of a new complex. The new complex will accommodate inpatient wards, A&E department with observation and emergency medicine wards, ambulatory care centre, operating theatres, ICU, labour and delivery suites, and radio-diagnostic facilities. The current integrated Chinese Medicine (CM) and western medicine service will also be reprovisioned and enhanced in the new complex, together with a CM outpatient clinic and CM laboratory. In order to ensure that service provisions by the hospital are maintained throughout the period, the project will be implemented in phases comprising various stages of decanting, demolition, refurbishment and construction works. Subject to the funding approval of FC, the planning, detailed design and construction of the whole project is estimated to take about 10 years for completion in 2022. The preliminary project cost estimate is about $8.8 billion.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)136

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0139

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under *Matters Requiring Special Attention* that the Hospital Authority will "enhance neonatal intensive care services through opening of additional neonatal intensive care unit beds in five clusters". In this connection, will the Administration inform this Committee of : (a) the utilization of neonatal intensive care services over the past three years (including the number of referrals from private hospitals and the service utilization rate of newborns whose parents were non-Hong Kong residents, etc.); and (b) the estimated expenditure and manpower required for providing additional neonatal intensive care unit beds?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

(a)

The table below sets out the utilization of the Neonatal Intensive Care units (NICUs) of the Hospital Authority (HA) for the past three years.

	Year		
	2009-10	2010-11	2011-12 (up to 31 December 2011)
NICU bed occupancy rate	84%	100%	108%
Total number of neonates admitted into NICU	1 888	2 001	1 535
Number of neonates born outside HA and admitted into HA NICU	332	355	236

HA does not maintain statistics regarding the source of referral for neonates born outside HA and admitted into the HA NICUs. In addition, HA only has records on the status of NICU patients (i.e. whether they are eligible person or non-eligible person) but not the resident status of patients' parents. Hence information on service utilization of NICU by babies whose parents were non-Hong Kong residents is not available.

(b)

In 2012-13, HA will strengthen its NICU services by opening an additional 11 NICU beds, including five beds in Kwong Wah Hospital, two beds in Queen Elizabeth Hospital, two beds in Pamela Youde Nethersole Eastern Hospital, one bed in Prince of Wales Hospital and one bed in Tuen Mun Hospital. With the increase of NICU beds, an additional 1 364 neonatal intensive care inpatient bed days will be available in 2012-13. It is estimated that an additional eight doctors, 40 nurses and 11 supporting staff will be required for the opening of the NICU beds in 2012-13. The estimated cost involved for the opening of additional NICU beds in 2012-13 is $52.8 million, including $9.8 million one-off capital cost.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)137

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0140

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention that the Hospital Authority "will improve service to meet increasing demand arising from population growth and demographic changes through a number of initiatives, including opening of additional beds in the Kowloon East Cluster and the New Territories West Cluster". Will the Administration inform this Committee of :

(a) the details about the population growth and demographic changes;

(b) the details of the initiatives introduced by the Hospital Authority;

(c) the timetable for implementation of the initiatives and

(d) the additional expenditure and manpower involved.

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

(a)

The table below sets out the available projected population growth and demographic changes from 2011 to 2016 for overall Hong Kong, the Kowloon East Cluster (KEC) and the New Territories West Cluster (NTWC).

		2011	2016	Growth
KEC	Mid-year Population	990 100	1 050 900	60 800 (1.2% per annum)
	% aged 65 or above	13%	15%	-
NTWC	Mid-year Population	1 075 600	1 145 100	69 500 (1.3% per annum)
	% aged 65 or above	9%	12%	-
Overall Hong Kong	Mid-year Population	7 120 200	7 435 600	315 400 (0.9% per annum)
	% aged 65 or above	13%	16%	-

(b), (c) and (d)

In 2012-13, HA has earmarked an additional $41.5 million for NTWC to open additional 41 beds in the cluster, including 30 acute beds and 1 neonatal intensive care unit (NICU) bed in Tuen Mun Hospital, and 10 emergency medicine beds in Pok Oi Hospital. As for KEC, HA has earmarked an additional $33 million for opening of 40 additional acute beds in Tseung Kwan O Hospital. The NTWC and KEC will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower required is being worked out and is not yet available.

Apart from the above, HA will also implement the following major initiatives in 2012-13 across all clusters to meet increasing service demand:

(i) expansion of NICU services by opening an additional 11 NICU beds;

(ii) expansion of capacity of renal services including 27 additional hospital haemodialysis, 50 home haemodialysis and 45 automated peritoneal dialysis places;

(iii) enhancement of primary care through increasing around 300 000 attendances in General Out Patient Clinics and strengthening of chronic disease management to benefit additional 33 600 hypertensive patients;

(iv) enhancement of mental health services by extending the Case Management Programme for persons with severe mental illness to four more districts (Kowloon City, Southern, Central & Western and Islands) to benefit about 1 910 more patients with severe mental illness; and

(v) other initiatives such as enhancement of manpower, expansion of the HA Drug Formulary, augment of pharmacy service, etc.

HA has earmarked an additional $2.54 billion in 2012-13 to implement the above initiatives. To provide the necessary manpower for maintaining existing services and implementing the above initiatives, HA plans to recruit additional 27 doctors, 817 nurses and 300 allied health professionals in 2012-13.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)138

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0141

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee: (a) of the number of deliveries by Mainland mothers who sought emergency deliveries via the Accident and Emergency Departments for the past three years, and list the respective number of cases in which either or both parents are non-Hong Kong residents; (b) of the number of deliveries by Mainland mothers in public hospitals and the estimated expenditure involved for the past three years; and (c) if the Administration has assessed whether the existing fee levels can recover the costs.

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The table below sets out the number of deliveries by non-eligible persons (NEPs) (including Mainland pregnant women) in public hospitals under the Hospital Authority (HA), the deliveries by NEPs via the Accident & Emergency Departments (AED), and the NEPs who claimed that their husbands were Hong Kong residents, from 2009-10 to 2011-12 (up to 31 December 2011).

	(a) Number of deliveries by NEPs in public hospitals	(b) Number of deliveries by NEPs in (a) via AED	(c) NEPs in (b) who claimed that their husbands were Hong Kong residents[Note]
2009-10	9 803	657	227
2010-11	11 729	868	272
2011-12 (up to 31 December 2011)	7 179	1 430	369

Note: NEP patients are not obliged to disclose the resident status of their spouses when using HA service. The figures provided in the table are based on the information available to HA and are only indicative.

The total costs incurred by HA for the provision of obstetric services cover both the cost of services for eligible persons and NEPs (including Mainland pregnant women). 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. HA does not have the breakdown of cost of obstetric services incurred for NEPs.

The total costs incurred by HA for obstetric services for the past three years are set out in the table below:

Year	Total costs of obstetric services in HA ($ million)
2009-10	1,000
2010-11	1,071
2011-12 (Up to 31 December 2011)	922 (Estimated)

As a matter of principle, fees for medical services provided by the HA for NEPs are set at levels not lower than the full costs of the relevant services.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)139

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2678

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding mental health services, please provide the following information:

(a) A breakdown by government department and public body of annual expenditure on supporting mental patients and ex-mental patients over each of the past five years, with the rate of increase or decrease as compared with the previous financial year indicated;

(b) A breakdown by government department and public body of services provided to mental patients and ex-mental patients over the past five years, the expenditure and healthcare staff involved and the number of beneficiaries under each category.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a) The total expenditure on mental health services by the Hospital Authority (HA) and the related percentage growth in the past five years are set out in the table below:

	2007-08	**2008-09**	**2009-10**	**2010-11**	**2011-12 (revised estimate)**
Expenditure for mental health services ($ million)	2,667	2,830	2,903	3,006	3,525
Year-on-Year Percentage growth	5.1%	6.1%	2.6%	3.5%	17.3%

(b) HA delivers a range of mental health services, including inpatient, outpatient and community psychiatric services, using an integrated and multi-disciplinary approach involving psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers. The adoption of a multi-disciplinary team approach will allow flexible deployment of staff to cope with service needs and operational requirements. As at 31 December 2011, there were 334 psychiatrists, 2 075 psychiatric nurses (including 120 community psychiatric nurses) 54 clinical psychologists and 189 occupational therapists in HA providing various services to psychiatric patients, including psychogeriatric outreach services.

The table below sets out the expenditure, healthcare staff involved and the number of beneficiaries of new and additional mental health programmes implemented in the past four years (there was no new and additional mental health programmes implemented in 2007-08):

Programme	Description	Expenditure involved and manpower required
2008-09		
Post-discharge community support to frequent re-admitters	HA has set up community psychiatric support teams in Kowloon West and New Territories East Clusters to provide intensive care management to discharged psychiatric patients with frequent history of admission. About 8 000 psychiatric outreach attendances per year are provided under this programme.	$11 million Around 14 healthcare professionals
Psychiatric Consultation Liaison Service at Accident and Emergency Departments	HA has enhanced the Psychiatric Consultation Liaison Service at the Accident and Emergency Departments in Kowloon East and Kowloon Central Clusters to provide immediate intervention and support to patients presenting with mental health problems, hence reducing the need for hospital admissions. About 3 000 assessments / psychiatric consultations per year are provided under this programme.	$8 million Around 10 healthcare professionals
Psychogeriatric Outreach Service	HA has extended the Psychogeriatric Outreach Service to 50 private residential care homes for elderly (RCHEs) to provide 10 000 psychogeriatric outreach attendances per year.	$8 million Around 7 healthcare professionals
2009-10		
Recovery Support Programme for psychiatric patients in the community	HA has launched the Recovery Support Programme to support discharged patients with complex needs. About 14 000 psychiatric outreach attendances per year are provided under this programme.	$24 million Around 28 healthcare professionals
Triage Clinics	HA has set up Triage Clinics in five clusters (Hong Kong East, Kowloon East, Kowloon West, New Territories East and New Territories West Clusters) to provide timely assessment and treatment for patients with common mental disorders.	$7 million Around 5 healthcare professionals
Psychogeriatric Outreach Service	HA has extended the Psychogeriatric Outreach Service to 50 private RCHEs to provide 10 000 psychogeriatric outreach attendances per year.	$8 million Around 7 healthcare professionals
2010-11		
Community care of patients with severe mental illness	HA has launched a Case Management Programme for patients with severe mental illness in Kwai Tsing, Kwun Tong and Yuen Long districts to provide personalized intensive support to benefit about 5 000 patients in these districts.	$78 million 80-100 case managers (including psychiatric nurses and allied health professionals)
Enhance services for patients with common mental disorders	HA has enhanced the treatment for about 7 000 patients with common mental disorders by providing more timely treatment at psychiatric specialist outpatient clinics and introducing an Integrated Mental Health Programme (IMHP) in the primary care settings.	$31 million Around 30 doctors, nurses and allied professionals working in multi-disciplinary teams

Programme	Description	Expenditure involved and manpower required
2011-12		
Extension of the Case Management Programme	HA has extended the Case Management Programme to Eastern and Wanchai, Sham Shui Po, Shatin and Tuen Mun to benefit about 6 000 patients in these five districts in 2011-12.	$73 million 100-120 case managers (including psychiatric nurses and allied health professionals)
Extension of the Integrated Mental Health Programme (IMHP)	HA has expanded the IMHP programme to cover all clusters in 2011-12 to provide service to patients with mild mental illness in the community. As at 31 December 2011, over 6 100 patients benefited from the programme.	$20 million Around 20 doctors, nurses and allied professionals working in multi-disciplinary teams
Expansion of the Early Assessment of Detection of Young Persons with Psychosis (EASY) programme	HA has further expanded the EASY programme to include adult patients to benefit about 600 additional patients.	$30 million Around 43 nurses and allied health professionals
Extension of Psychogeriatric Outreach Service	HA has extended the psychogeriatric outreach service for medium and large-sized RCHEs to cover about 80 more RCHEs.	$ 13 million Around 14 doctors and nurses
Enhancement of Child and Adolescent Mental Health Service	HA has expanded 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 to benefit about an additional 3 000 children each year.	$45 million Around 48 doctors, nurses and allied health professionals working in multi-disciplinary teams
Setting up of Crisis Intervention Teams	HA has set up Crisis Intervention Teams in all seven clusters to provide intensive case management to very high risk patients, and prompt service for these patients when urgent attention under crisis situations is required to benefit about 1 000 patients.	$35 million Around 48 doctors and nurses

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)140

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2679

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding changes in mental health services over the past five years, please provide the following information:

(a) A breakdown by government department and public body of additional services provided to mental patients and ex-mental patients over the past five years, the expenditure and healthcare staff involved and the number of beneficiaries under each category;

(b) A breakdown by government department and public body of the decrease in services for mental patients over the past five years, the resultant savings in expenditure and manpower in each category and the change in the number of people receiving the services.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a) The table below sets out the expenditure, healthcare staff involved and the number of beneficiaries of new and additional mental health programmes implemented in the past four years (there was no new and additional mental health programmes implemented in 2007-08):

Programme	Description	Expenditure involved and manpower required
2008-09		
Post-discharge community support to frequent re-admitters	HA has set up community psychiatric support teams in Kowloon West and New Territories East Clusters to provide intensive care management to discharged psychiatric patients with frequent history of admission. About 8 000 psychiatric outreach attendances per year are provided under this programme.	$11 million Around 14 healthcare professionals
Psychiatric Consultation Liaison Service at Accident and Emergency Departments	HA has enhanced the Psychiatric Consultation Liaison Service at the Accident and Emergency Departments in Kowloon East and Kowloon Central Clusters to provide immediate intervention and support to patients presenting with mental health problems, hence reducing the need for hospital admissions. About 3 000 assessments / psychiatric consultations per year are provided under this programme.	$8 million Around 10 healthcare professionals

Programme	Description	Expenditure involved and manpower required
Psychogeriatric Outreach Service	HA has extended the Psychogeriatric Outreach Service to 50 private residential care homes for elderly (RCHEs) to provide 10 000 psychogeriatric outreach attendances per year.	$8 million Around 7 healthcare professionals
2009-10		
Recovery Support Programme for psychiatric patients in the community	HA has launched the Recovery Support Programme to support discharged patients with complex needs. About 14 000 psychiatric outreach attendances per year are provided under this programme.	$24 million Around 28 healthcare professionals
Triage Clinics	HA has set up Triage Clinics in five clusters (Hong Kong East, Kowloon East, Kowloon West, New Territories East and New Territories West Clusters) to provide timely assessment and treatment for patients with common mental disorders.	$7 million Around 5 healthcare professionals
Psychogeriatric Outreach Service	HA has extended the Psychogeriatric Outreach Service to 50 private RCHEs to provide 10 000 psychogeriatric outreach attendances per year.	$8 million Around 7 healthcare professionals
2010-11		
Community care of patients with severe mental illness	HA has launched a Case Management Programme for patients with severe mental illness in Kwai Tsing, Kwun Tong and Yuen Long districts to provide personalized intensive support to benefit about 5 000 patients in these districts.	$78 million 80-100 case managers (including psychiatric nurses and allied health professionals)
Enhance services for patients with common mental disorders	HA has enhanced the treatment for about 7 000 patients with common mental disorders by providing more timely treatment at psychiatric specialist outpatient clinics and introducing an Integrated Mental Health Programme (IMHP) in the primary care settings.	$31 million Around 30 doctors, nurses and allied professionals working in multi-disciplinary teams
2011-12		
Extension of the Case Management Programme	HA has extended the Case Management Programme to Eastern and Wanchai, Sham Shui Po, Shatin and Tuen Mun to benefit about 6 000 patients in these five districts in 2011-12.	$73 million 100-120 case managers (including psychiatric nurses and allied health professionals)
Extension of the Integrated Mental Health Programme (IMHP)	HA has expanded the IMHP programme to cover all clusters in 2011-12 to provide service to patients with mild mental illness in the community. As at 31 December 2011, over 6 100 patients benefited from the programme.	$20 million Around 20 doctors, nurses and allied professionals working in multi-disciplinary teams

Programme	Description	Expenditure involved and manpower required
Expansion of the Early Assessment of Detection of Young Persons with Psychosis (EASY) programme	HA has further expanded the EASY programme to include adult patients to benefit about 600 additional patients.	$30 million Around 43 nurses and allied health professionals
Extension of Psychogeriatric Outreach Service	HA has extended the psychogeriatric outreach service for medium and large-sized RCHEs to cover about 80 more RCHEs.	$ 13 million Around 14 doctors and nurses
Enhancement of Child and Adolescent Mental Health Service	HA has expanded 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 to benefit about an additional 3 000 children each year.	$45 million Around 48 doctors, nurses and allied health professionals working in multi-disciplinary teams
Setting up of Crisis Intervention Teams	HA has set up Crisis Intervention Teams in all seven clusters to provide intensive case management to very high risk patients, and prompt service for these patients when urgent attention under crisis situations is required to benefit about 1 000 patients.	$35 million Around 48 doctors and nurses

(b) The Government has been increasing the expenditure on mental health services in the past five years for the continuation and enhancement of services set out in part (a). The total expenditure on mental health services by HA in the past five years are set out in the table below:

	2007-08	2008-09	2009-10	2010-11	2011-12 (revised estimate)
Expenditure for mental health services ($ million)	2,667	2,830	2,903	3,006	3,525

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)141

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2680

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In paragraph 174 of the Budget Speech, the Financial Secretary states that the coverage of Case Management Programme will be extended to four more districts, and care for hospitalized mental patients will be enhanced by providing multi-disciplinary treatment. Please provide the following information :

(a) Please list out the expenditure, staff establishment, and the number of patients benefitted/to be benefitted under the Case Management Programme for mental illness by district for 2010-11 and 2011-12.

(b) Please provide information on the manpower to be recruited and the manpower shortage of the respective ranks involved in the Case Management Programme for mental illness in 2011-12.

(c) In 2012-13, what is the estimate and estimated staff establishment? What is the estimated number of patients to be served? Is there any increase or decrease in the number of staff of the ranks involved?

(d) To which four districts will the Case Management Programme be extended? What is the estimated expenditure? How many additional case managers are to be recruited?

(e) When will case managers be provided in all the 18 districts across the territory?

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a) & (c) & (d)

The table below sets out the expenditure, number of case managers and the number of patients covered or to be covered under the Case Management Programme of the Hospital Authority (HA) in 2010-11, 2011-12 and 2012-13.

Year	District involved	Estimated expenditure involved	Manpower required	No. of patients covered/to be covered
2010-11	1. Kwai Tsing 2. Kwun Tong 3. Yuen Long	$78 million	80-100 case managers (including psychiatric nurses and allied health professionals)	5 000
2011-12	1. Eastern 2. Wan Chai 3. Sham Shui Po 4. Shatin 5. Tuen Mun	$73 million	100-120 case managers (including psychiatric nurses and allied health professionals)	6 000
2012-13	1. Kowloon city 2. Southern 3. Central & Western 4. Islands	$27 million	About 40 case managers (including psychiatric nurses and allied health professionals)	1 900

(b) Existing case managers working under the Case Management Programme comprises psychiatric nurses, occupational therapists and social workers. As at 31 December 2011, a total of 138 case managers have been recruited.

(e) The projected service demand of the Case Management Programme is affected by a number of factors including population growth, demographic changes, changes in health services utilisation patterns and service delivery models. HA will continue to monitor the provision of its mental health services and review the Case Management Programme in order to set out the future plans of the extension of the Programme.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)142

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2681

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 mental health services of the Hospital Authority (HA), please provide the following information:

(a) Has HA formulated any staffing plans or set a manning ratio for psychiatric outpatient services, hospital beds, other psychiatric treatments and rehabilitation? If so, please advise on the establishment for each service, the total numbers of psychiatrists and nurses required respectively, the existing numbers of psychiatrists and nursing staff, and the numbers of psychiatrists and nurses in shortage. If not, how does HA project its manpower, and estimate the number of psychiatric healthcare professionals needed and in shortage in various ranks, the number of staff to recruit and the relevant expenses?

(b) How does the Administration evaluate the need for psychiatric beds in order to access whether the existing provision is sufficient, or have to increase or decrease the number of psychiatric beds?

(c) How is the training of psychiatrists and nurses? How many psychiatric specialists and nurses were trained each year in the past 3 years, and how many have left public hospitals? What are the numbers of training places for psychiatric specialists and nurses in 2012-13?

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a) As at 31 December 2011, there were 334 psychiatrists, 2 075 psychiatric nurses (including 120 community psychiatric nurses), 54 clinical psychologists and 189 occupational therapists in the Hospital Authority (HA) providing various services to psychiatric patients. HA delivers a range of mental health service, including inpatient, outpatient and community psychiatric services, using an integrated and multi-disciplinary approach involving psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers. The adoption of a multi-disciplinary team approach will allow flexible deployment of staff to cope with service needs and operational requirements. In assessing its manpower requirements, HA takes into account the service needs, models of care and availability of healthcare professionals, including the number of anticipated graduates from the tertiary institutions in Hong Kong. HA will continue to monitor the manpower situation and make appropriate arrangements in manpower planning and deployment to meet service needs.

(b) It is the international trend to gradually focus on community and ambulatory services in the treatment of mental illness, and to allow the early discharge of mental patients when their conditions are stablised for treatment in the community. The Government has been strengthening its community psychiatric

services in line with this direction in an effort to allow more patients who are suitable for discharge to receive treatment in the community, so that they can re-integrate into the community and start a new life as early as possible. As a result of the decreasing demand for in-patient services in recent years as reflected in the consequential drop in number of patient bed days and reduction of average length of in-patient stay, HA has no plan to increase the number of hospital beds for mentally ill patients in 2012-13. HA will continue to monitor the trend of utilization of psychiatric in-patient bed and implement suitable measures to ensure that its services can meet the patients' needs.

(c) The table below sets out the number of psychiatric specialist trainees and psychiatric nurse graduates with training provided or supported by the HA in the past three years.

Year	**Healthcare professional trained by HA**	
	Psychiatric specialist trainees	**Psychiatric nurses**
2009-10	29	24
2010-11	21	29
2011-12 (as at 31 December 2011)	22	74

In 2012-13, the projected number of psychiatric nurse graduates with training provided and supported by HA is 99. HA is unable to project the number of psychiatric specialist trainees with training provided and supported by HA as the number varies according to the applications received and applications for specialist training in 2012-13 has not commenced.

The table below sets out the turnover of psychiatrists and psychiatric nurses under HA in the past three years.

Year	**Turnover number (note 1)**	
	Psychiatrist	**Psychiatric nurse (note 2)**
2009-10	6	42
2010-11	18	65
2011-12 (as at 31 December 2011)	8	51

Notes

1. Turnover includes all types of cessation of service from the HA for permanent and contract staff on headcount basis, but does not include Hospital Authority Head Office staff
2. Figures refer to turnover of nurses in psychiatric stream including community psychiatric nurses

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)143

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2682

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated in the Budget Speech "to inject $10 billion into the Fund to provide adequate provisions for its operation in the next ten years or so. The injection will also give the Fund more headroom to increase the types of subsidized drugs in accordance with clinical protocols and scientific evidence, benefiting more people in need". In this respect, please provide the following information :

(a) Does the Government have any plans to increase the types of subsidized drugs? If so, please list the names and targeted illnesses of the new drugs under the plan, the category that these drugs are currently classified for subsidy, the category that these drugs will be classified for subsidy after increasing the types of subsidized drugs, the estimated number of patients to be benefitted and the additional expenditure involved in each of these drugs to the Hospital Authority (HA) after expansion of the Drug Formulary. If not, when will there be any decision;

(b) Please list the names of drugs for treating cancer that financial assistance is currently available under the Samaritan Fund and the targeted types of cancer. Please provide a breakdown by drug of the number of patients receiving financial assistance from the Samaritan Fund in 2011-12 and the amount of subsidy granted, as well as the amount paid by patients or their families as part of the drug costs.

(c) Please list the names of all the drugs for treating cancer that HA patients currently have to purchase at their own expense and the targeted types of cancer. Which drugs have to be purchased by patients purely for economic reasons? Please provide a breakdown of people who died of cancer in 2011-12? What is the percentage of patients who have purchased self-financed cancer drugs? Please provide a breakdown by drug of the number of patients who need to purchase these drugs at their own expense in 2011-12, the estimated amount that each patient have to pay each month, and the estimated additional expenditure required annually for HA to purchase these drugs if they are provided as subsidized drugs by HA.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a) The Hospital Authority (HA) has an established mechanism with the support of 21 specialty panels to regularly evaluate new drugs and review the drugs in the Drug Formulary. The process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness of drugs and taking into account various factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost and views of professionals and patient groups. Recommendations for coverage of additional drugs will be

submitted to the Samaritan Fund Management Committee, which in turn will make recommendations to the Medical Services Development Committee under the HA Board for endorsement.

There are currently 17 self-financed drugs covered by the Samaritan Fund (SF) safety net, mainly for treatment of oncology, rheumatology, gastroenterology and haematology diseases. The list of subsidized drugs to be introduced in 2012-13 and subsequent years, the anticipated number of beneficiaries and expenditure involved are being worked out.

(b) The table below sets out the names of cancer drugs, indications covered by the SF, the number of applications approved, the amount of subsidies granted and the amount of patients' contribution in 2011-12 (up to 31 December 2011).

Cancer Drugs and Indications	**2011-12 (Up to 31 December 2011)**		
	Number of applications approved	**Amount of subsidy granted ($ million)**	**Amount of patients' contribution ($ million)**
1. Bortezomib for multiple myeloma	30	4.07	0.40
2. Cetuximab for initial treatment of locally advanced squamous cell carcinoma of head and neck	17	1.34	0.01
3. Dasatinib for Imatinib resistant chronic myeloid leukaemia	21	5.23	0.23
4. Imatinib			
a) for acute lymphoblastic leukaemia	7	0.72	0.91
b) for chronic myeloid leukaemia	158	24.35	2.09
c) for gastrointestinal stromal tumour	79	10.39	1.24
5. Nilotinib for Imatinib resistant chronic myeloid leukaemia	35	8.65	0.57
6. Oxaliplatin for adjuvant resected colon cancer	58	1.15	0.12
7. Pemetrexed for malignant pleural mesothelioma	2	0.16	0.00
8. Rituximab			
a) for malignant lymphoma	119	8.79	2.63
b) for maintenance therapy for relapsed follicular lymphoma	5	0.22	0.04

Cancer Drugs and Indications	2011-12 (Up to 31 December 2011)		
	Number of applications approved	Amount of subsidy granted ($ million)	Amount of patients' contribution ($ million)
9. Trastuzumab a) for HER2 overexpressed metastatic breast cancer	60	4.23	0.67
b) for HER2 positive early breast cancer	148	21.66	6.21
10. Erlotinib for Second-line treatment for patients with activating EGFR mutation +ve non-small cell lung cancer	12	1.82	0.03
11. Gefitinib for Second-line treatment for patients with activating EGFR mutation +ve non-small cell lung cancer	20	2.85	0.16
12. Temozolomide for Concurrent Chemoradiotherapy for Glioblastoma Multiforme (+ve methylated MGMT)	6	0.30	0.18
Total	777	95.93	15.49

(c) The list of oncology drugs which patients purchased as self-financed item (SFI) through HA, the respective cancer treatments, number of patients involved and estimated average monthly drug expenditure per patient in 2011-12 (up to 31 December 2011) are shown in the table below. These drugs are of preliminary medical evidence or marginal benefits over available alternatives but are at significantly higher costs.

SFI Cancer Drug Name	Therapeutic use	2011-12 (Up to 31 December 2011)	
		Number of patients who purchased self financed drugs through HA	Estimated average monthly drug expenditure per patient (HK$)
1. Azacitidine	Treatment for leukemia	10	18,333
2. Bevacizumab	Treatment for colorectal cancer	251	5,688
3. Bicalutamide	Treatment for prostate cancer	212	964
4. Estramustine	Treatment for prostate cancer	0	0

SFI Cancer Drug Name	Therapeutic use	2011-12 (Up to 31 December 2011)	
		Number of patients who purchased self financed drugs through HA	Estimated average monthly drug expenditure per patient (HK$)
5. Gemcitabine	Treatment for breast, lung, pancreas, ovarian, bladder cancer	689	611
6. Sorafenib	Treatment for liver cancer	275	5,863
7. Topotecan	Treatment for lung and ovarian cancer	43	878
8. Everolimus	Treatment for renal cancer	42	8,360
9. Lenalidomide	Treatment for multiple myeloma	46	7,053

The funding requirement for HA to subsidize patients to use all of the above self-financed cancer drugs cannot be predicted as, among other things, the prevalence data of these diseases are not available and the potential impact on diverting patients from the private to the public system cannot be estimated. Besides, new drugs may be available for these disease treatments and their impacts on the usage of present treatment are unknown.

Since the 2011-12 registered death figures for cancer is not available, the percentage of patients who have purchased the above-mentioned cancer drugs cannot be provided.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)144

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2684

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2012-13, the Hospital Authority will improve service to meet increasing demand arising from population growth and demographic changes through a number of initiatives, including 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)

The table below sets out the available projected population growth and demographic changes from 2011 to 2016 for overall Hong Kong and the New Territories West Cluster (NTWC).

		2011	2016	Growth
NTW	Mid-year Population	1 075 600	1 145 100	69 500 (1.3% per annum)
	% aged 65 or above	9%	12%	-
Overall Hong Kong	Mid-year Population	7 120 200	7 435 600	315 400 (0.9% per annum)
	% aged 65 or above	13%	16%	-

(b) and (c)

In 2012-13, NTWC will open additional 41 beds in the cluster, including 30 acute beds and 1 neonatal intensive care unit (NICU) bed in Tuen Mun Hospital, and 10 emergency medicine beds in Pok Oi Hospital.

HA has earmarked an additional $41.5 million for opening additional beds in NTWC in 2012-13. The NTWC will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower required is being worked out and is not yet available.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)145

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2685

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

If the use of a self-financed drug item (SFI) or a special drug outside its indications specified in the Formulary is considered necessary based on clinicians professional judgment, and no other alternatives are available, the drug should not be charged as SFI. How much is the approximate annual expenditure on the drugs required?

Asked by: Hon. HO Chun-yan, Albert

Reply:

In the recent three years, there has been an annual increase of more than 10% in the Hospital Authority's (HA) overall expenditure on drugs to cope with the rising demand owing to ageing population, increases in drug prices, advance in technology, updates of clinical practice and introduction of new drug treatment modalities. Special Drugs are prescribed at standard fees and charges only if the concerned patients are under specific clinical conditions with specialists' authorisation. For patients who do not meet the specified clinical conditions but choose to use Special Drugs, the drugs are purchased in a self-financed manner. As some drugs cover both Special Drug and Self-financed Item indications and HA does not maintain headcount statistics of patients prescribed with each drug indication, HA is unable to estimate the amount of additional funding required if it is to subsidize all drug expenses for patients using Self-financed Items and Special Drugs outside their indications.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)146

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2686

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In connection with the services of each hospital cluster, please provide the following information :

(a) For each hospital cluster, the population and amount of provisions, as well as the number of doctors, nurses and general beds per 1 000 persons and their total numbers?

(b) For each hospital cluster, the occupancy rate of general beds, waiting time for accident and emergency (A&E) service and the median waiting time for first priority patients at specialist clinics; and

(c) For each hospital cluster, the cost per patient day for a general bed, cost per A&E attendance, cost per specialist outpatient attendance and cost per general outpatient attendance.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a) The table below sets out the budget allocation, population, number of doctors, nurses and general beds (total and per 1 000 population) of each clusters under the Hospital Authority (HA) in 2011-12.

Cluster	Budget allocation in 2011-12 ($ billion)	Population (Projection in mid year 2011)	Number of doctors per 1 000 population	Total number of doctors Note	Number of nurses per 1 000 population	Total number of nurses Note	Number of general beds per 1 000 population	Total number of general beds at 31 March 2012
HKEC	3.95	830 300	0.7	560.0	2.7	2 206.5	2.4	2 002
HKWC	4.11	543 600	1.1	585.5	4.6	2 480.3	5.2	2 853
KCC	4.96	500 900	1.3	669.1	5.9	2 946.2	6.0	3 002
KEC	3.65	990 100	0.6	600.9	2.2	2 194.4	2.2	2 135
KWC	8.15	1 871 800	0.7	1 220.9	2.6	4 838.3	2.8	5 174
NTEC	5.88	1 306 300	0.7	857.4	2.6	3 394.0	2.7	3 473
NTWC	4.73	1 075 600	0.6	676.7	2.5	2 724.5	2.0	2 115

Note: Full-time equivalent (FTE) strength for 2011-12 (as of 31 December 2011) includes permanent, contract and temporary staff in the HA's workforce excluding e-HR staff. The number of doctors excludes the number of interns and dental officers.

(b) The table below sets out the bed occupancy rate for general beds and the median waiting time for Accident and Emergency (A&E) service of different clusters under HA in 2011-12 (up to 31 December 2011).

Cluster	Bed occupancy rate for general beds	Median waiting time for A&E service (minutes)				
		Triage 1 (critical cases)	Triage 2 (emergency cases)	Triage 3 (urgent cases)	Triage 4 (semi-urgent cases)	Triage 5 (non-urgent cases)
HKEC	79%	0	5	12	40	83
HKWC	72%	0	5	16	69	132
KCC	84%	0	5	14	70	111
KEC	85%	0	5	10	56	128
KWC	81%	0	5	13	63	87
NTEC	85%	0	8	14	33	28
NTWC	93%	0	1	10	57	73
Overall	**82%**	**0**	**5**	**12**	**53**	**82**

The table below sets out the median waiting time for first priority new cases of specialist outpatient (SOP) clinics of major specialties under different clusters under HA in 2011-12 (up to 31 December 2011).

Specialty	Median waiting time of SOP new cases triaged as 1st priority (week)						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
ENT	<1	<1	<1	<1	<1	<1	<1
GYN	<1	<1	<1	1	1	<1	2
MED	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 bed, the cost per A&E attendance, the cost per specialist outpatient attendance and the cost per general outpatient attendance for 2011-12 of different clusters under HA. The unit costs vary among clusters due to the different complexity of conditions of patients and different diagnostic services, treatments and prescription required. The cost also varies among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to the population profile and other factors. Thus clusters with more patients having more complex conditions or requiring more costly treatment would incur a higher average cost. Therefore the costs cannot be directly compared among different clusters.

	2011-12 (Revised estimate) ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
Cost per patient day of general bed	4,130	4,760	3,710	4,080	3,900	4,060	4,000	4,050
Cost per accident and emergency attendance	940	870	850	820	890	1,020	810	890
Cost per specialist outpatient attendance	990	1,290	970	890	990	1,110	1,020	1,030
Cost per general outpatient attendance	390	390	370	340	370	370	330	360

Abbreviations

Specialties:

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

Clusters:

HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC –Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTE – New Territories East Cluster
NTW – New Territories West Cluster

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)147

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2687

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In connection with the expenditure of the Hospital Authority (HA) on the staff salaries and benefits in the past 3 financial years, 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;

(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;

(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 the past 3 years, and the reasons for the additional manpower, 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 the past 3 years.

Asked by: Hon. HO Chun-yan, Albert

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 2009-10 to 2010-11. The information for 2011-12 will only be available after the close of the current financial year.

Position	**2009-10 ($ million)**	**2010-11 ($ million)**
Chief Executive	4.528	4.418
Cluster Chief Executive (New Territories East)	3.890	3.849
Director (Cluster Services)	3.831	3.766
Cluster Chief Executive (Hong Kong East)	3.830	3.735

Position	2009-10 ($ million)	2010-11 ($ million)
Director (Finance)	3.830	3.871 (Note)

Note: Director (Finance) served as Deputised Chief Executive in addition to her duties as Director (Finance), during the period from 25 October to 7 November 2010.

The table below sets out the total expenditure of HA on the salaries and benefits for the ten highest paid staff from 2009-10 to 2010-11. The information for 2011-12 will only be available after the close of the current financial year.

Year	Expenditure ($ million)
2009-10	37.6
2010-11	37.0

(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 similar 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 2011-12 will only be available after the close of the current financial year.

Head Office/Cluster	2009-10		2010-11		2011-12
	Number of staff*	Expenditure on remuneration ($ million)	Number of staff*	Expenditure on remuneration ($ million)	Number of staff* (up to 31 December 2011)
Head Office	41	99	41	101	41
Hong Kong East	68	188	73	192	77
Hong Kong West	100	250	105	252	109
Kowloon Central	89	238	100	240	111
Kowloon East	59	142	65	157	72
Kowloon West	136	370	142	360	163
New Territories East	98	250	108	258	113
New Territories West	78	195	83	193	94
Total	**669**	**1,732**	**717**	**1,753**	**780**

* 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 hospital and departments and the number of medical staff involved in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011).

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
Hong Kong East Cluster			
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
Hong Kong West Cluster			
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
Kowloon Central Cluster			
Hong Kong Eye Hospital	Ophthalmology	+1	+1
Queen Elizabeth Hospital	Accident & Emergency	+1	+1
	Clinical Services	+1	+1
	Surgery	-1	-1
Kowloon East Cluster			
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

Cluster/ Hospital	Department	Net change in the number of directorate staff over the previous year	Number of medical staff involved
Kowloon West Cluster			
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
New Territories East Cluster			
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
New Territories West Cluster			
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

Cluster/ Hospital	Department	Net change in the number of directorate staff over the previous year	Number of medical staff involved
Head Office	Corporate Communication	+1	0
	Human Resources	-2	0
	Legal Services	+1	0
Hong Kong East Cluster			
Pamela Youde Nethersole Eastern Hospital	General Outpatient Clinic	-1	-1
	Neurosurgery	+1	+1
	Orthopaedics & Traumatology	+1	+1
	Paediatrics	+3	+3
	Radiology	+1	+1
Hong Kong West Cluster			
Tung Wah Group of Hospitals Fung Yiu King Hospital	Geriatrics	+1	+1
	Hospital Management	-1	-1
Queen Mary Hospital	Histopathology	-1	-1
	General Outpatient Clinic	+1	+1
	Obstetrics & Gynaecology	+1	+1
	Ophthalmology	+1	+1
	Transplantation & Immunogenetics	+1	+1
	Radiology	+1	+1
	Liver Transplant	+1	+1
Kowloon Central Cluster			
Hong Kong Eye Hospital	Ophthalmology	+1	+1
Queen Elizabeth Hospital	Clinical Services (Management)	-1	-1
	Anaesthesiology	+2	+2
	Obstetrics & Gynaecology	+2	+2
	Orthopaedics & Traumatology	+1	+1
	Paediatrics	+1	+1
	Nuclear Medicine	+1	+1
	Radiology	+2	+2
	Special Outpatient Clinic	+1	+1
	Surgery	+1	+1
Kowloon East Cluster			
Kowloon East Cluster	Cluster Management	+1	+1
Tseung Kwan O Hospital	Internal Medicine	+1	+1
	Surgery	+1	+1
United Christian Hospital	Accident & Emergency	+1	+1
	Dental	+1	+1
	Ear, Nose and Throat	+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
Kowloon West Cluster			
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	Infectious Diseases	-1	-1
	Surgery	+1	+1
New Territories East Cluster			
Alice Ho Miu Ling Nethersole Hospital	Medicine	-1	-1
	Orthopaedics & Traumatology	-1	-1
	Radiology	+1	+1
North District Hospital	Internal Medicine	+1	+1
	Psychiatry	+1	+1
	Radiology	+2	+2
	Surgery	+1	+1
Prince of Wales Hospital	Anaesthesiology	+1	+1
	Chemical Pathology	+1	+1
	Clinical Oncology	+2	+2
	Ear, Nose and Throat	-1	-1
	Internal Medicine	+1	+1
	Histopathology	+2	+2
	Surgery	+1	+1
Tai Po Hospital	Psychiatry	-1	-1
New Territories West Cluster			
Castle Peak Hospital	Psychiatry	+1	+1
Pok Oi Hospital	Orthopaedics & Traumatology	+2	+2
Siu Lam Hospital	Mentally Handicapped	-1	-1
Tuen Mun Hospital	Anaesthesiology	+1	+1
	Surgery	+2	+2
	Net Increase:	**48**	**48**

2011-12 (up to 31 December 2011)

Cluster/ Hospital	Department	Net change in the number of directorate staff over the previous year	Number of medical staff involved
Head Office	Corporate Communication	-1	0
	Clinical Effectiveness & Technology Management	+1	+1
	Finance	-1	0
	Human Resources	+2	+1
	Legal Services	-1	0
Hong Kong East Cluster			
Pamela Youde Nethersole Eastern Hospital	Accident & Emergency	-1	-1
	Clinical Oncology	+1	+1
	Internal Medicine	+2	+2
	Obstetrics & Gynaecology	-1	-1
	Orthopaedics & Traumatology	-1	-1
	Paediatrics	+1	+1
	Psychiatry	+1	+1
	Surgery	+1	+1
Tung Wah Eastern Hospital	Internal Medicine	+1	+1
Hong Kong West Cluster			
Tung Wah Group of Hospitals Fung Yiu King Hospital	Hospital Management	+1	+1
Grantham Hospital	Internal Medicine	-1	-1
Queen Mary Hospital	Anaesthesiology	+2	+2
	Clinical Oncology	+1	+1
	Ethic & Institutional Review Board Team	+1	+1
	Paediatrics	+1	+1
	Risk Management & Patient Relation	-1	-1
Kowloon Central Cluster			
Hong Kong Red Cross Blood Transfusion Service	Haematology	+1	+1
Hong Kong Eye Hospital	Ophthamology	+1	+1
Kowloon Hospital	Rehabilitation & Convalescent	-1	-1
Queen Elizabeth Hospital	Clinical Oncology	+1	+1
	Internal Medicine	+3	+3
	Neurosurgery	+1	+1
	Obstetrics & Gynaecology	+2	+2
	Orthopaedics & Traumatology	+1	+1
	Paediatrics	+2	+2
	Histopathology	+1	+1

Cluster/ Hospital	Department	Net change in the number of directorate staff over the previous year	Number of medical staff involved
Kowloon East Cluster			
Tseung Kwan O Hospital	Orthopaedics & Traumatology	+1	+1
United Christian Hospital	Anaesthesiology	+1	+1
	Internal Medicine	+1	+1
	Management Office	+1	+1
	Obstetrics & Gynaecology	+1	+1
	Psychiatry	+1	+1
	Radiology	+1	+1
Kowloon West Cluster			
Kowloon West Cluster	Family Medicine	+1	+1
Caritas Medical Centre	Mentally Handicapped	-1	-1
	Internal Medicine	+1	+1
	Paediatrics	+1	+1
Kwai Chung Hospital	Psychiatry	+1	+1
Kwong Wah Hospital	Internal Medicine	+2	+2
North Lantau Hospital	Commissioning Team	+1	+1
Our Lady of Maryknoll Hospital	Family Medicine	+1	+1
Princess Margaret Hospital	Clinical Oncology	+1	+1
	Family Medicine	-1	-1
	Internal Medicine	+5	+5
	Obstetrics & Gynaecology	+4	+4
	Paediatrics	+2	+2
Tung Wah Group of Hospitals Wong Tai Sin Hospital	Internal Medicine	+1	+1
Yan Chai Hospital	Ear, Nose and Throat	+1	+1
	Radiology	+1	+1
New Territories East Cluster			
Alice Ho Miu Ling Nethersole Hospital	Internal Medicine	+2	+2
New Territories East Cluster	Hospital Management	-1	-1
Prince of Wales Hospital	Ear, Nose and Throat	+1	+1
	Internal Medicine	+2	+2
Shatin Hospital	Psychiatry	+1	+1

Cluster/ Hospital	Department	Net change in the number of directorate staff over the previous year	Number of medical staff involved
New Territories West Cluster			
Pok Oi Hospital	Anaesthesiology	+1	+1
	Anatomical & Cellular Pathology	+1	+1
Tuen Mun Hospital	Anaesthesiology	-1	-1
	Clinical Oncology	+2	+2
	Internal Medicine	+2	+2
	Neurosurgery	+1	+1
	Obstetrics & Gynaecology	+1	+1
	Radiology	+2	+2
	Surgery	+2	+2
	Net Increase:	**64**	**66**

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 and 2010-11 as calculated on the basis of the basic salary rate of the year were $40 million and $45 million respectively. The amount of expenditure involved for 2011-12 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 in 2009-10 and 2010-11. The expenditure on PE for 2011-12 will only be available after the close of the current financial year.

2009-10

Cluster/ Head Office	(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%

Cluster/ Head Office	(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)
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
Total	**57 713**	**26,473**	**588**	**1,546**	**5.8%**

2010-11

Cluster/ Head Office	(a) Total number of staff (as at 31 March 2011)	(b) Overall expenditure on PE of staff ($ million)	(c) Number of clinical doctors at consultant level or above (as at 31 March 2011)	(d) Expenditure on PE of clinical doctors at consultant level or above ($ million)	Percentage of (d) in (b)
Hong Kong East	6 527	2,912	71	184	6.3%
Hong Kong West	6 899	3,144	94	239	7.6%
Kowloon Central	7 880	3,613	91	231	6.4%
Kowloon East	5 849	2,737	61	148	5.4%
Kowloon West	13 160	6,217	134	340	5.5%
New Territories East	9 228	4,316	102	242	5.6%
New Territories West	7 490	3,330	75	184	5.5%
Head Office	1 485	345	N/A	N/A	N/A
Total	**58 518**	**26,614**	**628**	**1,568**	**5.9%**

2011-12 (up to 31 December 2011)

Cluster/ Head Office	(a) Total number of staff (as at 31 December 2011)	(b) Number of clinical doctors at consultant level or above (as at 31 December 2011)
Hong Kong East	6 788	73
Hong Kong West	6 999	97
Kowloon Central	8 388	99
Kowloon East	6 111	66
Kowloon West	13 368	145
New Territories East	9 639	108
New Territories West	7 882	85
Head Office	1 614	2
Total	**60 790**	**676**

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 is charged under the funding of the Head Office.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)148

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3225

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 medical services by Non-eligible Persons (NEPs), please advise on :

(a) With a breakdown by specialty, the numbers 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 in the past 3 years;

(b) with regard to HA's income sharing arrangements with the Government for its additional income from the provision of medical services to NEPs, the amount that HA returned to the Government and the amount retained by HA in the past 3 years;

(c) the number of NEPs received obstetrics and gynaecology services, the amount of medical fees billed and the amount written off, with a breakdown by women whose spouses are/are not Hong Kong resident.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a) The tables below set out the number of inpatient bed days of major specialties provided to non-eligible persons (NEP), the percentage of these bed days of total inpatient bed days in the Hospital Authority (HA), the amount of medical fees billed and the amount written off for 2009-10, 2010-11 and 2011-12 (up to 31 December 2011).

2009-10

Specialty	Number of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP of the total number of inpatient bed days in 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

Specialty	Number of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP of the total number of inpatient bed days in HA	Amount of medical fees billed to NEP patients ($ million)	Amount of medical fees billed to NEP patients that has been written off ($ million)
Paediatrics	1 603	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
Total	**42 088**	**0.6%**	**468.1**	**28.7**

2010-11

Specialty	Number of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP of the total number of inpatient bed days in HA	Amount of medical fees billed to NEP patients ($ million)	Amount of medical fees billed to NEP patients that has been written off ($ million)
Medicine	6 265	0.2%	26.7	5.5
Surgery	2 035	0.3%	9.7	1.9
Obstetrics & Gynaecology	29 426	10.5%	480.2	6.8
Paediatrics	1 676	0.7%	10.7	1.8
Orthopaedics & Traumatology	1 991	0.3%	7.2	1.1
Psychiatry	2 200	0.2%	2.9	0.5
Others	5 723	0.3%	16.2	4.0
Total	**49 316**	**0.6%**	**553.6**	**21.6**

2011-12 (up to 31 December 2011)

Specialty	Number of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP of the total number of inpatient bed days in 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	4 452	0.2%	18.1	5.5
Surgery	1 428	0.2%	6.1	1.1
Obstetrics & Gynaecology	19 126	8.8%	306.5	4.2
Paediatrics	1 181	0.6%	7.2	1.2
Orthopaedics & Traumatology	1 827	0.4%	6.8	0.8
Psychiatry	1 191	0.2%	2.2	0.1
Others	4 373	0.3%	12.4	8.5
Total	**33 578**	**0.6%**	**359.3**	**21.4**

(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 those retained in 2009-10, 2010-11 and 2011-12 (full year projection) under the income sharing arrangements. All income as shown in the table below was 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)
2009-10	290.0	145.0	145.0
2010-11	355.0	177.5	177.5
2011-12 (Full-year projection)	241.0	120.5	120.5

(c) The tables below set out number of deliveries by NEP, the medical fees billed for delivery cases with breakdown by resident status of their spouses and the amount of fees written-off in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011).

2009-10

	Number of deliveries by NEP	Amount of medical fees billed to NEP ($ million)	Amount of medical fees billed to NEP that has been written off (note 2) ($ million)
NEP who claimed that their spouses were Hong Kong residents (note 1)	3 358	136.5	8.4
NEP whose spouses were non-Hong Kong residents	6 445	260.7	
Total	9 803	397.2	

2010-11

	Number of deliveries by NEP	Amount of medical fees billed to NEP ($ million)	Amount of medical fees billed to NEP that has been written off (note 2) ($ million)
NEP who claimed that their spouses were Hong Kong residents (note 1)	3 727	151.1	6.6
NEP whose spouses were non-Hong Kong residents	8 002	323.7	
Total	11 729	474.8	

2011-12 (up to 31 December 2011)

	Number of deliveries by NEP	Amount of medical fees billed to NEP ($ million)	Amount of medical fees billed to NEP that has been written off (note 2) ($ million)
NEP who claimed that their spouses were Hong Kong residents (note 1)	2 090	88.1	4.0
NEP whose spouses were non-Hong Kong residents	5 089	216.0	
Total	7 179	304.1	

Notes

(1) It should be noted that NEP patients are not obliged to disclose the resident status of their spouses when using HA service. The figures on NEPs who claimed that their husbands were Hong Kong residents provided above are based on the information available to HA and are only indicative.

(2) Breakdown of amount of medical fees billed to NEP that has been written off by resident status of spouses of NEP is not available.

As for obstetrics and gynaecology services, HA does not have information on resident status of the spouses of NEP patients. The table below sets out the number of NEP inpatient cases, the medical fees billed and the amount written off for obstetrics and gynaecology services in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011).

	Number of inpatient and day patient discharges & deaths for obstetrics and gynaecology service for NEP	Amount of medical fees billed to NEP ($ million)	Amount of medical fees billed to NEP that has been written off ($ million)
2009-10	11 362	409.0	9.4
2010-11	13 491	480.2	6.8
2011-12 (up to 31 December 2011)	8 710	306.5	4.2

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date .2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)149

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2467

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Estimates that the Hospital Authority will continue to meet the healthcare needs of population within the policy framework of the Government, with training of healthcare professionals being one of the priority areas. It is stated in the 2011-12 Policy Agenda that additional enrolled nurses will be trained for the welfare sector to meet the needs of elderly services. In this regard, please advise on the details of the training programme, including the timetable, the number of additional enrolled nurses and the expenditure.

Asked by: Hon. HO Sau-lan, Cyd

Reply:

In 2011-12, the Hospital Authority has enrolled an additional 220 students for the welfare sector in the two-year Enrolled Nurse Training Programme. The Programme is in accordance with the requirements of the Hong Kong Nursing Council and the duration of the Programme is 24 months. The numbers of intakes of the students are as follows :

Class Commencement	**Class Intake October 2011**	**Class Intake February 2012**
Number of students	150	70
Total number of students for 2011-12	220	

The expenditure for these two classes is $14.2 million.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)150

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2436

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 measures implemented to recruit and retain staff for the provision of quality patient care, please advise on the following :

(a) What are the details of the programme?

(b) What are the details of the estimated expenditure involved?

(c) What is the expected outcome of the programme? Can it relieve the current shortage of healthcare staff?

Asked by: Hon. IP Kwok-him

Reply:

(a) & (b)

In 2012-13, the Hospital Authority (HA) has earmarked around $ 897 million for recruitment and retention of various grades of staff. The details of the measures and respective expenditure of 2012-13 are listed as follows.

HA plans to recruit about 290 doctors. Major measures to retain doctors include creating additional Associate Consultant posts for promotion of doctors with 5 years' post-fellowship experience by merits, enhancing fixed rate honorarium to recognize excessive workload and on-site call duties, enhancing training opportunities by offering corporate scholarships for overseas training and centrally funded Resident posts to facilitate specialty rotational training, introducing a unified contract part-time remuneration package to facilitate recruitment of part-time doctors, recruiting non-local doctors under limited registration to supplement local recruitment drive, extending 24-hour phlebotomist service to more acute hospitals and enhancing non-clinical clerical support for frontline doctors. The estimated expenditure is around $ 308 million.

HA plans to recruit about 2 000 nurses. Major measures to retain nurses include the enhancement of nurse career advancement opportunities of experienced nurses by creating more promotional posts, provision of training of registered nursing (RN) students and enrolled nursing (EN) students at HA's nursing schools, support of career advancement of ENs to attain RNs qualification, enhancement of preceptorship support in clinical practice for newly graduated nurses and enhancement of overseas training scholarships. The estimated expenditure is around $ 389 million.

HA plans to recruit about 500 allied health professionals. Major measures to retain allied health professionals include the recruitment of diagnostic radiographers, physiotherapists and occupational therapists from overseas, the implementation of Overseas Training Sponsorship Scheme for Diagnostic Radiography and for Podiatry, the re-engineering of work processes, recruitment of additional supporting staff and the enhancement of overall training opportunities of allied health staff through various training initiatives including provision of staff relief, provision of long-term structured training plans, specialty training programs, overseas scholarship scheme and training sponsorship for master degree courses. The estimated expenditure is around $ 94 million.

HA plans to recruit around 900 supporting staff. Major measures to retain supporting staff include refinement of the supporting staff structure and remuneration packages and the enhancement of the training and development opportunities by providing training sponsorship to high caliber staff to undergo EN training and advanced technical skill training. The estimated expenditure is around $ 106 million.

(c) With the recruitment of additional manpower, improved promotion prospects and enhanced professional training opportunities, it is anticipated that talents would be attracted and retained and the workforce of various healthcare grades in HA will be able to cope with increase in service needs.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)151

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1324

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) Please provide the number of babies born in public hospitals in the past five years by each hospital cluster.

Hospital Cluster	Hospitals providing Obstetrics and Gynaecology (O&G) inpatient and delivery services	Number of new born babies (2007)	Number of new born babies (2008)	Number of new born babies (2009)	Number of new born babies (2010)	Number of new born babies (2011)
Hong Kong East						
Hong Kong West						
Kowloon Central						
Kowloon East						
Kowloon West						
New Territories East						
New Territories West						

(b) Please set out the expenditure involved in providing O&G inpatient and delivery services by each of the above hospital clusters.

(c) Please provide the number of pregnant women using O&G inpatient and delivery services in New Territories East and Kowloon East Hospital Clusters in the past five years by districts (New Territories East : Shatin, Tai Po, North and part of Sai Kung; Kowloon East : Kwun Tong, Tseung Kwan O and Sai Kung) and their respective percentage in the total number of pregnant women using such services.

Asked by: Hon IP Wai-ming

Session 19 FHB(H)

Reply:

(a) The number of live births by hospital cluster over the past five years is set out below:

Cluster	Hospitals	Number of live births				
		2007-08	2008-09	2009-10	2010-11	2011-12 (up to 31 December 2011) (Provisional figures)
HKE	PYNEH	3 851	3 875	3 576	4 315	3 265
HKW	QMH	4 237	3 971	3 908	4 141	3 382
KC	QEH	5 900	6 154	5 888	6 231	4 904
KE	UCH	4 854	5 347	4 833	5 634	4 330
KW	KWH / PMH	10 003	10 283	10 512	11 246	8 693
NTE	PWH	6 160	6 689	6 511	7 332	5 495
NTW	TMH	5 484	5 462	5 816	5 987	4 567
Overall HA		40 489	41 781	41 044	44 886	34 636

(b) The table below sets out the total costs of inpatient obstetrics and gynaecology services of each hospital cluster in the past five years.

Cluster	2007-08 ($ million)	2008-09 ($ million)	2009-10 ($ million)	2010-11 ($ million)	2011-12 (up to 31 December 2011) (Estimate) ($ million)
HKE	131	135	131	136	116
HKW	168	177	179	172	143
KC	177	182	184	182	158
KE	158	179	177	186	159
KW	322	333	333	345	293
NTE	219	240	233	251	210
NTW	179	189	173	184	160
Overall	1,354	1,435	1,410	1,456	1,239

The cost varies significantly among different cases given the different complexity of conditions of patients and different diagnostic services, treatments and prescription required as well as the different length of stay of patients in the hospitals. The cost also varies among different hospital clusters due to different case-mix i.e. the mix of patients of different conditions in the cluster, which may differ according to the population

profile and other factors. Thus clusters with more patients having more complex conditions or requiring more costly treatment would incur a higher average cost. Therefore the costs cannot be directly compared among different clusters or specialties.

(c) The tables below set out the number of deliveries in the NTE Cluster (i.e. PWH) with breakdown by the mothers' residential district in the past five years.

Year	2007-08		2008-09		2009-10	
Residential address reported by mothers	**Number of deliveries**	**As a percentage of total number of deliveries**	**Number of deliveries**	**As a percentage of total number of deliveries**	**Number of deliveries**	**As a percentage of total number of deliveries**
Sha Tin	2 543	42%	2 820	43%	2 859	45%
North	1 496	25%	1 634	25%	1 605	25%
Tai Po	1 165	19%	1 288	19%	1 210	19%
Sai Kung (excluding Tseung Kwan O)	76	1%	76	1%	70	1%
Other districts	784	13%	792	12%	664	10%
NTE Cluster Overall	6 064	100%	6 610	100%	6 408	100%

Year	2010-11		2011-12 (up to 31 December 2011) (Provisional figures)	
Residential address reported by mothers	**Number of deliveries**	**As a percentage of total number of deliveries**	**Number of deliveries**	**As a percentage of total number of deliveries**
Sha Tin	3 119	43%	2 474	46%
North	1 786	25%	1 345	25%
Tai Po	1 383	19%	1 055	20%
Sai Kung (excluding Tseung Kwan O)	98	1%	42	1%
Other districts	829	11%	486	9%
NTE Cluster Overall	7 215	100%	5 402	100%

The tables below sets out the number of deliveries in the KE Cluster (i.e. UCH) with breakdown by the mothers' residential district in the past five years.

Year	2007-08		2008-09		2009-10	
Residential address reported by mothers	**Number of deliveries**	**As a percentage of total number of deliveries**	**Number of deliveries**	**As a percentage of total number of deliveries**	**Number of deliveries**	**As a percentage of total number of deliveries**
Kwun Tong	2 510	52%	2 698	51%	2 648	55%
Tseung Kwan O	1 278	27%	1 297	24%	1 229	26%
Sai Kung (excluding Tseung Kwan O)	138	3%	165	3%	151	3%
Other districts	874	18%	1 136	21%	757	16%
KE Cluster Overall	4 800	100%	5 296	100%	4 785	100%

Year	2010-11		2011-12 (up to 31 December 2011) (Provisional figures)	
Residential address reported by mothers	**Number of deliveries**	**As a percentage of total number of deliveries**	**Number of deliveries**	**As a percentage of total number of deliveries**
Kwun Tong	2 940	53%	2 239	52%
Tseung Kwan O	1 314	24%	1 093	26%
Sai Kung (excluding Tseung Kwan O)	148	3%	112	3%
Other districts	1 178	21%	830	19%
KE Cluster Overall	5 580	100%	4 274	100%

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

PYNEH – Pamela Youde Nethersole Eastern Hospital
QMH – Queen Mary Hospital
QEH – Queen Elizabeth Hospital
UCH – United Christian Hospital
KWH – Kwong Wah Hospital
PMH – Princess Margaret Hospital
PWH – Prince of Wales Hospital
TMH – Tuen Mun Hospital

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)152

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2032

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the number of applications received, the number of applications approved (including cases granted a full subsidy and those granted a partial subsidy) and the amount of subsidy granted under the Samaritan Fund in the past three years (i.e. 2009- 10 to 2011-12) respectively.

Asked by: Hon. LAM Kin-fung, Jeffrey

Reply:

The table below sets out the total number of applications received by the Hospital Authority for financial assistance under the Samaritan Fund; the number of applications approved for subsidy (including cases granted full subsidy and those granted partial subsidy); and the amount of subsidies granted in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011):

Year	**Total number of applications received**	**Number of applications approved for subsidy**		**Amount of subsidies granted ($ million)**
		Full subsidy granted	**Partial subsidy granted**	
2009-10	4 768	4 094	642	$170.1
2010-11	5 344	4 483	838	$238.4
2011-12 (up to 31 December 2011)	4 063	3 455	597	$190.5

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)153

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2033

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As stated in the Budget, the types of subsidized drugs would be increased to benefit more people in need. In this respect, please provide the following information :

(a) Please list the names and targeted illnesses of the new subsidized drugs which the Government plans to cover, the category that these drugs are currently classified for subsidy, the category that these drugs will be classified for subsidy after increasing the types of subsidized drugs, the estimated number of patients to be benefitted, and the additional expenditure involved for each of the new subsidized drugs.

(b) Please list the names of drugs for treating Systemic Lupus Erythematogus (SLE) that financial assistance is currently available under the Samaritan Fund. Please provide a breakdown by drug of the number of patients receiving financial assistance from the Samaritan Fund in 2011-12 and the amount of subsidy granted, as well as the amount paid by patients or their families as part of the drug costs.

(c) Please list the names of drugs for treating SLE that Hospital Authority (HA) patients currently have to purchase at their own expenses. Please provide a breakdown by drug of the number of patients who need to purchase these drugs at their own expense in 2011-12, the estimated amount that each patient have to pay each month, and the estimated additional expenditure required annually for HA to purchase these drugs if they are provided as subsidized drugs by HA.

Asked by: Hon. LAM Kin-fung, Jeffrey

Reply:

(a) The Government has earmarked additional recurrent funding of $230 million for the Hospital Authority (HA) to introduce three new drugs as Special Drugs in the HA Drug Formulary and expand the clinical applications of nine therapeutic groups of drugs in 2012-13. The initiative will be implemented starting from the second quarter of 2012.

The table below sets out the drug classes, drug names, estimated expenditure involved and estimated number of patients to be benefitted from each drug each year:

Drug Class	**Estimated Expenditure Involved ($ million)**	**Estimated Number of Patients to be Benefited**
(A) Incorporation of New Drugs into the HA Drug Formulary (Reposition from Safety Net to Special Drug)		
(i) Oxaliplatin for colon cancer	24	400
(ii) Interferon beta for multiple sclerosis	8	90
(B) Incorporation of New Drugs into the HA Drug Formulary (Reposition from Self-financed Item to Special Drug)		
(i) Gemcitabine for pancreatic and bladder cancer	5	100
(C) Expansion of Clinical Applications of Existing Drugs in the HA Drug Formulary		
(i) Taxanes (including Docetaxel and Paclitaxel) for breast, head and neck, prostate and lung cancer	30	2 000
(ii) Drugs for epilepsy, depression, dementia and attention deficit hyperactivity disorder	49	6 000
(iii) Coagulation factors for haemophilia, iron oral chelating agents for adult thalassaemia, granulocyte-colony stimulating factor for neutropenia	50	900
(iv) Immunosuppressants for transplant	31	500
(v) Drugs for anaesthesia and sedation	9	All suitable patients
(vi) Drugs for gastrointestinal diseases	2	11 000
(vii) Drugs for pulmonary arterial hypertension and glycoprotein IIb / IIIa inhibitor for coronary vascular diseases	15	700
(viii) Peritoneal dialysis fluid (glucose free preparation)	6	300
(ix) Drugs for growth hormone deficiency	1	30

(b) and (c)

Currently, the treatment modalities commonly used for treatment of Systemic Lupus Erythematosus (SLE) are drugs classified under General Drugs in the HA Drug Formulary which are heavily subsidized by the Government and provided to patients at standard charges and fees in public hospitals and clinics. Currently, no self-financed item or drugs covered by the Samaritan Fund is for treatment of SLE.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)154

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2039

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

On strengthening mental health services through extension of the Integrated Mental Health Programme to all clusters, please advise this Committee on :

(a) the implementation of the Programme in the last year;

(b) the number of healthcare professionals and the amount of expenditure that have been increased for the extension of the Programme; and

(c) the estimated number of healthcare professionals and amount of expenditure to be increased in the coming year.

Asked by: Hon. LAM Kin-fung Jeffrey

Reply:

In 2011-2012, the Integrated Mental Health Programme has been rolled out to all seven clusters of the Hospital Authority. As at December 2011, the programme has benefited over 6 100 patients. It is estimated that 20 members of multi-disciplinary teams including Family Medicine Specialists, nurses and allied health professionals are involved in the programme for all seven clusters and the total recurrent expenditure is $20 million. In 2012-13, the estimated number of healthcare professionals and amount of expenditure involved will remain the same as that of 2011-12.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)155

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1760

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by items of the numbers of applications approved and the expenditures incurred in 2010-11 and 2011-12 respectively under the Samaritan Fund managed by the Hospital Authority.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the breakdown by items of the number of applications approved and the corresponding amount of subsidies granted under the Samaritan Fund in 2010-11 and 2011-12 (up to 31 December 2011):

Items	**2010-11**		**2011-12 (up to December 2011)**	
	Number of applications approved	Amount of subsidies granted ($ million)	Number of applications approved	Amount of subsidies granted ($ million)
Drugs	1 354	150.5	1 086	122.0
Non-drugs:				
Cardiac Pacemakers	497	24.7	413	19.3
Percutaneous Transluminal Coronary Angioplasty ("PTCA") and other consumables for interventinal cardiology	1 654	56.0	1 225	43.3
Intraocular Lens	1 596	1.8	1 180	1.3
Home use equipment, appliances and consumables	72	0.7	49	0.6
Gamma knife surgeries in private hospital	28	2.0	17	1.4

Items	**2010-11**		**2011-12 (up to December 2011)**	
	Number of applications approved	Amount of subsidies granted ($ million)	Number of applications approved	Amount of subsidies granted ($ million)
Harvesting bone marrow in foreign countries	12	1.3	12	1.4
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	108	1.4	70	1.2
Total	**5 321**	**238.4**	**4 052**	**190.5**

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)156

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1761

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With reference to the specialist outpatient services at various hospitals under the Hospital Authority (HA) (including ear, nose and throat; gynaecology; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery and psychiatry), will the Administration advise on the numbers of new cases triaged respectively as first priority, second priority and routine categories in 2010-11 and 2011-12 and their respective percentages. Among the above cases of different priorities, what are the respective lower quartile, median and upper quartile of the waiting time, and the longest waiting time (95^{th} percentile) for consultation appointments at HA hospitals?

Asked by: Hon. LEE Cheuk-yan

Reply:

The tables below set out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; their respective percentages in the total number of specialist outpatient new cases; and their respective lower quartile (25th percentile), median (50th percentile), upper quartile (75^{th} percentile) and the longest (90th percentile) waiting time in each hospital cluster for 2010-11 and 2011-12 (up to 31 December 2011).

2010-11

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKE	ENT	1 626	20%	<1	<1	<1	<1	2 899	36%	2	5	6	8	3 566	44%	20	20	22	27
	MED	2 453	21%	<1	1	1	2	3 825	32%	2	4	6	7	5 508	47%	5	12	34	45
	GYN	1 314	26%	<1	<1	1	2	402	8%	3	5	6	7	3 391	66%	11	14	16	23
	OPH	5 370	42%	<1	<1	1	1	1 613	12%	4	7	8	8	5 920	46%	11	14	18	45
	ORT	1 902	21%	<1	1	1	1	2 603	29%	4	5	7	7	4 515	50%	11	18	28	34
	PAE	264	18%	<1	1	1	1	964	65%	3	5	6	7	252	17%	7	8	9	12
	PSY	695	19%	<1	<1	1	2	737	20%	<1	<1	3	6	2 242	61%	<1	1	15	22
	SUR	2 071	17%	<1	1	1	2	3 803	32%	4	6	7	8	6 033	51%	9	13	36	117
HKW	ENT	388	6%	<1	<1	<1	1	939	15%	2	3	5	6	4 780	78%	4	8	11	15
	MED	416	4%	<1	<1	1	1	941	9%	2	4	5	6	9 137	87%	4	11	19	31
	GYN	1 076	16%	<1	<1	1	1	688	11%	4	5	6	7	4 100	63%	11	13	20	91
	OPH	3 581	43%	<1	<1	1	2	1 073	13%	4	7	8	8	3 735	45%	15	52	52	52
	ORT	528	6%	<1	<1	1	1	1 159	12%	2	3	4	6	7 799	82%	6	14	22	37
	PAE	449	12%	<1	<1	1	1	1 138	31%	3	6	7	8	2 039	56%	14	17	39	56
	PSY	290	7%	<1	<1	1	1	707	17%	1	2	3	5	3 039	75%	2	7	25	87
	SUR	1 776	15%	<1	<1	1	2	1 908	16%	3	4	6	7	8 318	69%	3	13	49	138
KC	ENT	1 430	10%	<1	<1	<1	<1	2 056	15%	<1	<1	1	2	10 680	75%	<1	1	2	4
	MED	1 377	13%	<1	<1	1	1	1 104	11%	3	4	5	6	7 729	74%	11	13	17	43
	GYN	647	14%	<1	1	1	1	1 436	32%	3	5	7	8	2 468	54%	9	14	19	28
	OPH	9 196	36%	<1	<1	<1	1	4 928	19%	2	5	7	8	10 157	40%	27	37	40	41
	ORT	277	4%	<1	1	1	1	661	9%	2	3	5	6	5 645	80%	13	24	43	49
	PAE	468	24%	<1	<1	1	1	154	8%	2	3	3	4	1 348	68%	2	7	9	12
	PSY	480	17%	<1	<1	1	1	1 036	37%	2	4	7	7	1 275	46%	2	10	22	42
	SUR	2 555	17%	<1	1	1	1	2 808	18%	2	3	6	7	9 986	65%	17	20	22	34
KE	ENT	2 009	19%	<1	<1	1	1	2 250	21%	3	6	7	8	6 526	60%	13	23	28	45
	MED	2 618	15%	<1	1	1	2	4 914	28%	4	7	8	8	9 719	56%	11	25	47	54
	GYN	1 422	19%	<1	1	1	1	999	14%	5	7	7	8	4 897	67%	15	91	111	126
	OPH	5 407	35%	<1	<1	1	1	3 526	23%	7	7	8	8	6 708	43%	14	119	152	158
	ORT	3 953	26%	<1	<1	1	1	2 858	19%	5	6	7	10	8 482	55%	30	52	84	103
	PAE	1 012	26%	<1	<1	<1	1	681	17%	3	6	7	7	2 263	57%	10	17	24	30
	PSY	484	8%	<1	<1	1	1	1 759	28%	1	3	5	7	3 925	62%	4	14	34	77
	SUR	1 645	8%	<1	1	1	1	6 000	28%	5	7	7	8	13 502	64%	25	88	117	127

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KW	ENT	3 576	24%	<1	<1	1	1	3 415	23%	4	6	7	8	7 988	53%	13	22	55	64
	MED	3 494	12%	<1	<1	1	1	6 527	23%	4	6	7	7	18 096	64%	21	36	46	52
	GYN	1 086	9%	<1	<1	1	2	2 149	18%	3	5	7	7	8 568	72%	5	12	22	25
	OPH	5 902	32%	<1	<1	<1	<1	4 640	25%	2	4	6	7	7 837	43%	3	12	20	36
	ORT	4 583	22%	<1	<1	1	1	4 303	21%	4	6	7	14	11 503	56%	38	60	77	93
	PAE	3 009	39%	<1	<1	<1	1	883	11%	3	4	6	7	3 634	47%	5	8	10	11
	PSY	518	5%	<1	<1	1	1	1 037	10%	<1	3	5	6	8 876	85%	<1	6	17	31
	SUR	4 668	13%	<1	<1	1	2	7 589	22%	3	5	6	7	22 563	65%	8	25	94	103
NTE	ENT	4 250	29%	<1	<1	1	2	2 724	18%	3	4	6	7	7 770	53%	24	45	65	73
	MED	2 877	17%	<1	<1	1	1	2 943	17%	4	5	6	8	11 191	65%	20	36	52	70
	GYN	1 424	13%	<1	<1	1	2	952	9%	2	4	6	7	7 820	71%	16	23	47	76
	OPH	7 086	36%	<1	<1	<1	1	2 935	15%	3	4	6	8	9 672	49%	23	47	60	67
	ORT	6 560	33%	<1	<1	<1	1	2 326	12%	3	5	7	8	11 170	56%	20	63	69	89
	PAE	554	13%	<1	<1	1	2	572	13%	3	4	7	8	3 192	74%	8	15	25	37
	PSY	1 414	16%	<1	<1	1	2	1 801	21%	2	4	6	7	5 036	58%	8	23	53	113
	SUR	2 674	13%	<1	<1	1	2	3 176	16%	3	4	6	8	14 077	70%	16	38	55	80
NTW	ENT	3 355	29%	<1	<1	<1	1	1 103	10%	3	4	5	7	7 056	61%	11	43	57	96
	MED	1 649	15%	1	1	2	2	2 579	23%	4	6	7	8	7 087	63%	7	40	45	48
	GYN	1 055	18%	<1	1	2	2	1 253	21%	3	5	7	8	3 527	60%	11	15	20	40
	OPH	5 727	32%	<1	<1	<1	<1	1 578	9%	<1	2	4	5	10 727	59%	2	12	39	48
	ORT	1 779	15%	<1	<1	1	1	1 336	11%	3	4	6	7	8 982	74%	27	31	34	41
	PAE	304	13%	<1	1	1	2	380	16%	2	3	4	5	1 649	71%	13	13	14	14
	PSY	770	14%	<1	1	1	2	1 742	31%	1	3	6	7	3 105	55%	4	9	13	16
	SUR	1 373	7%	<1	<1	1	1	2 162	11%	3	4	6	7	16 141	82%	12	25	27	28

2011-12 (up to 31 December 2011) [Provisional figures]

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKE	ENT	1 081	18%	<1	<1	<1	<1	1 949	33%	1	4	7	8	2 812	48%	20	21	23	34
	MED	1 792	21%	<1	1	1	2	2 519	30%	2	4	7	7	4 198	49%	8	14	32	52
	GYN	770	20%	<1	<1	1	3	589	15%	3	4	5	6	2 495	65%	9	13	18	22
	OPH	3 767	43%	<1	<1	<1	1	1 194	14%	4	7	8	8	3 869	44%	11	27	40	54
	ORT	1 249	19%	<1	<1	1	1	1 775	27%	4	5	7	7	3 591	54%	12	30	40	45
	PAE	213	21%	<1	1	1	2	643	63%	3	4	6	7	164	16%	6	7	9	12
	PSY	440	17%	<1	<1	1	2	507	19%	<1	1	4	6	1 700	64%	<1	2	16	20
	SUR	1 527	16%	<1	1	1	2	3 044	33%	4	6	7	8	4 762	51%	9	20	43	94
HKW	ENT	328	7%	<1	<1	<1	1	1 144	24%	3	4	6	8	3 236	69%	5	14	23	29
	MED	915	11%	<1	<1	1	1	1 056	12%	2	3	5	6	6 471	77%	9	17	24	33
	GYN	898	17%	<1	<1	1	1	603	12%	3	4	5	7	3 091	60%	9	13	15	29
	OPH	2 739	33%	<1	<1	1	1	840	10%	3	4	4	6	4 681	57%	6	13	16	18
	ORT	512	7%	<1	<1	1	1	1 072	14%	2	3	4	6	5 810	79%	8	15	22	37
	PAE	344	12%	<1	<1	1	1	939	33%	3	6	7	8	1 535	54%	7	18	22	51
	PSY	151	5%	<1	1	1	2	324	11%	1	1	2	4	2 549	84%	2	5	24	64
	SUR	1 569	16%	<1	<1	1	1	1 506	16%	3	5	6	7	6 565	68%	6	15	31	74
KC	ENT	966	9%	<1	<1	<1	<1	1 423	13%	<1	1	2	8	8 416	78%	1	2	8	11
	MED	1 228	14%	<1	<1	1	1	1 023	12%	3	4	5	7	6 477	74%	12	16	23	48
	GYN	463	13%	<1	<1	1	1	1 274	35%	3	4	6	7	1 909	52%	12	21	27	34
	OPH	6 406	34%	<1	<1	<1	1	4 083	22%	1	5	7	8	6 555	35%	39	43	44	45
	ORT	577	10%	<1	<1	<1	1	553	9%	2	4	5	7	4 848	81%	15	24	43	50
	PAE	295	20%	<1	<1	1	1	177	12%	2	3	4	5	1 012	68%	4	10	11	12
	PSY	327	14%	<1	<1	1	1	846	36%	2	5	7	7	1 191	50%	3	9	16	74
	SUR	2 157	17%	<1	<1	1	1	2 097	16%	2	3	5	7	8 451	66%	15	17	26	48
KE	ENT	1 370	17%	<1	<1	1	1	1 834	23%	4	6	7	8	4 815	60%	28	30	89	121
	MED	1 792	13%	<1	1	1	2	4 241	32%	6	7	8	8	7 265	55%	16	41	46	51
	GYN	1 099	19%	<1	1	1	1	851	15%	5	6	7	8	3 897	67%	15	78	138	146
	OPH	3 998	31%	<1	<1	1	1	2 249	18%	6	7	7	8	6 516	51%	11	33	84	100
	ORT	2 812	24%	<1	<1	1	1	2 490	21%	5	7	7	8	6 462	55%	89	101	110	120
	PAE	953	29%	<1	<1	<1	1	624	19%	5	6	7	8	1 744	52%	15	27	31	32
	PSY	494	9%	<1	<1	1	2	1 327	25%	2	3	5	7	3 390	63%	8	15	43	66
	SUR	1 120	7%	<1	1	1	1	4 958	29%	6	7	7	8	11 022	64%	28	98	124	134

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KW	ENT	2 864	25%	<1	<1	1	1	2 960	25%	4	5	7	8	5 817	50%	13	22	41	60
	MED	2 440	11%	<1	<1	1	2	4 896	22%	4	5	7	7	14 469	66%	20	36	53	60
	GYN	734	8%	<1	1	1	2	1 579	17%	3	5	6	7	7 039	75%	6	11	25	33
	OPH	4 549	32%	<1	<1	<1	<1	4 292	30%	1	4	5	6	5 485	38%	4	6	34	41
	ORT	3 131	21%	<1	<1	1	1	3 340	22%	4	5	7	7	8 522	57%	32	54	89	104
	PAE	2 004	37%	<1	<1	<1	1	575	11%	4	5	6	7	2 764	51%	4	8	12	13
	PSY	383	4%	<1	<1	1	1	839	9%	<1	2	4	6	7 808	86%	<1	8	21	34
	SUR	3 519	13%	<1	1	1	2	6 148	23%	4	5	7	7	17 221	64%	9	25	92	107
NTE	ENT	2 772	27%	<1	<1	1	2	1 946	19%	3	4	5	7	5 396	53%	24	54	65	81
	MED	2 243	16%	<1	<1	1	2	2 158	15%	4	5	7	8	9 378	67%	33	40	57	69
	GYN	943	11%	<1	<1	1	2	665	8%	3	5	7	8	5 934	70%	24	37	55	104
	OPH	5 066	34%	<1	<1	1	1	2 167	14%	3	4	7	8	7 713	52%	25	76	96	105
	ORT	4 593	30%	<1	<1	<1	1	1 836	12%	3	5	7	8	9 091	59%	25	69	78	98
	PAE	291	9%	<1	<1	1	2	562	18%	3	5	6	7	2 327	73%	9	16	29	34
	PSY	1 012	14%	<1	1	1	2	1 514	20%	3	4	6	8	4 619	62%	11	32	60	103
	SUR	1 998	12%	<1	<1	1	2	2 834	17%	3	5	6	8	11 846	71%	17	38	58	78
NTW	ENT	2 287	26%	<1	<1	<1	1	1 230	14%	3	4	6	7	5 432	61%	13	19	49	53
	MED	1 193	15%	1	1	2	2	2 017	25%	5	6	7	7	4 860	60%	13	42	46	50
	GYN	779	16%	1	2	2	3	509	11%	2	4	7	8	3 534	73%	11	16	23	40
	OPH	4 293	31%	<1	<1	<1	<1	1 512	11%	1	2	3	4	7 993	58%	2	8	43	46
	ORT	1 169	12%	<1	1	1	1	919	9%	2	4	6	7	7 788	79%	35	42	46	50
	PAE	143	8%	1	1	2	3	376	20%	3	3	4	5	1 376	73%	13	13	14	15
	PSY	549	11%	<1	1	1	2	1 110	23%	2	6	7	8	3 124	65%	7	12	20	33
	SUR	1 090	7%	<1	<1	1	2	1 643	11%	3	5	7	7	12 808	82%	12	27	31	34

Abbreviations

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

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

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	27.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)157

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1762

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With reference to the specialist obstetric service for outpatients at the various hospitals under the Hospital Authority, will the Administration advise on the number of new cases and the respective lower quartile, median and upper quartile of the waiting time, and the longest waiting time (the 95th percentile) for consultation appointments in 2010-11 and 2011-12?

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number of new cases of obstetric specialist outpatient service, as well as their lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and the longest (90th percentile) waiting time in each hospital cluster for 2010-11 and 2011-12 (up to 31 December 2011).

Cluster	2010-11					2011-12 (up to 31 December 2011) (Provisional figures)				
	Total number of new cases	Waiting Time (weeks)				Total number of new cases	Waiting Time (weeks)			
		25th	50th	75th	90th		25th	50th	75th	90th
		percentile					percentile			
HKE	5 962	<1	1	2	3	3 942	1	2	4	6
HKW	5 223	1	2	2	3	4 265	1	3	4	4
KC	6 066	2	6	7	9	5 188	3	8	13	20
KE	7 001	<1	2	4	5	3 808	<1	1	4	6
KW	14 356	3	6	8	11	12 801	4	6	10	12
NTE	11 785	2	5	7	13	9 122	5	7	18	19
NTW	3 824	1	2	7	11	2 376	<1	1	1	1

Abbreviations

HKE – Hong Kong East Cluster
HKW – Hong Kong West Cluster
KC – Kowloon Central Cluster

KE – Kowloon East Cluster
KW – Kowloon West Cluster
NTE – New Territories East Cluster
NTW- New Territories West Cluster

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)158

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1763

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the average unit costs of out-patient services of each specialty in all Hospital Authority hospital clusters (including Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine, Surgery and Psychiatry) in 2010-11 and 2011-12.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the average cost per specialist out-patient (SOP) attendance in different specialties by hospital clusters under the Hospital Authority (HA) for 2010-11.

2010-11	**Average cost per specialist out-patient attendance ($)**							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Ear, Nose and Throat	710	660	670	630	520	860	640	670
Gynaecology	890	1 060	750	690	610	600	660	720
Obstetrics	890	1 060	750	690	610	600	660	720
Medicine	1 410	1 670	1 720	1 560	1 330	1 690	1 570	1 530
Ophthalmology	440	400	470	450	380	490	400	440
Orthopaedic and Traumatology	780	820	770	660	720	850	790	770
Paediatrics and Adolescent Medicine	1 080	1 590	1 140	820	1 030	1 060	890	1 090
Surgery	1 100	1 630	950	1 160	1 050	1 050	1 220	1 170
Psychiatry	860	1 100	900	930	970	1 050	1 030	980

The table below sets out the projected average cost per SOP attendance by hospital clusters in 2011-12. The breakdown by different specialties is not yet available.

2011-12	**Average cost per SOP ($)**							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Projected overall average cost per SOP attendance	990	1,290	970	890	990	1,110	1,020	1,030

The cost of SOP attendances varies among different cases and different specialties owing to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. The cost also varies among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including specialization of the specialties in the cluster. Hence clusters with more patients with more complex conditions or requiring more costly treatment would incur a higher average cost. Therefore the average cost per SOP attendance cannot be directly compared among different clusters or specialties or with specific cases.

Abbreviations

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

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)159

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1764

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the occupancy rate of general beds and beds in various specialties under the Hospital Authority as a whole and in each hospital cluster, as well as the length of stay of the patients for 2010-11 and 2011-12.

Asked by: Hon. LEE Cheuk-yan

Reply:

The tables below set out the bed occupancy rate for all general specialties and major specialties and their respective average length of stay (ALOS) in each hospital cluster under the Hospital Authority (HA) and in HA as a whole in 2010-11 and 2011-12 (up to 31 December 2011).

2010-11	**Cluster**							**HA Overall**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Overall for general specialties								
Bed occupancy rate	83%	73%	87%	87%	82%	86%	92%	**84%**
Inpatient ALOS (days)	5.1	6.1	6.9	4.9	5.4	6.2	5.1	**5.7**
Major specialties								
Gynaecology								
Bed occupancy rate	86%	61%	77%	68%	82%	58%	81%	**72%**
Inpatient ALOS (days)	2.5	2.6	2.5	2.5	2.1	2.2	1.9	**2.3**
Medicine								
Bed occupancy rate	87%	77%	98%	92%	91%	99%	98%	**92%**
Inpatient ALOS (days)	4.9	5.6	7.6	5.2	6.2	6.8	6.4	**6.1**
Obstetrics								
Bed occupancy rate	84%	66%	67%	77%	68%	72%	85%	**72%**
Inpatient ALOS (days)	3.0	3.0	3.1	3.1	2.8	3.0	2.8	**2.9**
Orthopaedics & Traumatology								
Bed occupancy rate	83%	68%	94%	99%	87%	86%	89%	**86%**
Inpatient ALOS (days)	5.9	8.9	11.7	6.9	7.3	9.4	9.5	**8.4**

2010-11	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Paediatrics and Adolescent Medicine								
Bed occupancy rate	82%	66%	73%	76%	63%	85%	81%	**73%**
Inpatient ALOS (days)	3.4	5.7	4.8	2.7	3.6	3.6	3.4	**3.7**
Surgery								
Bed occupancy rate	70%	82%	86%	77%	69%	86%	93%	**79%**
Inpatient ALOS (days)	3.8	5.9	5.0	4.0	4.0	5.2	3.9	**4.5**

2011-12 (up to 31 December 2011) [Provisional Figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general specialties								
Bed occupancy rate	79%	72%	84%	85%	81%	85%	93%	**82%**
Inpatient ALOS (days)	4.9	5.9	6.9	4.9	5.3	6.0	5.3	**5.6**
Major specialties								
Gynaecology								
Bed occupancy rate	89%	60%	84%	70%	82%	63%	90%	**75%**
Inpatient ALOS (days)	2.3	2.6	2.5	2.5	2.0	2.0	1.9	**2.2**
Medicine								
Bed occupancy rate	81%	73%	92%	88%	88%	95%	96%	**88%**
Inpatient ALOS (days)	4.7	5.4	7.6	5.0	6.2	6.6	6.8	**6.1**
Obstetrics								
Bed occupancy rate	78%	67%	70%	76%	70%	66%	93%	**73%**
Inpatient ALOS (days)	2.8	2.9	3.1	2.9	2.8	2.7	2.9	**2.9**
Orthopaedics & Traumatology								
Bed occupancy rate	80%	68%	89%	103%	83%	86%	95%	**86%**
Inpatient ALOS (days)	5.8	8.2	11.3	7.0	7.0	9.1	9.6	**8.1**
Paediatrics and Adolescent Medicine								
Bed occupancy rate	84%	69%	67%	71%	58%	87%	76%	**70%**
Inpatient ALOS (days)	3.3	5.3	4.8	2.5	3.5	4.0	4.1	**3.8**
Surgery								
Bed occupancy rate	69%	84%	86%	78%	71%	85%	92%	**79%**
Inpatient ALOS (days)	3.6	6.0	5.0	4.0	4.0	5.5	3.8	**4.5**

Abbreviations

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

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)160

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1765

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the total numbers of doctors, nurses and allied health staff in the Hospital Authority, a breakdown by hospital clusters, and their ratios to the total population served by and persons aged 65 or above in individual clusters in 2010-11 and 2011-12.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number and ratio of doctors, nurses and allied health staff in the Hospital Authority (HA) per 1 000 population and the ratio to people aged 65 or above by cluster in 2010-11 and 2011-12 :

Cluster	**Number of doctors, nurses and allied health staff and ratio per 1 000 population**								
	Doctors	**Ratio to overall population**	**Ratio to people aged 65 or above**	**Nurses**	**Ratio to overall population**	**Ratio to people aged 65 or above**	**Allied Health Staff**	**Ratio to overall population**	**Ratio to people aged 65 or above**
2010-11 (as at 31 March 2011)									
Hong Kong East	550	0.7	4.5	2 099	2.5	17.1	623	0.8	5.1
Hong Kong West	569	1.1	8.1	2 440	4.5	34.5	738	1.4	10.4
Kowloon Central	648	1.3	8.8	2 784	5.6	37.7	827	1.7	11.2
Kowloon East	590	0.6	4.3	2 096	2.1	15.2	569	0.6	4.1
Kowloon West	1 192	0.6	4.3	4 731	2.5	17.0	1 223	0.7	4.4
New Territories East	835	0.6	6.1	3 272	2.5	24.0	922	0.7	6.8
New Territories West	656	0.6	7.1	2 638	2.5	28.6	653	0.6	7.1
Total	**5 040**	**0.7**	**5.5**	**20 060**	**2.8**	**22.0**	**5 555**	**0.8**	**6.1**
2011-12 (as at 31 December 2011)									
Hong Kong East	560	0.7	4.4	2 206	2.7	17.1	657	0.8	5.1
Hong Kong West	586	1.1	7.7	2 480	4.6	32.5	771	1.4	10.1
Kowloon Central	669	1.3	8.5	2 946	5.9	37.4	871	1.7	11.1
Kowloon East	601	0.6	4.7	2 194	2.2	17.1	601	0.6	4.7
Kowloon West	1 221	0.7	4.3	4 838	2.6	17.2	1 277	0.7	4.5
New Territories East	857	0.7	6.0	3 394	2.6	23.8	959	0.7	6.7
New Territories West	677	0.6	6.7	2 725	2.5	26.9	703	0.7	6.9
Total	**5 171**	**0.7**	**5.5**	**20 784**	**2.9**	**22.2**	**5 838**	**0.8**	**6.2**

Note:

It should be noted that the ratio of doctors, nurses and allied health staff per 1 000 population varies among the clusters and the variances do not necessarily correspond to the difference in the population among the clusters because :

(a) patients can receive care in hospitals other than those in their own residential districts and cross-cluster utilization of services is rather common; and

(b) some specialized services are available only in a number of hospitals and the doctors, nurses and allied health staff in these hospitals are also providing services for patients from other clusters.

The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)161

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1766

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of attendances at the Accident and Emergency (A&E) Departments under the Hospital Authority arising from industrial accidents or traffic accidents in the past three years and the expenditures involved respectively.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number of attendances of the Accident & Emergency (A&E) Departments of the Hospital Authority (HA) arising from industrial accidents or traffic accidents in the past three years.

Trauma Type	**Number of A&E attendances**			
	2009-10	**2010-11**	**2011-12 (up to 31 December 2011) (Provisional figures)**	**Total**
Traffic accidents	22 797	22 789	18 756	64 342
Industrial accidents	70 321	71 056	55 652	197 029
Total	93 118	93 845	74 408	261 371

The estimated cost incurred for A&E services for the above attendances was $74 million in 2009-10, $75 million in 2010-11 and $66 million in 2011-12 (up to 31 December 2011).

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)162

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1578

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 Hospital Authority's inpatient services for the mentally ill, the number of patient days as at 31 March 2011 was 1 025 260, and that as at 31 March 2012 (Revised Estimates) is 1 007 000. Why is the target number of patient days as at 31 March 2013 again set at 1 007 000? The Administration has introduced the policy of diverting the focus of mental illness treatment from inpatient care to community and ambulatory services. Given that the community support for rehabilitation of mental patients is still inadequate, will the Administration consider slowing down the implementation of this policy and revising the number of patients days for the mentally ill so as to better safeguard the health of the general public and patients? If yes, please provide the details. If no, please give the reasons.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

It is the international trend to gradually focus on community and ambulatory services in the treatment of mental illness, and to allow the early discharge of mental patients when their conditions are stablised for treatment in the community. The Government has been strengthening its community psychiatric services in line with this direction to allow more patients who are suitable for discharge to receive treatment in the community, thereby enhancing their prospect of early reintegration into the community. As a result, the demand for inpatient service has decreased in recent years and the number of patient days is estimated to remain at 1 007 000 as at 31 March 2013.

Providing community support for psychiatric patients is an important component in enhancing patients' re-integration into the community. The Hospital Authority will continue to review and monitor the provision of community support services to psychiatric patients to ensure that its service can meet the community's needs.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)163

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1579

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding rehabilitation and palliative care services under the Hospital Authority, the number of home visits by community nurses has increased from 833,934 (actual) in 2010-11 to the 839,000 for 2012-13 (estimated). Has the Administration recruited more community nurses as appropriate to cope with the increasing demand for home visits? If yes, what are the numbers of new recruits? If no, what are the reasons and how will the Administration solve the problem of manpower shortage?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The planned increase in the number of community nurses from 2010-11 to 2012-13 is from 388 to 408. In 2010-11 and 2011-12, the Hospital Authority recruited an additional nine and ten community nurses respectively.

The Food and Health Bureau assesses the manpower requirements for healthcare professionals according to the triennial planning cycle of the University Grants Committee (UGC), and advises the UGC on the corresponding requirements for publicly-funded places to facilitate academic planning by tertiary institutions. In making long-term manpower projections, we will take into account the anticipated manpower requirements of major healthcare providers having regard to, among other things, the wastage trends of different healthcare professions, the ageing rate of the population and changes in demographic profiles, and the community's need for services in particular areas, etc. We will also take into consideration the implications on healthcare manpower arising from changes in healthcare services delivery models and related policies such as development of primary care and private hospitals and the introduction of a Health Protection Scheme.

For the triennial cycle starting from 2012, the Government will allocate an additional $200 million to increase the number of first-year first-degree places in medicine by 100, nursing by 40 and allied health professions by 146. The 40 additional nursing places are provided for the training of psychiatric nurses.

In view of the rising demand for nurses, the Hospital Authority has re-opened its nursing schools since 2008, offering publicly-funded three-year Registered Nurse Higher Diploma and two-year Enrolled Nurse training programmes. The two programmes admitted 400 students in 2011-12. Meanwhile, training places for nurses offered by self-financing post-secondary institutions are also on the rise.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)164

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1580

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 rehabilitation and palliative care services of the Hospital Authority, the actual number of allied health (outpatient) attendances was 2 109 534 in 2010-11. It is estimated that the number will increase to 2 125 000 in 2012-13. Has the Administration recruited more allied health professionals accordingly to meet the need? If yes, how many have been recruited? If not, what are the reasons?

Asked by: LEE Kok-long, Joseph

Reply:

In 2010-11 and 2011-12 (up to 31 December 2011), the Hospital Authority (HA) recruited 353 and 470 allied health staff. The net increases are 171 and 286 staff respectively. In 2012-13, HA plans to recruit an addition of 300 allied health staff.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)165

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1950

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In paragraph 56 of the Budget Speech, the Financial Secretary proposed to inject $10 billion into the Samaritan Fund. He also proposed in paragraph 55 of the Budget Speech to provide allowances to patients when calculating the total value of disposable assets in the means test and simplify tiers of patients' contribution ratio for drug expenses so that more people will benefit from the subsidy. In this regard, please advise the estimated number of additional people who will benefit from the implementation of the initiatives concerned and the annual expenditure involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

With the implementation of Samaritan Fund (SF) enhancement measures, we estimate that about 2 300 patients will be benefitted. The SF expenditure on drug for 2011-12 is estimated to be between $160 million to $200 million. The annual SF expenditure on drug varies depending on various factors such as the number of applications received, changes in drug costs and review results of coverage of drugs by SF. The rate of increase for SF expenditure on drug in each of the past five years is in the range of 14% to 79%. The estimated additional expenditure for 2012-13 is being worked out.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)166

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1954

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 psychiatric services of the Hospital Authority, the number of psychiatric outreach attendances increases from the actual number of 167 086 in 2010-11 to 226 000 in the 2012-13 estimate. Has the Administration recruited additional psychiatric nurses appropriately? If yes, how many additional staff has been recruited? If not, what are the reasons? How will the Administration solve the manpower problem of psychiatric nurses?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In 2010-11, the Hospital Authority (HA) recruited 81 case managers, out of which 57 are psychiatric nurses. In 2011-12 (as at 31 December 2011), an addition of 57 case managers have been recruited and 36 of them are psychiatric nurses.

The Food and Health Bureau assesses the manpower requirements for healthcare professionals according to the triennial planning cycle of the University Grants Committee (UGC), and advises the UGC on the corresponding requirements for publicly-funded places to facilitate academic planning by tertiary institutions. In making long-term manpower projections, we will take into account the anticipated manpower requirements of major healthcare providers having regard to, among other things, the wastage trends of different healthcare professions, the ageing rate of the population and changes in demographic profiles, and the community's need for services in particular areas, etc. We will also take into consideration the implications on healthcare manpower arising from changes in healthcare services delivery models and related policies such as development of primary care and private hospitals and the introduction of a Health Protection Scheme.

For the triennial cycle starting from 2012, the Government will allocate an additional $200 million to increase the number of first-year first-degree places in medicine by 100, nursing by 40 and allied health professions by 146. The 40 additional nursing places are provided for the training of psychiatric nurses.

In view of the rising demand for nurses, the Hospital Authority has re-opened its nursing schools since 2008, offering publicly-funded three-year Registered Nurse Higher Diploma and two-year Enrolled Nurse training programmes. The two programmes admitted 400 students in 2011-12. Meanwhile, training places for nurses offered by self-financing post-secondary institutions are also on the rise.

We will closely monitor the manpower situation of various healthcare professions and respond accordingly in resource allocation, manpower training and planning so as to facilitate the sustainable development of our healthcare system.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)167

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1955

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 measures introduced by the Hospital Authority to recruit and retain the staff, please advise:

(a) the number of nurses who left the Hospital Authority in the past year and their respective years of services;

(b) the number of nurses promoted under the Hospital Authority in the past year and their respective ranks;

(c) the number of experienced nurses recruited who returned to work for the Hospital Authority in the past year and their respective years of service;

(d) the number of new nurse entrants recruited by the Hospital Authority in the past year.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) The number of nurses who left the Hospital Authority (HA) in 2011-12 (up to 31 December 2011) is 804. Their respective years of service are listed below:

Rank Group	**Turnover number by Year Of Service**								
	Less Than 1 Year	**1-5 years**	**6-10 years**	**11-15 years**	**16-20 years**	**21-25 years**	**26-30 years**	**31 years or above**	**Total**
DOM/SNO and above	1	5	1	4	6	-	-	-	17
APN/NS/NO/WM	5	23	2	14	31	9	1	-	85
Registered Nurse	107	219	83	95	51	8	3	8	574
Enrolled Nurse/Others	34	13	2	26	22	5	7	19	128
Grand Total	**147**	**260**	**88**	**139**	**110**	**22**	**11**	**27**	**804**

(b) The number of nurses promoted in HA in 2011-12 (up to 31 December 2011) is 465 including 39 promoted to SNO and above ranks, and 426 promoted to APN or equivalent ranks.

(c) The number of experienced nurses recruited returning to work for HA in 2011-12 (up to 31 December 2011) is 564. The years of service of the re-appointed nurses are listed below:

Rank Group	2011-12 (up to 31 December 2011)					Total
	Year of Service in Previous Employment					
	Less than 1 Year	1-5 years	6-10 years	11-15 years	16-20 years	
APN/NS/NO/WM	1	-	-	3	-	4
Registered Nurse	280	90	16	49	26	461
Enrolled Nurse/Others	62	24	2	7	4	99
Grand Total	**343**	**114**	**18**	**59**	**30**	**564**

(d) The number of new nurse entrants recruited by HA in 2011-12 (up to 31 December 2011) is 973 out of 1 537 total recruits.

Abbreviations

DOM - Department Operations Manager
SNO - Senior Nursing Officer
APN - Advanced Practice Nurse
NS - Nurse Specialist
NO - Nursing Officer
WM - Ward Manager

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)168

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1956

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 measures introduced by the Hospital Authority to recruit and retain the staff, please list by respective allied health services:

(a) the number of allied health staff who left the Hospital Authority in the past year and their respective years of service;

(b) the number of allied health staff promoted under the Hospital Authority in the past year and their respective ranks;

(c) the number of experienced allied health staff recruited who returned to work for the Hospital Authority in the past year and their respective years of service;

(d) the number of new allied health entrants recruited by the Hospital Authority in the past year.

Asked by: Hon. LEE Kok-long Joseph

Reply:

(a) The number of allied health staff who left the Hospital Authority (HA) in 2011-12 (up to 31 December 2011) is 174. Their respective years of service is indicated below:

Years of service	Turnover no.
Less than 1 year	27
1-5 years	75
6-10 years	9
11-15 years	28
16-20 years	25
21-25 years	5
26-30 years	3
31 years or above	2

(b) The number of allied health staff promoted in HA in 2011-12 (up to 31 December 2011) is 232. The table below sets out the breakdown by rank:

Rank group	Rank	No. of promotions
Clinical Psychologist	Senior Clinical Psychologist	5
Dietitian	Department Manager (Dietetics) I	1
	Department Manager (Dietetics) II	1

Rank group	Rank	No. of promotions
Dispenser	Chief Dispenser	7
	Senior Dispenser	21
Medical Laboratory Technologist	Department Manager (Medical Laboratory Service) I	1
	Senior Medical Technologist	4
	Medical Technologist	34
Medical Social Worker	Social Work Officer	1
Occupational Therapist	Department Manager (Occupational Therapy) I	1
	Senior Occupational Therapist	2
	Occupational Therapist I	42
Optometrist	Department Manager (Optometry)	1
Orthoptist	Department Manager (Orthoptics)	1
	Orthoptist I	5
Pharmacist	Senior Pharmacist	7
	Department Manager (Pharmacy) II	2
Physicist	Department Manager (Medical Physics) I	1
	Senior Physicist	1
Physiotherapist	Department Manager (Physiotherapy) I	3
	Senior Physiotherapist	6
	Physiotherapist I	33
Podiatrist	Podiatrist I	2
Prosthetist-Orthotist	Department Manager (Prosthetics & Orthotics) II	1
	Prosthetist-Orthotist I	3
Radiographer	Senior Radiographer (Diagnostic/ Radiation Therapist)	9
	Radiographer I (Diagnostic/ Radiation Therapist)	37

(c) The number of experienced allied health staff recruited returning to work for HA in 2011-12 (up to 31 December 2011) is 140. The years of service of the re-appointed staff is listed below:

Years of service in previous HA employment	No. of re-hired staff
Less than 1 year	108
1-5 years	29
6-10 years	3

(d) The number of new allied health entrants recruited by HA in 2011-12 (up to 31 December 2011) is 470.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)169

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1957

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 nursing manpower of the Hospital Authority, please provide the following information:

(a) How many nurses provided hospice care in the previous year? Please list by cluster the breakdown;

(b) How many patients received hospice care in the previous year?

(c) Will the Administration consider allocating more resources to extend this service in a bid to further implement the policy of "ageing in place"? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) At present, palliative care services are mainly provided by healthcare personnel of the Palliative Care Units (PCUs) and Oncology Centres. As at 31 December 2011, there were around 200 full-time equivalent nurses serving in the PCUs of the Hospital Authority (HA). HA does not have the breakdown of manpower of the PCUs by cluster. As for the Oncology Centres, since the Oncology Centres are subsumed under the overall establishment of the Oncology Departments, a separate statistics on the number of nurses specifically for hospice care is not readily available.

(b) HA has been providing palliative care to terminally-ill patients including in-patient service, out-patient service, day care service, home care service and bereavement counseling. Statistics on the utilization of these services in 2011-12 (up to 31 December 2011) are set out in the table below.

Palliative Care Service	**Number of Attendances** [Note] **2011-12 (up to 31 December 2011) [Provisional Figures]**
Palliative care in-patient service (Total number of in-patient/ day-patient discharge and death)	5 782
Palliative care specialist out-patient service	6 526
Palliative home visits	22 798
Palliative day care attendances	8 403
Bereavement service	2 846

Note: The above statistics refer to the throughputs in Hospice Specialty only.

Session 19 FHB(H)

(c) In addition to terminally-ill patients suffering from cancer, HA has enhanced the palliative care service coverage from 2010-11 onwards to benefit those patients with end-stage organ failures, e.g. end-stage renal disease. Psychosocial care services including counseling, bereavement support, crisis intervention provided to terminally-ill patients and their caregivers will be further strengthened in 2012-13.

HA understands that some terminally-ill patients may wish to stay with their families in a familiar environment until their passing away. HA respects patients' will and will provide support to them as appropriate in the light of individual circumstances.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)170

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1958

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 mental health services of the Hospital Authority, please provide information on :

(a) the psychiatric nursing manpower of the case management programme for persons with severe mental illness and the average number of cases to be handled by each nurse. Apart from psychiatric nurses, are there other people responsible for managing the cases? If yes, what are their professions and numbers? What is the estimated expenditure for this programme?

(b) the estimated expenditure of the Administration for enhancement of environment of psychiatric inpatient. What are the details and timetable?

(c) the number of attendances for mental health services for children and adolescents in the past year. What was the psychiatric nursing manpower for providing this service? Please provide a breakdown by cluster.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) As at 31 December 2011, the Hospital Authority (HA) has recruited a total of 138 case managers providing intensive community support for more than 9 000 patients with severe mental illness living in the eight districts covered by the Case Management Programme. In 2012-13, the Case Management Programme will be further extended to four more districts (Kowloon City, Southern, Central & Western and Islands), and it is estimated that an addition of about 40 case managers including nurses and allied health professionals will be recruited to provide community support for about 1 900 more patients. Apart from psychiatric nurses, allied health professionals including occupational therapists and social workers with experience in mental health services will be recruited as case managers. The additional recurrent expenditure is estimated at $26.9 million.

(b) To facilitate early discharge and better community re-integration, HA will further enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters, including enhancement of nursing and allied health professionals in 2012-13. It is estimated that 29 nurses, six occupational therapists and seven clinical psychologists will be required to provide the services. The additional recurrent expenditure is estimated at around $27.4 million.

(c) The table below sets out the total number of attendances of the child and adolescent psychiatric specialist out-patient clinics in 2011-12 (up to 31 December 2011). The estimated attendances for 2012-13 are not available.

Cluster	Child and Adolescent Psychiatric Service Specialist Out-patient Attendances 2011-12 (up to 31 December 2011)
Hong Kong East Cluster	7 647 (Note 1)
Hong Kong West Cluster	
Kowloon Central Cluster	13 978 (Note 2)
Kowloon West Cluster	
Kowloon East Cluster	4 545
New Territories East Cluster	8 344
New Territories West Cluster	12 509
Total	**47 023**

Note 1: The majority of the Child and Adolescent patients in the Hong Kong East Cluster is supported by the Child and Adolescent Psychiatric Specialist Team of the Hong Kong West Cluster.

Note 2: The majority of the Child and Adolescent patients in Kowloon Central Cluster is supported by the Child and Adolescent Psychiatric Specialist Team of the Kowloon West Cluster.

As the clinical staff supporting the child and adolescent mental health services also provide support for other mental health services, HA does not have breakdown of manpower figures on psychiatric nurses providing only child and adolescent mental health service.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)171

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1959

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority is responsible for managing and developing the public healthcare system. In order to utilize various professional teams effectively, improve service delivery and provide the community with proper treatment, has the Administration considered allowing optometrists to directly refer persons in need to receive treatment in public hospitals so that they can save another visit to private doctors to obtain referral letters for receiving further treatment in public hospitals? If yes, what are the details and resources involved? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

According to the existing policies, ophthalmology specialist outpatient clinics in the Hospital Authority (HA), as with all other HA specialist outpatient clinics of other specialties, provide consultation services to patients based on referrals from registered medical practitioners. Ophthalmologic problem of a patient could be a manifestation of a systemic disease. It is therefore more appropriate for a patient to be assessed by a doctor before his/her case is referred to the HA's ophthalmology specialist outpatient service. As such, the HA's ophthalmology specialist outpatient clinics do not accept direct referrals from optometrists.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 21.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)172

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1960

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority (HA) manages and develops the public medical service system. To make good use of various professional teams and improve the service rendered so that the public can receive proper treatment, has the Administration considered including chiropractors in HA's scope of service? If yes, what are the details? What are the resources involved? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Chiropractice is generally viewed as a form of alternative medicine while the core standard service provided by the Hospital Authority (HA) is western evidence-based medicine services.

The current musculoskeletal services in HA is provided by a comprehensive range of complementary expertise including physicians, orthopedic surgeons and other allied health professionals, for example, physiotherapists and occupational therapists. The conditions treated by chiropractors are being covered by such services.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)173

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1961

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Administration considered improving the pay package to recruit and retain nurses, such as reinstating the 16.5% cash allowance and incremental jump, ending the first-year pay freeze for contract nurses and granting clinical specialist allowances to nurse specialists, if it has, what are the details and the expenditure required, if it has not, what are the reasons for that?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) has deployed additional resources over the past few years to address manpower issues for the provision of quality care. HA plans to deploy $389 million to implement a basket of initiatives for the nursing grade in 2012-13 to further increase manpower strength and improve staff retention. These include the recruitment of an addition of 400 nurses. Major measures to retain nurses include enhancement of nurse career advancement opportunities of experienced nurses by creating more promotional posts, provision of training of registered nursing (RN) students and enrolled nursing (EN) students at HA's nursing schools, support of career advancement of ENs to attain RNs qualification, enhancement of preceptorship support in clinical practice for newly graduated nurses and overseas training scholarships.

Changes in pay package will have corporate-wide and substantial resources implications. HA will review the effectiveness of the aforementioned initiatives and explore further enhancement as and when necessary.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)174

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1962

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 consider improving the pay package, for instance, by setting the entry points on par with the university qualifications, so as to recruit and retain the allied health staff? If yes, what are the details? What is the expenditure involved? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph

Reply:

Academic qualification is only one of the factors for consideration in determining the pay package of a grade in the recruitment by the Hospital Authority (HA). Other factors include scope and complexity of the job, manpower demand and supply in the market and resources availability. HA plans to recruit about 545 allied health staff in 2012-13, which represent around 90% of the available university graduates as well as some existing practitioners in the market. It is estimated that there will be a net increase of 300 allied health staff in 2012-13 in HA.

To enhance recruitment and retention for allied health staff, a sum of $94 million has been earmarked by HA for overseas recruitment of diagnostic radiographers, offering of overseas scholarship to allied health undergraduate for grades with no local or inadequate supply, re-engineering work processes, streamlining work flow, recruitment of additional supporting staff to relieve workload and enhancement of training opportunities.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)175

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1707

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With reference to the specialist outpatient services at various hospitals under the Hospital Authority (HA) (including ear, nose and throat; gynaecology; obstetrics; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery and psychiatry), will the Administration advise on the numbers of new cases triaged respectively as first priority, second priority and routine categories in 2009-10, 2010-11 and 2011-12 and their respective percentages. Among the above cases of different priorities, what are the respective lower quartile, median of the waiting time, and the longest waiting time for consultation appointments at HA hospitals?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The tables below set out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine case; their respective percentages in the total number of specialist outpatient new cases; and their respective lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and the longest (90th percentile) waiting time in each hospital cluster for 2009-10, 2010-11 and 2011-12 (up to 31 December 2011).

2009-10

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
HKE	ENT	1 487	19%	<1	<1	<1	2 778	35%	2	3	5	3 611	46%	20	20	21
	MED	2 388	22%	<1	1	2	3 837	35%	2	4	7	4 750	43%	3	9	42
	GYN	1 153	23%	<1	1	2	346	7%	4	5	7	3 470	70%	11	14	18
	OPH	5 442	45%	<1	<1	1	1 366	11%	4	6	8	5 209	43%	10	16	27
	ORT	1 748	22%	<1	<1	1	2 079	26%	4	5	7	4 105	52%	11	19	61
	PAE	1 191	52%	<1	<1	1	872	38%	3	6	8	240	10%	11	13	19
	PSY	688	18%	<1	<1	2	658	17%	<1	1	6	2 460	65%	<1	3	41
	SUR	1 977	17%	<1	1	2	3 593	30%	4	7	8	6 262	53%	12	18	123
HKW	ENT	232	4%	<1	<1	1	762	13%	<1	1	4	4 688	82%	2	5	14
	MED	241	2%	<1	<1	1	801	8%	2	3	7	8 623	89%	2	7	25
	GYN	791	11%	<1	<1	2	760	10%	4	6	8	5 362	71%	2	13	72
	OPH	2 874	40%	<1	<1	2	1 113	15%	4	6	8	3 244	45%	47	52	56
	ORT	388	4%	<1	<1	2	1 410	15%	1	2	6	7 781	81%	4	14	37
	PAE	408	12%	<1	<1	1	953	28%	2	5	7	2 055	60%	13	17	38
	PSY	268	8%	<1	<1	2	660	19%	1	2	5	2 562	73%	3	16	95
	SUR	1 904	15%	<1	1	2	2 032	16%	3	4	8	8 513	68%	2	12	138
KC	ENT	1 422	10%	<1	<1	<1	1 909	14%	<1	1	1	10 683	76%	<1	1	2
	MED	1 343	13%	<1	<1	1	1 092	11%	4	4	7	7 240	72%	12	15	37
	GYN	779	17%	<1	<1	1	1 674	38%	3	5	7	1 986	45%	4	9	26
	OPH	8 198	35%	<1	<1	1	4 843	21%	1	3	7	9 801	42%	32	35	37
	ORT	361	6%	<1	1	1	621	10%	2	3	6	4 801	75%	13	23	70
	PAE	445	25%	<1	<1	1	205	12%	3	4	7	1 115	63%	3	8	10
	PSY	472	17%	<1	<1	1	1 147	41%	1	3	6	1 202	43%	3	8	25
	SUR	2 388	16%	<1	1	2	2 510	17%	3	4	8	9 759	66%	17	25	37
KE	ENT	1 856	21%	<1	<1	1	1 766	20%	5	7	7	5 131	59%	15	21	24
	MED	2 423	15%	<1	1	2	4 918	30%	5	7	8	9 147	55%	12	54	90
	GYN	1 448	20%	<1	1	1	822	11%	6	7	8	4 999	69%	15	64	102
	OPH	4 842	34%	<1	<1	1	3 750	26%	7	7	8	5 688	40%	113	135	150
	ORT	3 881	27%	<1	<1	1	2 676	19%	4	6	7	7 603	54%	25	63	113
	PAE	844	25%	<1	<1	1	619	19%	3	6	7	1 879	56%	3	14	40
	PSY	708	11%	<1	1	1	1 889	31%	2	3	7	3 475	56%	6	15	65
	SUR	1 756	8%	<1	1	1	5 872	28%	6	7	8	13 223	63%	27	99	122

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
KW	**ENT**	4 050	28%	<1	<1	1	3 045	21%	4	6	8	7 603	52%	15	24	78
	MED	3 459	13%	<1	<1	1	6 556	25%	4	6	8	16 452	62%	24	36	50
	GYN	1 156	9%	<1	<1	2	2 141	17%	3	5	8	8 878	72%	4	12	36
	OPH	5 887	34%	<1	<1	<1	4 143	24%	1	2	4	7 467	43%	4	6	21
	ORT	5 028	24%	<1	<1	1	4 279	20%	4	6	9	11 782	56%	24	59	74
	PAE	2 845	41%	<1	<1	1	1 254	18%	3	4	7	2 605	38%	4	7	10
	PSY	610	6%	<1	<1	1	1 260	13%	1	4	8	8 036	81%	<1	5	40
	SUR	4 887	14%	<1	1	1	9 940	28%	4	6	7	20 629	58%	14	42	146
NTE	**ENT**	4 259	30%	<1	<1	2	2 668	19%	3	4	7	7 404	52%	24	32	66
	MED	2 807	17%	<1	<1	1	2 816	17%	4	5	8	10 189	63%	16	35	74
	GYN	1 370	12%	<1	<1	2	1 411	12%	3	4	7	7 916	70%	13	18	52
	OPH	6 937	39%	<1	<1	1	2 371	13%	3	4	8	8 564	48%	17	50	53
	ORT	6 122	33%	<1	<1	1	2 293	12%	3	5	8	10 074	54%	24	50	85
	PAE	607	16%	<1	<1	2	732	19%	3	5	8	2 392	63%	17	30	45
	PSY	1 506	19%	<1	1	2	1 736	22%	2	3	7	4 443	55%	3	15	87
	SUR	2 402	12%	<1	<1	2	2 832	14%	3	5	8	14 957	74%	17	37	100
NTW	**ENT**	3 424	32%	<1	<1	1	956	9%	3	4	7	6 308	59%	13	92	96
	MED	1 720	15%	1	1	2	2 302	20%	4	7	8	7 746	66%	8	36	43
	GYN	997	18%	<1	1	2	1 330	24%	3	4	7	3 265	58%	10	12	39
	OPH	5 450	33%	<1	<1	<1	1 076	6%	<1	1	8	10 103	61%	7	19	38
	ORT	1 823	16%	<1	<1	1	1 491	13%	3	4	7	7 916	70%	25	26	34
	PAE	82	4%	<1	1	2	476	22%	3	5	7	1 643	75%	17	20	23
	PSY	821	15%	<1	<1	1	1 779	32%	1	2	6	2 874	52%	1	5	32
	SUR	1 428	8%	<1	1	2	2 415	13%	3	4	7	14 605	79%	12	26	30

2010-11

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
HKE	ENT	1 626	20%	<1	<1	<1	2 899	36%	2	5	8	3 566	44%	20	20	27
	MED	2 453	21%	<1	1	2	3 825	32%	2	4	7	5 508	47%	5	12	45
	GYN	1 314	26%	<1	<1	2	402	8%	3	5	7	3 391	66%	11	14	23
	OPH	5 370	42%	<1	<1	1	1 613	12%	4	7	8	5 920	46%	11	14	45
	ORT	1 902	21%	<1	1	1	2 603	29%	4	5	7	4 515	50%	11	18	34
	PAE	264	18%	<1	1	1	964	65%	3	5	7	252	17%	7	8	12
	PSY	695	19%	<1	<1	2	737	20%	<1	<1	6	2 242	61%	<1	1	22
	SUR	2 071	17%	<1	1	2	3 803	32%	4	6	8	6 033	51%	9	13	117
HKW	ENT	388	6%	<1	<1	1	939	15%	2	3	6	4 780	78%	4	8	15
	MED	416	4%	<1	<1	1	941	9%	2	4	6	9 137	87%	4	11	31
	GYN	1 076	16%	<1	<1	1	688	11%	4	5	7	4 100	63%	11	13	91
	OPH	3 581	43%	<1	<1	2	1 073	13%	4	7	8	3 735	45%	15	52	52
	ORT	528	6%	<1	<1	1	1 159	12%	2	3	6	7 799	82%	6	14	37
	PAE	449	12%	<1	<1	1	1 138	31%	3	6	8	2 039	56%	14	17	56
	PSY	290	7%	<1	<1	1	707	17%	1	2	5	3 039	75%	2	7	87
	SUR	1 776	15%	<1	<1	2	1 908	16%	3	4	7	8 318	69%	3	13	138
KC	ENT	1 430	10%	<1	<1	<1	2 056	15%	<1	<1	2	10 680	75%	<1	1	4
	MED	1 377	13%	<1	<1	1	1 104	11%	3	4	6	7 729	74%	11	13	43
	GYN	647	14%	<1	1	1	1 436	32%	3	5	8	2 468	54%	9	14	28
	OPH	9 196	36%	<1	<1	1	4 928	19%	2	5	8	10 157	40%	27	37	41
	ORT	277	4%	<1	1	1	661	9%	2	3	6	5 645	80%	13	24	49
	PAE	468	24%	<1	<1	1	154	8%	2	3	4	1 348	68%	2	7	12
	PSY	480	17%	<1	<1	1	1 036	37%	2	4	7	1 275	46%	2	10	42
	SUR	2 555	17%	<1	1	1	2 808	18%	2	3	7	9 986	65%	17	20	34
KE	ENT	2 009	19%	<1	<1	1	2 250	21%	3	6	8	6 526	60%	13	23	45
	MED	2 618	15%	<1	1	2	4 914	28%	4	7	8	9 719	56%	11	25	54
	GYN	1 422	19%	<1	1	1	999	14%	5	7	8	4 897	67%	15	91	126
	OPH	5 407	35%	<1	<1	1	3 526	23%	7	7	8	6 708	43%	14	119	158
	ORT	3 953	26%	<1	<1	1	2 858	19%	5	6	10	8 482	55%	30	52	103
	PAE	1 012	26%	<1	<1	1	681	17%	3	6	7	2 263	57%	10	17	30
	PSY	484	8%	<1	<1	1	1 759	28%	1	3	7	3 925	62%	4	14	77
	SUR	1 645	8%	<1	1	1	6 000	28%	5	7	8	13 502	64%	25	88	127

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
KW	**ENT**	3 576	24%	<1	<1	1	3 415	23%	4	6	8	7 988	53%	13	22	64
	MED	3 494	12%	<1	<1	1	6 527	23%	4	6	7	18 096	64%	21	36	52
	GYN	1 086	9%	<1	<1	2	2,149	18%	3	5	7	8 568	72%	5	12	25
	OPH	5 902	32%	<1	<1	<1	4 640	25%	2	4	7	7 837	43%	3	12	36
	ORT	4 583	22%	<1	<1	1	4 303	21%	4	6	14	11 503	56%	38	60	93
	PAE	3 009	39%	<1	<1	1	883	11%	3	4	7	3 634	47%	5	8	11
	PSY	518	5%	<1	<1	1	1 037	10%	<1	3	6	8 876	85%	<1	6	31
	SUR	4 668	13%	<1	<1	2	7 589	22%	3	5	7	22 563	65%	8	25	103
NTE	**ENT**	4 250	29%	<1	<1	2	2 724	18%	3	4	7	7 770	53%	24	45	73
	MED	2 877	17%	<1	<1	1	2 943	17%	4	5	8	11 191	65%	20	36	70
	GYN	1 424	13%	<1	<1	2	952	9%	2	4	7	7 820	71%	16	23	76
	OPH	7 086	36%	<1	<1	1	2 935	15%	3	4	8	9 672	49%	23	47	67
	ORT	6 560	33%	<1	<1	1	2 326	12%	3	5	8	11 170	56%	20	63	89
	PAE	554	13%	<1	<1	2	572	13%	3	4	8	3 192	74%	8	15	37
	PSY	1 414	16%	<1	<1	2	1 801	21%	2	4	7	5 036	58%	8	23	113
	SUR	2 674	13%	<1	<1	2	3,176	16%	3	4	8	14 077	70%	16	38	80
NTW	**ENT**	3 355	29%	<1	<1	1	1 103	10%	3	4	7	7 056	61%	11	43	96
	MED	1 649	15%	1	1	2	2 579	23%	4	6	8	7 087	63%	7	40	48
	GYN	1 055	18%	<1	1	2	1 253	21%	3	5	8	3 527	60%	11	15	40
	OPH	5 727	32%	<1	<1	<1	1 578	9%	<1	2	5	10 727	59%	2	12	48
	ORT	1 779	15%	<1	<1	1	1 336	11%	3	4	7	8 982	74%	27	31	41
	PAE	304	13%	<1	1	2	380	16%	2	3	5	1 649	71%	13	13	14
	PSY	770	14%	<1	1	2	1 742	31%	1	3	7	3 105	55%	4	9	16
	SUR	1 373	7%	<1	<1	1	2 162	11%	3	4	7	16 141	82%	12	25	28

2011-12 (up to 31 December 2011) (Provisional figures)

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
HKE	ENT	1 081	18%	<1	<1	<1	1 949	33%	1	4	8	2 812	48%	20	21	34
	MED	1 792	21%	<1	1	2	2 519	30%	2	4	7	4 198	49%	8	14	52
	GYN	770	20%	<1	<1	3	589	15%	3	4	6	2 495	65%	9	13	22
	OPH	3 767	43%	<1	<1	1	1 194	14%	4	7	8	3 869	44%	11	27	54
	ORT	1 249	19%	<1	<1	1	1 775	27%	4	5	7	3 591	54%	12	30	45
	PAE	213	21%	<1	1	2	643	63%	3	4	7	164	16%	6	7	12
	PSY	440	17%	<1	<1	2	507	19%	<1	1	6	1 700	64%	<1	2	20
	SUR	1 527	16%	<1	1	2	3 044	33%	4	6	8	4 762	51%	9	20	94
HKW	ENT	328	7%	<1	<1	1	1 144	24%	3	4	8	3 236	69%	5	14	29
	MED	915	11%	<1	<1	1	1 056	12%	2	3	6	6 471	77%	9	17	33
	GYN	898	17%	<1	<1	1	603	12%	3	4	7	3 091	60%	9	13	29
	OPH	2 739	33%	<1	<1	1	840	10%	3	4	6	4 681	57%	6	13	18
	ORT	512	7%	<1	<1	1	1 072	14%	2	3	6	5 810	79%	8	15	37
	PAE	344	12%	<1	<1	1	939	33%	3	6	8	1 535	54%	7	18	51
	PSY	151	5%	<1	1	2	324	11%	1	1	4	2 549	84%	2	5	64
	SUR	1 569	16%	<1	<1	1	1 506	16%	3	5	7	6 565	68%	6	15	74
KC	ENT	966	9%	<1	<1	<1	1 423	13%	<1	1	8	8 416	78%	1	2	11
	MED	1 228	14%	<1	<1	1	1 023	12%	3	4	7	6 477	74%	12	16	48
	GYN	463	13%	<1	<1	1	1 274	35%	3	4	7	1 909	52%	12	21	34
	OPH	6 406	34%	<1	<1	1	4 083	22%	1	5	8	6 555	35%	39	43	45
	ORT	577	10%	<1	<1	1	553	9%	2	4	7	4 848	81%	15	24	50
	PAE	295	20%	<1	<1	1	177	12%	2	3	5	1 012	68%	4	10	12
	PSY	327	14%	<1	<1	1	846	36%	2	5	7	1 191	50%	3	9	74
	SUR	2 157	17%	<1	<1	1	2 097	16%	2	3	7	8 451	66%	15	17	48
KE	ENT	1 370	17%	<1	<1	1	1 834	23%	4	6	8	4 815	60%	28	30	121
	MED	1 792	13%	<1	1	2	4 241	32%	6	7	8	7 265	55%	16	41	51
	GYN	1 099	19%	<1	1	1	851	15%	5	6	8	3 897	67%	15	78	146
	OPH	3 998	31%	<1	<1	1	2 249	18%	6	7	8	6 516	51%	11	33	100
	ORT	2 812	24%	<1	<1	1	2 490	21%	5	7	8	6 462	55%	89	101	120
	PAE	953	29%	<1	<1	1	624	19%	5	6	8	1 744	52%	15	27	32
	PSY	494	9%	<1	<1	2	1 327	25%	2	3	7	3 390	63%	8	15	66
	SUR	1 120	7%	<1	1	1	4 958	29%	6	7	8	11 022	64%	28	98	134

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
KW	**ENT**	2 864	25%	<1	<1	1	2 960	25%	4	5	8	5 817	50%	13	22	60
	MED	2 440	11%	<1	<1	2	4 896	22%	4	5	7	14 469	66%	20	36	60
	GYN	734	8%	<1	1	2	1 579	17%	3	5	7	7 039	75%	6	11	33
	OPH	4 549	32%	<1	<1	<1	4 292	30%	1	4	6	5 485	38%	4	6	41
	ORT	3 131	21%	<1	<1	1	3 340	22%	4	5	7	8 522	57%	32	54	104
	PAE	2 004	37%	<1	<1	1	575	11%	4	5	7	2 764	51%	4	8	13
	PSY	383	4%	<1	<1	1	839	9%	<1	2	6	7 808	86%	<1	8	34
	SUR	3 519	13%	<1	1	2	6 148	23%	4	5	7	17 221	64%	9	25	107
NTE	**ENT**	2 772	27%	<1	<1	2	1 946	19%	3	4	7	5 396	53%	24	54	81
	MED	2 243	16%	<1	<1	2	2 158	15%	4	5	8	9 378	67%	33	40	69
	GYN	943	11%	<1	<1	2	665	8%	3	5	8	5 934	70%	24	37	104
	OPH	5 066	34%	<1	<1	1	2 167	14%	3	4	8	7 713	52%	25	76	105
	ORT	4 593	30%	<1	<1	1	1 836	12%	3	5	8	9 091	59%	25	69	98
	PAE	291	9%	<1	<1	2	562	18%	3	5	7	2 327	73%	9	16	34
	PSY	1 012	14%	<1	1	2	1 514	20%	3	4	8	4 619	62%	11	32	103
	SUR	1 998	12%	<1	<1	2	2 834	17%	3	5	8	11 846	71%	17	38	78
NTW	**ENT**	2 287	26%	<1	<1	1	1 230	14%	3	4	7	5 432	61%	13	19	53
	MED	1 193	15%	1	1	2	2 017	25%	5	6	7	4 860	60%	13	42	50
	GYN	779	16%	1	2	3	509	11%	2	4	8	3 534	73%	11	16	40
	OPH	4 293	31%	<1	<1	<1	1 512	11%	1	2	4	7 993	58%	2	8	46
	ORT	1 169	12%	<1	1	1	919	9%	2	4	7	7 788	79%	35	42	50
	PAE	143	8%	1	1	3	376	20%	3	3	5	1 376	73%	13	13	15
	PSY	549	11%	<1	1	2	1 110	23%	2	6	8	3 124	65%	7	12	33
	SUR	1 090	7%	<1	<1	2	1 643	11%	3	5	7	12 808	82%	12	27	34

The triage system is not applicable to obstetric service at the SOP clinics. The table below sets out the number of new cases, and the lower quartile (25th percentile), median (50th percentile) and the longest (90th percentile) waiting time in respect of obstetric service in each hospital cluster for 2009-10, 2010-11 and 2011-12 (up to 31 December 2011).

Cluster	2009-10				2010-11				2011-12 (up to 31 December 2011) (Provisional figures)			
	Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
		25th	50th	90th		25th	50th	90th		25th	50th	90th
		percentile				percentile				percentile		
HKE	4 308	<1	1	3	5 962	<1	1	3	3 942	1	2	6
HKW	4 754	<1	1	2	5 223	1	2	3	4 265	1	3	4
KC	6 483	2	5	11	6 066	2	6	9	5 188	3	8	20
KE	6 163	<1	1	4	7 001	<1	2	5	3 808	<1	1	6
KW	12 432	4	7	12	14 356	3	6	11	12 801	4	6	12
NTE	10 899	<1	3	6	11 785	2	5	13	9 122	5	7	19
NTW	4 410	1	2	11	3 824	1	2	11	2 376	<1	1	1

Abbreviations

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

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

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)176

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1708

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

How could the Government ensure that the healthcare personnel have sufficient time to provide service to psychiatric patients during each attendance? How could the Government ensure that the quality of service will not deteriorate and why is there not a corresponding increase in manpower and resources along with the increased service output?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

To meet the needs of patients with mental illness, the Hospital Authority (HA) provides a spectrum of mental health services, including inpatient, outpatient, ambulatory and community psychiatric services, using an integrated and multi-disciplinary approach involving psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers. In providing services for patients with mental illness, HA's psychiatrists will assess each individual patient's clinical needs and arrange necessary treatment as appropriate.

To meet increasing service demand, HA has recently increased the total workforce for mental health service. The table below sets out the total manpower of various healthcare professionals for mental health services in HA in recent three years.

Year	Psychiatrist	Psychiatric Nurse (including Community Psychiatric Nurse)	Clinical Psychologist	Occupational Therapist
2009-10	310	1 896	41	142
2010-11	317	1 946	44	172
2011-12	334	2 075	54	189

In assessing its manpower requirements, HA takes into account the service needs, models of care and availability of healthcare professionals. HA will continue to monitor the manpower situations of healthcare professionals and make appropriate arrangements in manpower planning and deployment to meet service needs.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	21.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)177

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1709

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 doctor-to-patient and nurse-to-patient ratios in 2009-10, 2010-11, 2011-12 and the anticipated ratios in 2012-13 by cluster, hospital and specialties.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Tables 1 and 2 below set out the doctor-to-patient and nurse-to-patient ratios in 2009-10, 2010-11 and 2011-12 by cluster and by major specialties respectively. The anticipated ratios in 2012-13 are not available yet.

Table 1 Doctor-to-patient and nurse-to-patient ratios by cluster

Cluster	Doctor-to-patient ratio		Nurse-to-patient ratio	
	Number of doctors	Ratio per 1 000 inpatient discharges and deaths	Number of nurses	Ratio per 1 000 inpatient discharges and deaths
2009-10				
Hong Kong East	541	5.1	2 049	19.5
Hong Kong West	559	5.6	2 366	23.6
Kowloon Central	635	5.0	2 787	22.0
Kowloon East	566	5.2	2 018	18.6
Kowloon West	1 183	5.0	4 735	19.9
New Territories East	842	5.5	3 254	21.2
New Territories West	657	5.6	2 619	22.5
2010-11				

Cluster	Doctor-to-patient ratio		Nurse-to-patient ratio	
	Number of doctors	Ratio per 1 000 inpatient discharges and deaths	Number of nurses	Ratio per 1 000 inpatient discharges and deaths
Hong Kong East	550	5.0	2 099	19.1
Hong Kong West	569	5.4	2 440	23.1
Kowloon Central	648	5.1	2 784	22.1
Kowloon East	590	5.0	2 096	17.9
Kowloon West	1 192	4.9	4 731	19.3
New Territories East	835	5.3	3 272	20.9
New Territories West	656	5.4	2 638	21.8
2011-12 (up to 31 December 2011)				
Hong Kong East	560	5.1	2 206	20.0
Hong Kong West	586	5.5	2 480	23.2
Kowloon Central	669	5.3	2 946	23.5
Kowloon East	601	5.0	2 194	18.2
Kowloon West	1 221	5.0	4 838	19.8
New Territories East	857	5.4	3 394	21.3
New Territories West	677	5.5	2 725	22.1

Table 2 Doctor-to-patient and nurse-to-patient ratios by major specialties

Specialty	Doctor-to-patient ratio		Nurse-to-patient ratio	
	Number of doctors	Ratio per 1 000 inpatient discharges and deaths	Number of nurses	Ratio per 1 000 inpatient discharges and deaths
2009-10				
Medicine	1 098	2.7	5 628	13.9
Surgery	579	3.8	2 552	16.8
Obstetrics & Gynaecology	206	2.4	993	11.6
Paediatrics	315	3.8	1 102	13.4
Orthopaedics & Traumatology	298	4.1	717	9.9
Psychiatry	310	18.9	1 896	115.9
2010-11				
Medicine	1 106	2.7	5 005	12.0
Surgery	599	3.9	1 646	10.6
Obstetrics & Gynaecology	205	2.2	976	10.6
Paediatrics	308	3.6	1 099	12.8
Orthopaedics & Traumatology	306	4.1	726	9.6

	Doctor-to-patient ratio		Nurse-to-patient ratio	
Psychiatry	317	19.5	1 994	119.5
2011-12 (up to 31 December 2011)				
Medicine	1 137	2.7	5 479	13.2
Surgery	605	3.8	1 769	11.2
Obstetrics & Gynaecology	215	2.2	1 057	11.0
Paediatrics	310	3.6	1 172	13.8
Orthopaedics & Traumatology	312	4.0	801	10.3
Psychiatry	334	20.7	2 075	128.8

Notes :

1. The number of doctors and nurses does not include those providing services for the mentally handicapped.
2. As the condition of each patient and the complexity of each case vary among different specialties, the workload of relevant healthcare staff cannot be assessed and compared simply on the ratio of the number of healthcare staff to the number of patient / discharge and death.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)178

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1710

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Bureau inform this Committee of the respective ratios of psychiatrists and nurses in each of the hospitals in the Hospital Authority clusters to the overall population, mental patients and the population aged 65 or above in the relevant districts in 2009-10, 2010-11 and 2011-12?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:
The table below sets out the ratios of psychiatrists in the Hospital Authority (HA) per 1 000 population in each cluster in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011):

	Ratio of psychiatrists per 1 000 population		
	Ratio to overall population	Ratio to population aged 65 or above	Ratio to mental patients
2009-10			
HKEC	0.04	0.27	1.90
HKWC	0.04	0.31	1.63
KCC	0.07	0.46	2.20
KEC	0.03	0.22	1.35
KWC	0.04	0.25	1.46
NTEC	0.05	0.44	2.06
NTWC	0.06	0.73	2.50
Overall	0.04	0.35	1.89
2010-11			
HKEC	0.04	0.26	1.69
HKWC	0.04	0.31	1.81
KCC	0.07	0.45	2.87
KEC	0.03	0.25	1.39
KWC	0.04	0.25	1.42
NTEC	0.04	0.42	1.82
NTWC	0.07	0.76	2.45
Overall	0.04	0.35	1.80

	Ratio of psychiatrists per 1 000 population		
	Ratio to overall population	Ratio to population aged 65 or above	Ratio to mental patients
2011-12 (up to 31 December 2011)			
HKEC	0.04	0.25	1.62
HKWC	0.04	0.31	1.94
KCC	0.07	0.44	2.93
KEC	0.04	0.27	1.34
KWC	0.04	0.25	1.35
NTEC	0.05	0.43	1.87
NTWC	0.07	0.76	2.57
Overall	0.05	0.36	1.81

The table below sets out the ratios of psychiatric nurses per 1 000 population in each cluster in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011):

	Ratio of psychiatric nurses per 1 000 population		
	Ratio to overall population	Ratio to population aged 65 or above	Ratio to mental patients
2009-10			
HKEC	0.23	1.61	11.51
HKWC	0.15	1.12	5.93
KCC	0.45	3.07	14.76
KEC	0.09	0.67	4.08
KWC	0.28	1.95	11.49
NTEC	0.21	2.01	9.39
NTWC	0.49	5.53	18.96
Overall	0.27	2.12	11.54
2010-11			
HKEC	0.23	1.55	10.03
HKWC	0.16	1.20	7.00
KCC	0.43	2.90	18.58
KEC	0.11	0.78	4.42
KWC	0.29	1.95	11.14
NTEC	0.21	2.00	8.67
NTWC	0.50	5.76	18.55
Overall	0.28	2.13	11.04
2011-12 (up to 31 December 2011)			
HKEC	0.24	1.58	10.30
HKWC	0.17	1.23	7.60
KCC	0.44	2.78	18.34
KEC	0.11	0.87	4.30
KWC	0.30	2.01	11.06
NTEC	0.19	1.74	7.63
NTWC	0.59	6.25	21.14
Overall	0.29	2.21	11.27

Abbreviations

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

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)179

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1711

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration advise on the number of psychiatric patients who were given or will be given new psychiatric drugs as covered by the 2009-10, 2010-11, 2011-12 and 2012-13 Estimates? What are their ratios to all patients with similar illness? What are the readmission rates and the waiting time between follow-up visits as compared to patients with similar illness? What are the average costs of drug purchased and prescribed for these patients?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Relevant information on the new psychiatric drugs in the Hospital Authority (HA) from 2009-10 to 2011-12 is set out in the table below. As drug prescription is based on clinical conditions of individual patients, it is not possible to estimate the number and percentage of psychiatric patients prescribed with new psychiatric drugs and hence estimates for 2012-13 is not available. HA does not maintain statistics on the readmission rates and interval between follow-up visits for these patients.

	2009-10 (actual)	2010-11 (actual)	2011-12 (up to 31 December 2011)
Number of patients prescribed with new anti-psychotic drugs	34 632	39 231	41 737
Estimated percentage of new cases of psychotic patients prescribed with new anti-psychotic drugs	60%	62%	Not yet available
Estimated average expenditure on new anti-psychotic drugs per patient	$4,272	$ 4,100	$ 3,151

Session 19 FHB(H)

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)180

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2177

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown for the improvements to psychiatric services in the 2012-13 Estimates of the Hospital Authority, including the details about improving the waiting time for psychiatric outpatient services, the details about improving the consultation time, the objectives of such improvements and the additional resources and manpower involved.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Hospital Authority (HA) will implement the following programmes to strengthen mental health services in 2012-13:

Since April 2010, HA has launched the Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalized support for patients with severe mental illness. In 2011-12, the programme has been extended to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to support more patients. As at 31 December 2011, HA has recruited a total of 138 case managers, providing intensive community support for more than 9 000 patients with severe mental illness living in these eight districts. In 2012-13, the Case Management Programme will be further extended to cover another four districts in Hong Kong West Cluster and Kowloon Central Cluster (Kowloon City, Southern, Central & Western and Islands). It is estimated that an addition of about 40 case managers including nurses and allied health professionals will be recruited to provide community support for about 1 900 more patients. The additional recurrent expenditure is estimated at $26.9 million.

For patients experiencing acute psychiatric crisis, psychiatric in-patient care is essential to facilitate their symptom control, behavioural management as well as early recovery. To facilitate early discharge and better community re-integration, HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters. It is estimated that 29 nurses, six occupational therapists and seven clinical psychologists will be required for the enhancement of the services. The additional recurrent expenditure is estimated at around $27.4 million.

To shorten the waiting time for psychiatric outpatient services, since 2010-11, the HA has launched a common mental disorder clinic in all seven clusters to provide timely assessment and treatment services to patients with common mental disorders and has introduced the Integrated Mental Health Programme to provide family medicine specialist clinics and general outpatient clinics services in the primary care settings. The median waiting time for first appointment at psychiatric specialist outpatient clinics for patients with common mental disorders was shortened to 11 weeks in 2011-12 (as at 31 December 2011) as compared to 17 weeks in 2008-09.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)181

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2178

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out by hospital clusters, hospitals and specialties the turnover figure and turnover rate of doctors and nurses in 2009-10, 2010-11 and 2011-12 and the anticipated turnover figure and turnover rate of doctors and nurses for 2012-13.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Tables 1 and 2 below set out respectively the turnover figures of doctors and nurses by specialties in each hospital cluster of the Hospital Authority (HA) in 2009-10, 2010-11 and 2011-12. The anticipated turnover of doctors and nurses in 2012-13 is around 260 and 1 200 respectively based on projected retirement and other turnover. Detailed breakdown of the anticipated turnover figures in 2012-13 is not available.

Table 1 Turnover of doctors in HA in 2009-10, 2010-11 and 2011-12

Cluster	Specialty	Turnover Number			Turnover Rate [1]		
		2009-10	2010-11	2011-12 (up to 31 December 2011)	2009-10	2010-11	2011-12 (Annualized)
Hong Kong East	Accident & Emergency	2	4	1	3.8%	7.8%	2.7%
	Anaesthesia	1	2	1	3.3%	6.9%	4.2%
	Family Medicine	4	3	1	8.7%	6.4%	2.7%
	Medicine	7	5	3	4.9%	3.5%	2.8%
	Obstetrics & Gynaecology	3	4	2	16.4%	20.6%	13.0%
	Ophthalmology	1	1	0	5.2%	5.2%	0.0%
	Orthopaedics & Traumatology	1	1	2	3.3%	3.2%	8.6%
	Paediatrics	4	2	2	15.1%	7.2%	9.5%
	Pathology	2	0	0	12.3%	0.0%	0.0%
	Psychiatry [2]	1	0	0	3.2%	0.0%	0.0%
	Radiology	2	2	2	6.0%	5.8%	7.7%
	Surgery	0	2	2	0.0%	4.1%	5.4%
	Others	1	3	1	2.6%	7.8%	3.4%
	Total	29	29	17	5.3%	5.3%	4.0%
Hong Kong West	Anaesthesia	5	2	4	9.5%	3.7%	9.7%
	Cardiothoracic Surgery	1	0	0	10.3%	0.0%	0.0%
	Family Medicine	2	1	1	6.5%	3.0%	3.8%
	Medicine	8	5	7	6.3%	3.9%	7.2%
	Neurosurgery	1	0	0	7.4%	0.0%	0.0%
	Obstetrics & Gynaecology	0	1	1	0.0%	4.0%	5.1%
	Ophthalmology	0	1	0	0.0%	9.5%	0.0%
	Orthopaedics & Traumatology	1	0	2	3.5%	0.0%	9.0%
	Paediatrics	1	3	2	2.4%	7.1%	6.2%
	Pathology	2	2	0	8.7%	8.4%	0.0%
	Psychiatry [2]	0	0	4	0.0%	0.0%	24.1%
	Radiology	2	2	3	5.7%	5.6%	10.6%
	Surgery	6	5	5	8.0%	6.4%	8.3%
	Others	0	2	2	0.0%	5.2%	7.1%
	Total	29	24	31	5.2%	4.2%	7.1%
Kowloon Central	Accident & Emergency	1	5	1	2.6%	13.2%	3.4%
	Anaesthesia	2	0	0	4.2%	0.0%	0.0%
	Cardiothoracic Surgery	1	2	0	7.1%	15.3%	0.0%

Cluster	Specialty	Turnover Number			Turnover Rate [1]		
		2009-10	2010-11	2011-12 (up to 31 December 2011)	2009-10	2010-11	2011-12 (Annualized)
	Family Medicine	3	2	1	6.2%	4.0%	2.6%
	Medicine	8	6	2	5.7%	4.3%	1.9%
	Neurosurgery	0	1	0	0.0%	6.4%	0.0%
	Obstetrics & Gynaecology	3	3	0	12.0%	12.9%	0.0%
	Ophthalmology	1	0	1	2.7%	0.0%	3.7%
	Paediatrics	2	2	4	5.1%	5.2%	14.7%
	Pathology	1	0	0	3.8%	0.0%	0.0%
	Psychiatry [2]	1	6	1	3.0%	18.2%	3.6%
	Radiology	0	2	1	0.0%	4.9%	3.1%
	Surgery	3	1	2	5.8%	1.9%	4.9%
	Others	0	3	2	0.0%	5.8%	5.2%
	Total	26	33	15	4.1%	5.1%	3.0%

Cluster	Specialty	Turnover Number			Turnover Rate [1]		
		2009-10	2010-11	2011-12 (up to 31 December 2011)	2009-10	2010-11	2011-12 (Annualized)
Kowloon East	Accident & Emergency	3	0	6	4.4%	0.0%	15.3%
	Anaesthesia	2	4	1	4.9%	9.9%	3.4%
	Family Medicine	4	3	3	5.2%	4.0%	5.0%
	Medicine	7	2	0	5.8%	1.6%	0.0%
	Obstetrics & Gynaecology	0	2	1	0.0%	7.4%	4.8%
	Ophthalmology	2	1	0	13.9%	6.6%	0.0%
	Orthopaedics & Traumatology	4	4	2	10.6%	10.6%	6.9%
	Paediatrics	0	5	4	0.0%	12.6%	13.8%
	Pathology	1	0	0	5.3%	0.0%	0.0%
	Radiology	0	0	1	0.0%	0.0%	5.6%
	Surgery	1	1	3	1.8%	1.7%	6.8%
	Others	1	2	2	4.9%	6.8%	7.8%
	Total	25	24	23	4.4%	4.1%	5.1%
Kowloon West	Accident & Emergency	5	7	3	4.5%	6.3%	3.6%
	Anaesthesia	5	3	3	6.5%	3.9%	5.1%
	Family Medicine	7	10	7	5.0%	6.8%	6.1%
	Medicine	17	15	11	6.0%	5.4%	5.2%
	Neurosurgery	2	0	1	8.0%	0.0%	5.6%
	Obstetrics & Gynaecology	7	4	0	14.3%	8.4%	0.0%
	Ophthalmology	0	2	5	0.0%	8.4%	28.7%
	Orthopaedics & Traumatology	2	4	3	3.0%	5.8%	5.6%
	Paediatrics	2	7	5	2.7%	9.6%	9.2%
	Pathology	0	1	0	0.0%	2.1%	0.0%
	Psychiatry [2]	2	2	1	3.0%	3.1%	1.9%
	Radiology	5	2	1	9.8%	3.7%	2.5%
	Surgery	6	7	1	5.5%	6.2%	1.2%
	Others	1	2	1	1.5%	3.0%	1.9%
	Total	61	66	42	5.1%	5.5%	4.6%
New Territories East	Accident & Emergency	1	6	8	1.4%	8.7%	15.7%
	Anaesthesia	3	2	3	5.3%	3.5%	7.0%
	Family Medicine	6	9	2	7.5%	11.0%	3.1%
	Medicine	9	11	10	5.0%	6.1%	7.2%

Cluster	Specialty	Turnover Number			Turnover Rate [1]		
		2009-10	2010-11	2011-12 (up to 31 December 2011)	2009-10	2010-11	2011-12 (Annualized)
	Neurosurgery	0	1	0	0.0%	12.9%	0.0%
	Obstetrics & Gynaecology	4	2	2	12.6%	6.2%	8.3%
	Ophthalmology	1	5	2	4.2%	21.3%	11.9%
	Orthopaedics & Traumatology	2	6	1	3.2%	9.9%	2.2%
	Paediatrics	1	2	1	1.9%	3.8%	2.5%
	Pathology	0	1	0	0.0%	3.2%	0.0%
	Psychiatry [2]	0	4	1	0.0%	6.8%	2.2%
	Radiology	0	3	0	0.0%	8.4%	0.0%
	Surgery	4	2	3	5.0%	2.4%	5.0%
	Others	2	5	2	2.8%	7.0%	3.6%
	Total	33	59	35	3.9%	7.0%	5.4%

Cluster	Specialty	Turnover Number			Turnover Rate [1]		
		2009-10	2010-11	2011-12 (up to 31 December 2011)	2009-10	2010-11	2011-12 (Annualized)
New Territories West	Accident & Emergency	1	2	2	1.5%	3.1%	4.3%
	Anaesthesia	3	0	5	7.2%	0.0%	13.7%
	Family Medicine	4	3	4	5.5%	4.2%	7.7%
	Medicine	2	11	4	1.6%	9.0%	4.4%
	Obstetrics & Gynaecology	0	3	1	0.0%	10.3%	4.5%
	Ophthalmology	0	1	0	0.0%	5.2%	0.0%
	Orthopaedics & Traumatology	1	2	1	2.4%	4.7%	3.1%
	Paediatrics	1	0	2	2.7%	0.0%	7.2%
	Pathology	2	0	0	9.8%	0.0%	0.0%
	Psychiatry [2]	2	6	1	2.8%	8.2%	1.7%
	Radiology	0	0	1	0.0%	0.0%	4.3%
	Surgery	1	0	2	2.0%	0.0%	4.5%
	Others	2	0	2	4.7%	0.0%	6.2%
	Total	19	28	25	2.9%	4.2%	4.9%

Notes
(3) Turnover rate = Total turnover number / Average headcount of the relevant period x 12 / no. of months x 100%
(4) The services of the psychiatric department include services for the mentally handicapped.

Table 2 Turnover of nurses in HA in 2009-10, 2010-11 and 2011-12

Cluster	Specialty	Turnover Number			Turnover Rate [1]		
		2009/2010	2010/2011	2011/2012 (up to 31 December 2011)	2009/2010	2010/2011	2011/2012 (Annualized)
Hong Kong East	Medicine	28	45	21	5.9%	9.1%	5.4%
	Obstetrics & Gynaecology	5	9	4	6.5%	13.3%	8.2%
	Orthopaedics & Traumatology	2	9	4	3.4%	15.0%	8.4%
	Paediatrics	1	3	6	1.8%	5.2%	14.9%
	Psychiatry	9	9	2	4.7%	4.8%	1.4%
	Surgery	7	9	8	7.5%	8.0%	8.9%
	Others [3]	67	58	45	6.7%	5.8%	5.9%
	Total	119	142	90	6.1%	7.2%	5.9%
Hong Kong West	Medicine	18	17	37	3.0%	2.8%	8.0%
	Obstetrics & Gynaecology	2	10	5	1.6%	8.1%	5.3%
	Orthopaedics & Traumatology	6	3	4	8.5%	4.0%	7.4%
	Paediatrics	12	17	16	6.3%	8.7%	11.1%
	Psychiatry [2]	3	2	5	3.8%	2.5%	7.5%
	Surgery	18	33	19	3.9%	7.5%	6.1%
	Others [3]	43	45	47	6.1%	6.4%	8.3%
	Total	102	127	133	4.6%	5.7%	7.8%
Kowloon Central	Medicine	15	21	11	2.8%	4.2%	2.9%
	Obstetrics & Gynaecology	5	3	7	3.4%	2.0%	6.2%
	Orthopaedics & Traumatology	3	4	7	4.7%	6.5%	14.7%
	Paediatrics	12	9	5	8.7%	6.9%	5.1%
	Psychiatry [2]	1	9	11	0.5%	4.2%	7.1%
	Surgery	12	13	5	5.7%	6.5%	3.2%
	Others [3]	54	77	70	4.0%	5.5%	6.4%
	Total	102	136	116	3.9%	5.1%	5.7%
Kowloon East	Medicine	22	36	28	3.3%	5.3%	5.3%
	Obstetrics & Gynaecology	4	7	10	3.7%	6.2%	11.2%
	Orthopaedics & Traumatology	4	3	6	3.6%	2.6%	7.1%
	Paediatrics	5	15	13	3.5%	10.8%	12.0%
	Psychiatry [2]	5	1	4	5.8%	1.0%	4.8%
	Surgery	12	6	14	8.7%	3.9%	12.6%
	Others [3]	22	33	24	3.2%	4.7%	4.4%
	Total	74	101	99	3.8%	5.1%	6.4%

Cluster	Specialty	Turnover Number			Turnover Rate [1]		
		2009/2010	2010/2011	2011/2012 (up to 31 December 2011)	2009/2010	2010/2011	2011/2012 (Annualized)
Kowloon West	Medicine	18	36	40	1.7%	3.5%	4.3%
	Obstetrics & Gynaecology	13	19	9	6.9%	10.5%	6.2%
	Orthopaedics & Traumatology	0	4	3	0.0%	3.1%	2.5%
	Paediatrics	8	19	11	3.8%	9.3%	6.7%
	Psychiatry [2]	3	6	14	5.6%	1.7%	3.4%
	Surgery	7	13	4	2.3%	4.4%	1.5%
	Others [3]	109	128	87	4.1%	5.4%	6.0%
	Total	158	225	168	3.4%	4.9%	4.8%
New Territories East	Medicine	39	46	34	4.4%	5.1%	4.8%
	Obstetrics & Gynaecology	7	9	11	3.6%	4.6%	7.5%
	Orthopaedics & Traumatology	2	8	6	1.0%	3.9%	3.9%
	Paediatrics	18	22	9	8.4%	10.5%	5.6%
	Psychiatry [2]	9	10	6	3.4%	4.1%	3.4%
	Surgery	21	3	11	6.8%	1.0%	5.3%
	Others [3]	28	51	33	2.7%	4.6%	3.9%
	Total	124	149	110	4.0%	4.7%	4.6%

Cluster	Specialty	Turnover Number			Turnover Rate [1]		
		2009/2010	2010/2011	2011/2012 (up to 31 December 2011)	2009/2010	2010/2011	2011/2012 (Annualized)
New Territories West	Medicine	29	33	23	5.5%	5.7%	5.1%
	Obstetrics & Gynaecology	5	10	2	3.9%	7.6%	2.0%
	Orthopaedics & Traumatology	2		3	3.0%	0.0%	5.9%
	Paediatrics	10	10	9	6.9%	7.0%	8.5%
	Psychiatry [2]	4	18	14	0.7%	2.9%	2.9%
	Surgery	5	4	7	3.6%	2.8%	6.4%
	Others [3]	37	49	28	4.4%	5.7%	4.3%
	Total	92	124	86	3.7%	4.9%	4.4%

Notes

(1) Turnover rate = Total turnover number / Average headcount of the relevant period x 12 / no. of months x 100%

(2) The services of the psychiatric department include services for the mentally handicapped.

(3) About 2 500 nursing staff (about 4 000 prior to 2011-12) 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 staff is not reflected in the turnover figures for the major specialties as indicated above.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)182

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2179

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide details on the manpower for psychiatric services (including psychiatrists, nurses, community nurses), the respective ratios of these staff to patients, the numbers of psychiatric inpatient discharges and deaths, the re-admission rates within 28 days without booking, the re-admission rates within three months without booking, the numbers of attendances and cost for community psychiatric services by Hospital Authority clusters in 2009-10, 2010-11 and 2011-12.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The table below sets out the number of psychiatrists, psychiatric nurses (including community psychiatric nurses) and community psychiatric nurses in each cluster for 2009-10, 2010-11 and 2011-12 (as at 31 December 2011):

	Number of Staff (calculated on full-time equivalent basis)		
	Psychiatrist	**Psychiatric Nurse (including community psychiatric nurse)**	**Community Psychiatric Nurse ("CPN")**
2009-10			
HKEC	32	194	13.5
HKWC	22	80	7
KCC	33	221	10.5
KEC	29	88	15
KWC	67	529	37
NTEC	59	269	24
NTWC	68	515	38.5
Overall	**310**	**1 896**	**145.5**

	Number of Staff (calculated on full-time equivalent basis)		
	Psychiatrist	**Psychiatric Nurse (including community psychiatric nurse)**	**Community Psychiatric Nurse ("CPN")**
2010-11			
HKEC	32	190	12
HKWC	22	85	7
KCC	33	214	11
KEC	34	108	15
KWC	69	543	33
NTEC	57	272	25
NTWC	70	531	39
Overall	**317**	**1 944**	**141**
2011-12 (as at 31 December 2011)			
HKEC	32	203	9
HKWC	24	94	6
KCC	35	219	11
KEC	35	112	13
KWC	69	565	23
NTEC	61	249	20
NTWC	77	633	39
Overall	**334**	**2 075**	**120**

The table below sets out the number of psychiatrists and psychiatric nurses per 1 000 patients receiving psychiatric service[2] of Hospital Authority (HA) in each cluster in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011):

	Number of psychiatrists per 1 000 patients receiving psychiatric service of HA	**Number of psychiatric nurses per 1 000 patients receiving psychiatric service of HA**
2009-10		
HKEC	1.90	11.51

	Number of psychiatrists per 1 000 patients receiving psychiatric service of HA	Number of psychiatric nurses per 1 000 patients receiving psychiatric service of HA
HKWC	1.63	5.93
KCC	2.20	14.76
KEC	1.35	4.08
KWC	1.46	11.49
NTEC	2.06	9.39
NTWC	2.50	18.96
Overall	**1.89**	**11.54**
2010-11		
HKEC	1.69	10.03
HKWC	1.81	7.00
KCC	2.87	18.58
KEC	1.39	4.42
KWC	1.42	11.14
NTEC	1.82	8.67
NTWC	2.45	18.55
Overall	**1.80**	**11.04**
2011-12 (up to 31 December 2011)		
HKEC	1.62	10.30
HKWC	1.94	7.60
KCC	2.93	18.34
KEC	1.34	4.30
KWC	1.35	11.06
NTEC	1.87	7.63
NTWC	2.57	21.14
Overall	**1.81**	**11.27**

The table below sets out the number of discharges and deaths for inpatient psychiatric service in each cluster in 2008-09, 2009-10 and 2010-11:

Number of discharges and deaths for inpatient psychiatric service	**2009-10**	**2010-11**	**2011-12 (up to 31 December 2011)**
HKEC	2 029	1 881	1 389
HKWC	691	676	524
KCC	2 533	2 646	1 873
KEC	599	624	514
KWC	3 393	3 528	2 804
NTEC	4 096	3 820	2 957
NTWC	2 677	2 746	2 006
Overall	**16 018**	**15 921**	**12 067**

The unplanned readmission rate within 28 days for psychiatry specialty was 6.5%, 6.8% and 6.8% in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011) respectively. To register unplanned readmission rate within 28 days for respective specialty is an established practice in HA. HA does not have the statistics of unplanned readmission rate within three months.

The table below sets out the number of psychiatric outreach attendances and average cost per psychiatric outreach attendance in each cluster in 2009-10, 2010-11 and 2011-12 (up to December 2011):

	Number of psychiatric outreach attendances	**Average cost per psychiatric outreach attendance[3]**
2009-10		
HKEC	13 845	1 150
HKWC	7 351	1 030
KCC	8 679	1 100
KEC	11 672	1 080
KWC	37 130	1 000
NTEC	22 970	1 190
NTWC	34 280	1 160
Overall	**135 927**	**1 100**

	Number of psychiatric outreach attendances	Average cost per psychiatric outreach attendance[3]
2010-11		
HKEC	14 534	1 130
HKWC	7 495	1 110
KCC	8 755	1 040
KEC	23 450	1 250
KWC	46 755	1 130
NTEC	21 858	1 270
NTWC	44 239	1 130
Overall	**167 086**	**1 160**
2011-12 (up to 31 December 2011)		
HKEC	15 011	1 250
HKWC	6 222	1 540
KCC	7 046	1 370
KEC	20 401	1 460
KWC	44 327	1 420
NTEC	23 749	1 420
NTWC	45 393	1 350
Overall	**162 149**	**1 390**

Notes:

1. The number of staff is calculated on full-time equivalent basis.

2. The manpower ratios of psychiatrist and psychiatric nurse per 1000 patients receiving psychiatric service of HA vary between clusters owing to the varying complexity of conditions of patients, as well as the concentration of certain services, such as gazetted beds in five clusters and forensic psychiatry in one cluster.

3. The average cost per psychiatric outreach attendance varies between clusters owing to the varying complexity of conditions of patients and the different treatments required. Clusters with more patients with more complex conditions or requiring more costly treatment would incur a higher average cost.

Abbreviations

HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster

NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)183

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2180

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2012-13 that the Bureau will "introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the Hospital Authority Drug Formulary". Would the Administration advise what criteria are adopted for approving drugs? What are the criteria for listing a drug in clinical application? What is the increase in provisions? What are the details? Will drugs for chronic obstructive pulmonary disease, haemophilia and thalassaemia be included? What is the number of drugs currently waiting for approval and what were the numbers of drugs approved in the past three years?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Hospital Authority (HA) has an established mechanism with the support of 21 specialty panels to regularly evaluate new drugs and review the drugs in the Drug Formulary. The process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness of drugs and taking into account various factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost and views of professionals and patient groups. HA will keep in view the latest scientific and clinical evidence of drugs and enhance the Drug Formulary as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy. Since April 2009, a total of 28 drugs have been included as General or Special drugs in the Drug Formulary. HA evaluates new drugs and reviews the drugs in the HA Drug Formulary every three months under the established mechanism. There are no drugs currently waiting for review for inclusion into the HA Drug Formulary.

The Government has earmarked additional recurrent funding of $230 million for HA to introduce three new drugs as Special Drugs in the Drug Formulary and expand the clinical applications of nine therapeutic groups of drugs in 2012-13. The initiative will be implemented starting from the second quarter of 2012. Haemophilia and thalassaemia are among the nine therapeutic groups of drugs with expanded clinical applications. Separately, the clinical applications of drugs for treatment of chronic obstructive pulmonary diseases had been expanded in 2011-12.

The table below sets out the drug classes, drug names and the estimated expenditure involved for each drug each year:

Drug Class		Estimated Expenditure Involved ($ Million)
(A) Incorporation of New Drugs into the HA Drug Formulary (Reposition from Safety Net to Special Drug)		
(i)	Oxaliplatin for colon cancer	24
(ii)	Interferon beta for multiple sclerosis	8
(B) Incorporation of New Drugs into the HA Drug Formulary (Reposition from Self-financed Item to Special Drug)		
(i)	Gemcitabine for pancreatic and bladder cancer	5
(C) Expansion of Clinical Applications of Existing Drugs in the HA Drug Formulary		
(i)	Taxanes (including Docetaxel and Paclitaxel) for breast, head and neck, prostate and lung cancer	30
(ii)	Drugs for epilepsy, depression, dementia and attention deficit hyperactivity disorder	49
(iii)	Coagulation factors for haemophilia, iron oral chelating agents for adult thalassaemia, granulocyte-colony stimulating factor for neutropenia	50
(iv)	Immunosuppressants for transplant	31
(v)	Drugs for anaesthesia and sedation	9
(vi)	Drugs for gastrointestinal diseases	2
(vii)	Drugs for pulmonary arterial hypertension and glycoprotein IIb / IIIa inhibitor for coronary vascular diseases	15
(viii)	Peritoneal dialysis fluid (glucose free preparation)	6
(ix)	Drugs for growth hormone deficiency	1

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)184

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2331

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 waiting time for general outpatient services, please list out in 2009-10, 2010-11 and 2011-12 respectively, the median waiting time and the waiting time at the 99th percentile for first outpatient appointment at all hospitals under the Hospital Authority; number of cases with waiting time below one year, between one to two years and of two years or above; as well as the number of attendances. Please also give the numbers of full-time medical staff and nursing staff.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Public general out-patient services are primarily targeted at the low income and underprivileged groups, including the chronically ill, poor and frail or disabled elders, and low-income families. The number of attendances at the 74 general out-patient clinics (GOPCs) operated by the Hospital Authority (HA) from 2009-10 to 2011-12 is as follows –

2009-10 Actual#	2010-11 Actual#	2011-12 Revised Estimate
4 700 543	4 979 754	5 052 000

Attendances at Designated Flu Clinics operated during the Human Swine Influenza (Influenza A H1N1) pandemic are not included.

The number of doctors and nursing staff working in GOPCs from 2009 to 2011 is as follows –

2009		2010		2011	
Doctors	Nursing staff*	Doctors	Nursing staff*	Doctors	Nursing staff*
361	699	380	713	397	789

* Include nursing staff working for GOPCs only as well as those working for both GOPCs and specialist outpatient clinics. No further breakdown is available.

Patients under the care of HA's GOPCs mainly comprise chronic disease patients with stable medical conditions (such as patients with diabetes mellitus or hypertension) and episodic disease patients with relatively mild symptoms (such as those suffering from flu, cold, fever or gastroenteritis). For chronic disease patients, they will be assigned a timeslot for the next consultation in advance without having to make separate appointments. For episodic disease patients, consultation timeslots in the next 24 hours are available for booking through HA's telephone booking system. In 2011, over 90% of the target users of general out-patient services, including elders, recipients of Comprehensive Social Security Assistance and medical fee waivers, are able to secure a consultation timeslot within two working days through the telephone booking system. Since the telephone booking system allocates current consultation timeslots for patients with episodic illnesses, no waiting list or new-case waiting time is available for GOPC services.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)185

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2581

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out by hospital the respective number of pregnant mainland women whose spouses are not permanent residents of Hong Kong (doubly non-permanent resident pregnant women) and pregnant mainland women whose spouses are permanent residents of Hong Kong (singly non-permanent resident pregnant women) admitted to hospitals for delivery without booking in 2011-12.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The table below sets out the number of non-booked deliveries via the Accident and Emergency Departments by non-eligible persons (NEP) by hospitals in 2011-12 (up to 31 December 2011).

Hospitals	Number of non-booked deliveries by NEPs (figures in bracket refers to NEPs who claimed that their husbands were Hong Kong residents)
Kwong Wah Hospital	127 (25)
Princess Margaret Hospital	134 (47)
Prince of Wales Hospital	209 (58)
Pamela Youde Netherosole Eastern Hospital	100 (19)
Queen Elizabeth Hospital	249 (30)
Queen Mary Hospital	47 (13)
Tuen Mun Hospital	122 (47)
United Christian Hospital	144 (36)
Overall HA	1132 (275)

It should be noted that NEP patients are not obliged to disclose the resident status of their spouses when using HA services. The figures on NEPs who claimed that their husbands were Hong Kong residents provided above are based on the information available in the HA and are only indicative.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)186

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2582

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 respective number of cases and the amount involved regarding default payment of medical fees after delivery of pregnant mainland women whose spouses are not permanent residents of Hong Kong (doubly non-permanent resident pregnant women), pregnant mainland women whose spouses are permanent residents of Hong Kong (singly non-permanent resident pregnant women), and local pregnant women.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The table below sets out the number of write-off cases and the amount of medical fee write-offs of Non-eligible persons (NEP) and Eligible persons (EP) in respect of obstetric services of the Hospital Authority (HA) in 2010-11 and 2011-12 (up to 31 December 2011).

	NEP		EP	
	Amount ($ million)	Number of cases	Amount ($ million)	Number of cases
2010-11	6.6	241	0.004	214
2011-12 (up to December 2011)	4.0	171	0.005	109

It should be noted that NEP patients are not obliged to disclose the resident status of their spouses when using HA services. The breakdown of NEP by "doubly non-permanent resident pregnant women" and "singly non-permanent resident pregnant women" is not available.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)187

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2987

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the changes in the number of hospital beds for the general, infirmary, mental ill and mentally handicapped patients of the clusters and hospitals under the Hospital Authority in 2009-10, 2010-11 and 2011-12. What are the reasons for the changes?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The table below sets out the changes in the number of beds for general, infirmary, mentally-ill and mentally-handicapped patients in each hospital cluster under the Hospital Authority (HA) for 2009-10, 2010-11 and 2011-12:

Clusters		**2009-10 (Actual)**	**2010-11 (Actual)**		**2011-12 (Revised estimate)**	
		Number of Beds as at end of March 2010	**Number of Beds as at end of March 2011**	**Year-to-Year Change**	**Number of Beds as at end of March 2012**	**Year-to-Year Change**
HKEC	General	1 942	2 002	+60	2 002	0
	Infirmary	627	627	0	627	0
	Mentally ill	400	400	0	400	0
	Mentally handicapped	0	0	0	0	0
	Cluster total	**2 969**	**3 029**	**+60**	**3 029**	**0**
HKWC	General	2 853	2 853	0	2 853	0
	Infirmary	200	200	0	200	0
	Mentally ill	82	82	0	82	0
	Mentally handicapped	0	0	0	0	0
	Cluster total	**3 135**	**3 135**	**0**	**3 135**	**0**

Clusters		2009-10 (Actual)	2010-11 (Actual)		2011-12 (Revised estimate)	
		Number of Beds as at end of March 2010	Number of Beds as at end of March 2011	Year-to-Year Change	Number of Beds as at end of March 2012	Year-to-Year Change
KCC	General	3 002	3 002	0	3 002	0
	Infirmary	118	118	0	118	0
	Mentally ill	425	425	0	425	0
	Mentally handicapped	0	0	0	0	0
	Cluster total	**3 545**	**3 545**	**0**	**3 545**	**0**
KEC	General	2 075	2 135	+60	2 135	0
	Infirmary	116	116	0	116	0
	Mentally ill	80	80	0	80	0
	Mentally handicapped	0	0	0	0	0
	Cluster total	**2 271**	**2 331**	**+60**	**2 331**	**0**
KWC	General	5 174	5 174	0	5 174	0
	Infirmary	328	328	0	328	0
	Mentally ill	920	920	0	920	0
	Mentally handicapped	160	160	0	160	0
	Cluster total	**6 582**	**6 582**	**0**	**6 582**	**0**
NTEC	General	3 473	3 473	0	3 473	0
	Infirmary	517	517	0	517	0
	Mentally ill	524	524	0	524	0
	Mentally handicapped	0	0	0	0	0
	Cluster total	**4 514**	**4 514**	**0**	**4 514**	**0**
NTWC	General	1 997	2 094	+97	2 115	+21
	Infirmary	135	135	0	135	0
	Mentally ill	1 176	1 176	0	1 176	0
	Mentally handicapped	500	500	0	500	0
	Cluster total	**3 808**	**3 905**	**+97**	**3 926**	**+21**
HA Overall	General	20 516	20 733	+217	20 754	+21
	Infirmary	2 041	2 041	0	2 041	0
	Mentally ill	3 607	3 607	0	3 607	0
	Mentally handicapped	660	660	0	660	0
	Overall	**26 824**	**27 041**	**+217**	**27 062**	**+21**

In planning for its service provision, the Hospital Authority (HA) considers 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 certain districts, HA has opened an additional 21 general beds in the New Territories West cluster in 2011-12. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure that its service can meet the community's needs.

Abbreviations

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

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)188

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2988

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What are the occupancy rates and average length of stay of patients of general beds, infirmary beds and beds for the mentally ill and the mentally handicapped in hospitals under the Hospital Authority in 2009-10, 2010-11 and 2011-12 respectively?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The tables below set out the bed occupancy rate for general, infirmary, mentally ill and mentally handicapped specialties and their respective average length of stay (ALOS) in each hospital cluster and in the Hospital Authority (HA) as a whole in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011).

2009-10

	Cluster							**HA Overall**
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	
General								
Bed occupancy rate	83%	71%	84%	82%	81%	85%	92%	**82%**
Inpatient ALOS (days)	5.3	6.3	6.8	5.0	5.5	6.4	5.1	**5.8**
Infirmary								
Bed occupancy rate	90%	86%	87%	86%	96%	88%	96%	**90%**
Inpatient ALOS (days)	80	321	104	287	95	363	576	**135**
Mentally ill								
Bed occupancy rate	79%	84%	93%	67%	70%	72%	78%	**77%**
Inpatient ALOS (days)	60	26	57	31	72	33	190	**74**
Mentally handicapped (Note)								
Bed occupancy rate	-	-	-	-	72%	-	98%	**92%**
Inpatient ALOS (days)	-	-	-	-	465	-	1153	**838**

2010-11

	Cluster							HA Overall
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	
General								
Bed occupancy rate	83%	73%	87%	87%	82%	86%	92%	**84%**
Inpatient ALOS (days)	5.1	6.1	6.9	4.9	5.4	6.2	5.1	**5.7**
Infirmary								
Bed occupancy rate	90%	86%	85%	87%	97%	85%	93%	**89%**
Inpatient ALOS (days)	83	357	129	187	101	276	340	**123**
Mentally ill								
Bed occupancy rate	79%	82%	91%	75%	78%	71%	78%	**79%**
Inpatient ALOS (days)	62	30	56	35	80	36	160	**73**
Mentally handicapped (Note)								
Bed occupancy rate	-	-	-	-	63%	-	98%	**89%**
Inpatient ALOS (days)	-	-	-	-	333	-	746	**616**

2011-12 (up to 31 December 2011)

	Cluster							HA Overall
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	
General								
Bed occupancy rate	79%	72%	84%	85%	81%	85%	93%	**82%**
Inpatient ALOS (days)	4.9	5.9	6.9	4.9	5.3	6.0	5.3	**5.6**
Infirmary								
Bed occupancy rate	87%	84%	81%	94%	97%	82%	90%	**88%**
Inpatient ALOS (days)	65	320	184	234	110	281	398	**120**
Mentally ill								
Bed occupancy rate	75%	80%	84%	75%	80%	70%	76%	**77%**
Inpatient ALOS (days)	52	26	55	27	82	34	140	**67**
Mentally handicapped (Note)								
Bed occupancy rate	-	-	-	-	56%	-	98%	**88%**
Inpatient ALOS (days)	-	-	-	-	275	-	735	**609**

Note: Mentally handicapped beds are provided in KWC and NTWC only.

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	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)189

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2989

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the respective number of unplanned hospital admissions for different specialties in different hospitals under the Hospital Authority for 2009-10, 2010-11 and 2011-12?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The tables below set out the number of unscheduled hospital admissions to major specialties via the Accident & Emergency (A&E) Department in each hospital cluster in the Hospital Authority (HA) for 2009-10, 2010-11 and 2011-12 (up to 31 December 2011)

2009-10

Specialty	Number of hospital admissions via A&E Department						
	HKE	HKW	KC	KE	KW	NTE	NTW
GYN	2 258	1 340	1 645	3 021	6 471	2 833	2 901
OBS	216	436	345	323	925	922	746
MED	32 645	21 049	29 826	41 857	72 605	40 666	35 558
ORT	5 867	4 021	4 382	7 522	12 918	8 851	5 577
PAE	3 516	2 469	4 373	6 019	13 495	9 772	6 095
PSY	1 208	387	1 217	193	1 266	2 065	511
SUR	9 104	8 320	8 168	11 866	23 245	12 441	10 740
Others	13 291	3 758	19 149	954	22 906	14 042	16 962

2010-11

Specialty	Number of hospital admissions via A&E Department						
	HKE	HKW	KC	KE	KW	NTE	NTW
GYN	2 330	1 413	1 875	3 511	6 958	2 688	3 252
OBS	259	505	478	441	1 001	1 008	747

Specialty	Number of hospital admissions via A&E Department						
	HKE	HKW	KC	KE	KW	NTE	NTW
MED	34 761	21 275	29 581	44 413	74 652	40 771	37 382
ORT	6 197	4 157	4 800	8 505	13 612	8 943	5 545
PAE	3 837	2 584	4 482	6 782	13 742	9 530	6 553
PSY	1 116	389	1 239	144	1 201	2 156	460
SUR	9 254	8 427	8 836	13 044	23 647	12 562	11 481
Others	13 065	7 243	18 665	876	23 382	15 158	17 884

2011-12 (up to 31 December 2011)

Specialty	Number of hospital admissions via A&E Department						
	HKE	HKW	KC	KE	KW	NTE	NTW
GYN	2 026	1 109	1 642	2 858	5 799	2 465	2 778
OBS	273	504	635	483	1 083	963	668
MED	25 300	15 673	21 099	33 439	54 987	30 548	26 426
ORT	4 939	3 293	3 446	6 475	10 698	7 501	4 624
PAE	2 852	2 059	2 964	5 019	9 437	7 037	4 849
PSY	844	286	895	150	926	1 632	366
SUR	7 203	6 746	6 833	10 185	18 515	9 510	9 337
Others	9 942	5 411	13 815	684	16 834	11 872	15 164

Abbreviations

Specialties:
GYN – Gynaecology
OBS – Obstetrics
MED – Medicine
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

Clusters:
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 Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)190

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2990

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the average daily subsidy per person for drugs purchased and prescribed for psychiatric inpatients and outpatients in 2009-10, 2010-11 and 2011-12, as well as in the 2012-13 Estimates.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The table below sets out the average expenditure on drug for psychiatric in-patients in the Hospital Authority (HA) per patient day and the average expenditure on drug for psychiatric out-patients per attendance from 2009-10 to 2011-12:

Average expenditure on drug for psychiatric patients			
Types of patients	**2009-10 (actual)**	**2010-11 (actual)**	**2011-12 (up to 31 December 2011)**
In-patients	$45 per patient day	$46 per patient day	$52 per patient day
Out-patients	$376 per attendance	$389 per attendance	$421 per attendance

HA is unable to project the relevant expenditure for 2012-13 since drug prescriptions for psychiatric patients are based on the patients' clinical conditions.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)191

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2991

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 Hospital Authority's annual total expenditure on psychiatric services, the comparison of such expenditure with that of the private sector, the year-on-year and cumulative rates of change in such expenditure, as well as the percentage of Gross Domestic Product (GDP) such expenditure accounts for in 2009-10, 2010-11, 2011-12 and 2012-13 Estimates of Expenditure?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Hospital Authority (HA) has been deploying increasing resources to enhance the delivery of mental health services over the past few years. The table below sets out the expenditure on mental health services of HA from 2009-10 to 2012-13.

	2009-10	**2010-11**	**2011-12 (Revised estimate)**	**2012-13 (Estimate)**
HA's annual expenditure on mental health services ($ million)	2,903	3,006	3,525	3,732
Year-on-year % growth of HA's expenditure	N/A	3.5%	17.3%	5.9%
Cumulative % growth of HA's expenditure since 2009-10	N/A	3.5%	21.4%	28.6%

The public health expenditure as a ratio to Gross Domestic Product (GDP) varies substantially among economies given the differences in healthcare financing sources, modes of provision of services and efficiency of the healthcare systems. Therefore, HA's expenditure on mental health services as a ratio to the GDP of Hong Kong and that of other economies may not be directly comparable.

Expenditure on mental health services in the private sector is not available.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)192

CONTROLLING OFFICER'S REPLYTO INITIAL WRITTEN QUESTION

Question Serial No.

2992

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead(No. & title):

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 psychogeriatric outreach service in each cluster under the Hospital Authority in 2009-10, 2010-11, 2011-12 and 2012-13 Estimates of Expenditure, please provide information on the number of clients per year and the expenditure, average costs, manpower and ranks of staff involved.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

As at 31 December 2011, there were 334 psychiatrists, 2 075 psychiatric nurses (including 120 community psychiatric nurses), 54 clinical psychologists and 189 occupational therapists in the Hospital Authority (HA) providing various services, including psychogeriatric outreach services to psychiatric patients.

The table below sets out the number of attendances, average cost per attendance and total costs of the psychogeriatric outreach service in each cluster of HA in 2009-10, 2010-11 and 2011-12. The estimated cost per psychogeriatric outreach attendance is about $1,100 in 2012-13. Breakdown by hospital cluster is not available.

Cluster	Number of psychogeriatric outreach attendances	Average cost per psychogeriatric outreach attendance ($)	Total Costs of psychogeriatric outreach service ($ million)
2009-10			
Hong Kong East	9 717	960	9.3
Hong Kong West	10 817	530	5.7
Kowloon Central	6 374	830	5.3
Kowloon East	8 486	890	7.5
Kowloon West	20 766	980	20.4
New Territories East	15 269	980	15.0
New Territories West	11 574	1,170	13.5
Overall	**83 003**	**920**	**76.7**
2010-11			
Hong Kong East	9 551	930	8.9
Hong Kong West	11 318	390	4.4
Kowloon Central	6 653	900	6.0
Kowloon East	8 572	990	8.5
Kowloon West	20 375	990	20.1
New Territories East	15 130	1,060	16.1
New Territories West	11 117	1,270	14.1
Overall	**82,716**	**940**	**78.1**
2011-12 (Revised Estimate)			
Hong Kong East	10 840	1,040	11.3
Hong Kong West	12 960	500	6.5
Kowloon Central	8 210	1,000	8.2
Kowloon East	9 660	1,120	10.8
Kowloon West	22 830	1,100	25.1
New Territories East	15 130	1,220	18.4
New Territories West	12 370	1,400	17.3
Overall	**92 000**	**1,060**	**97.6**

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)193

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2284

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 54 in the Budget Speech that Queen Mary Hospital (QMH) and Kwong Wah Hospital (KWH) will be redeveloped in the coming year. Please provide details as to the estimated expenditures and timeframes of the redevelopment projects, as well as additional services and facilities to be provided.

Asked by: Hon. LEUNG Ka-lau

Reply:

The redevelopment project at Queen Mary Hospital comprises the demolition of seven existing hospital buildings for the construction of three new blocks. Upon completion, there will be a new Heart and Cancer Centre Block housing clinical oncology services and all cardiac and cardiothoracic procedures and operation facilities, intensive care units (ICU) and wards; an Accident & Emergency (A&E) Block housing an upgraded A&E department with observation and emergency medicine wards and other operation and ICU facilities, and a block housing part of the reprovisioned services. In order to ensure that service provisions by the hospital are maintained throughout the period, the project will be implemented in phases comprising various stages of decanting, demolition, refurbishment and construction works. Subject to the funding approval of Finance Committee (FC), the planning, detailed design and construction of the whole project is estimated to take about 13 years for completion in 2025. The preliminary project cost estimate is about $6.9 billion.

The redevelopment of Kwong Wah Hospital comprises the demolition of all existing hospital buildings apart from the Tsui Tsin Tong Outpatient Building for the construction of a new complex. The new complex will accommodate inpatient wards, A&E department with observation and emergency medicine wards, ambulatory care centre, operating theatres, ICU, labour and delivery suites, and radio-diagnostic facilities. The current integrated Chinese Medicine (CM) and western medicine service will also be reprovisioned and enhanced in the new complex, together with a CM outpatient clinic and CM laboratory. In order to ensure that service provisions by the hospital are maintained throughout the period, the project will be implemented in phases comprising various stages of decanting, demolition, refurbishment and construction works. Subject to the funding approval of FC, the planning, detailed design and construction of the whole project is estimated to take about 10 years for completion in 2022. The preliminary project cost estimate is about $8.8 billion.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)194

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2285

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration list out in detail the respective numbers of applications received and approved under the Samaritan Fund for 2010-11 and 2011-12, as well as the total and average amounts of patient co-payment, and the median, the 10th, 25th, 75th and 90th percentile of the amounts of patient co-payment? It is stated in Paragraph 55 of the Budget Speech that allowances will be provided when calculating the total value of disposable assets in the means test and the tiers of patients' contribution ratio for drug expenses will be simplified so that more people will benefit from the subsidy, and patients already receiving partial subsidies will have the burden of drug expenses further eased. Would the Administration provide details regarding the provision of allowances and simplification of tiers mentioned above, the number of patients who will thus be eligible for subsidy or given more subsidy, and the additional expenditure borne by the Administration?

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the number of applications received and approved by the Samaritan Fund (SF) in 2010-11 and 2011-12 (up to 31 December 2011).

Year	Number of applications received	Number of approved applications
2010-11	5 344	5 321
2011-12 (up to 31 December 2011)	4 063	4 052

The table below sets out the total amount, the average amount, the median amount, the 10th percentile, the 25th percentile, the 75th percentile and the 90th percentile of patients' contribution to their expenditure on drugs and other privately purchased medical items after receiving subsidy from the SF in 2010-11 and 2011-12 (up to 31 December 2011).

Year	Patients' Contribution						
	Total Amount ($million)	Average Amount ($)	Median Amount ($)	10-percentile ($)	25-percentile ($)	75-percentile ($)	90-percentile ($)
2010-11	23.5	28,015	10,231	1,000	3,000	29,876	88,440
2011-12 (up to 31 December 2011)	18.6	31,127	11,448	1,000	3,208	38,000	96,891

For the SF enhancement programme, it is proposed that when calculating the total value of the applicant's disposable assets in the means test, a lump-sum deduction from the applicant's household disposable capital would be given, in addition to allowable deductions for the applicant's household gross income. The deductible is proposed to range from $193,000 to $636,000 depending on the applicant's household size. Furthermore, it is also proposed to simplify the tiers of patients' contribution ratio for drug expenses. Both measures will enable more patients to be benefited from the SF. The SF expenditure on drug for 2011-12 is estimated to be between $160 million and $200 million.

With the implementation of the SF enhancement measures, we estimate that about 2 300 patients will be benefited from the enhancement programme. The annual SF expenditure on drug varies depending on various factors such as the number of applications received, changes in drug costs and review results of coverage of drugs by SF. The rate of increase for SF expenditure on drug in each of the past five years is in the range of 14% to 79%. The estimated additional expenditure for 2012-13 is being worked out.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)195

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2286

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 down the total number and annual remuneration packages (basic salary, allowances, provident fund and other benefits) for Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives and Hospital Chief Executives for the period of 2010-2011 and 2011-2012.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the number and remunerations (including salaries, allowances, provident fund and other benefits) of the Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority for 2010-11. The actual expenditure for 2011-12 will only be available after the close of the current financial year.

Rank	**Number**	**2010-11**
Chief Executive	1	$4.4 million
Cluster Chief Executives/ Directors / Deputy Directors/ Heads	14	$44.6 million
Hospital Chief Executives	21	$57.0 million

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)196

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2624

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 Matters Requiring Special Attention in 2012-13, the Hospital Authority will "improve service to meet increasing demand arising from population growth and demographic changes through a number of initiatives, including opening of additional beds in the Kowloon East Cluster and the New Territories West Cluster". In this connection, please advise on the following :

(a) The population growth and demographic changes in the Kowloon East Cluster and the New Territories West Cluster (such as the growth figures of overall population and those aged 65 and above) and the growth in service demand. How would the Administration assess the correlation between the two?

(b) The number of additional beds by clusters and specialties;

(c) Other service enhancement initiatives on top of additional beds;

(d) Regarding "a number of initiatives" raised by the Administration, please provide the estimated number of patients, facilities required, total working hours of each rank of staff as well as the manpower and expenditure involved in each of these initiatives; and

(e) A breakdown of the resources allocated for hospitals in the New Territories West Cluster and the Kowloon East Cluster in 2010-11, 2011-12 and 2012-13 (estimated) in the following table.

	Numbers
Doctor	
Nurse	
Allied health staff	
Provision (s)	

Asked by: Hon. LEUNG Ka-lau

Session 19 FHB(H)

Reply:

(a)

The table below sets out the available projected population growth and demographic changes from 2011 to 2016 for overall Hong Kong, the Kowloon East Cluster (KEC) and the New Territories West Cluster (NTWC).

		2011	2016	Growth
KEC	Mid-year Population	990 100	1 050 900	60 800 (1.2% per annum)
	% aged 65 or above	13%	15%	-
NTWC	Mid-year Population	1 075 600	1 145 100	69 500 (1.3% per annum)
	% aged 65 or above	9%	12%	-
Overall Hong Kong	Mid-year Population	7 120 200	7 435 600	315 400 (0.9% per annum)
	% aged 65 or above	13%	16%	-

In planning for its services and allocating beds to different hospitals, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as the organization of services of the clusters and hospitals and the service demand of local community.

(b), (c) and (d)

In 2012-13, HA has earmarked an additional $41.5 million for NTWC to open additional 41 beds in the cluster, including 30 acute beds and 1 neonatal intensive care unit (NICU) bed in Tuen Mun Hospital, and 10 emergency medicine beds in Pok Oi Hospital. As for KEC, HA has earmarked an additional $33 million for opening of 40 additional acute beds in Tseung Kwan O Hospital. The NTWC and KEC will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower required is being worked out and is not yet available.

Apart from the above, HA will also implement the following major initiatives in 2012-13 across all clusters to meet increasing service demand:

(i) expansion of NICU services by opening an additional 11 NICU beds;

(ii) expansion of capacity of renal services including 27 additional hospital haemodialysis, 50 home haemodialysis and 45 automated peritoneal dialysis places;

(iii) enhancement of primary care through increasing around 300 000 attendances in General Out Patient Clinics and strengthening of chronic disease management to benefit additional 33 600 hypertensive patients;

(iv) enhancement of mental health services by extending the Case Management Programme for persons with severe mental illness to four more districts (Kowloon City, Southern, Central & Western and Islands) to benefit about 1 910 more patients with severe mental illness; and

(v) other initiatives such as enhancement of manpower, expansion of the HA Drug Formulary, augment of pharmacy service, etc.

HA has earmarked an additional $2.54 billion in 2012-13 to implement the above initiatives. To provide the necessary manpower for maintaining existing services and implementing the above initiatives, HA plans to recruit additional 27 doctors, 817 nurses and 300 allied health professionals in 2012-13.

(e)

The table below sets out the resource allocation for NTWC and KEC for 2010-11 and 2011-12. The budget allocation to individual clusters for 2012-13 is being worked out and is not yet available.

Cluster / Hospital	Doctors[Note]		Nurses[Note]		Allied Health[Note]		Budget Allocation ($ billion)	
	2010-11	2011-12 (as at Dec 2011)	2010-11	2011-12 (as at Dec 2011)	2010-11	2011-12 (as at Dec 2011)	2010-11	2011-12 (Projection)
Tuen Mun Hospital	483.54	494.5	1 653.1	1 718.8	482.7	514.2	2.84	3.25
Pok Oi Hospital	99.49	102.0	367.4	372.3	100.3	106.0	0.53	0.61
Castle Peak Hospital	69.60	78.3	528.2	547.1	65.0	78.0	0.69	0.76
Siu Lam Hospital	3.00	2.0	89.8	86.4	5.0	5.0	0.11	0.11
NTWC Total	655.63	676.8	2 638.4	2 724.5	653.1	703.2	4.17	4.73
United Christian Hospital	432.54	440.4	1 396.3	1 442.6	390.0	416.3	2.20	2.48
Tseung Kwan O Hospital	139.53	139.8	472.7	509.6	133.0	138.0	0.74	0.86
Haven of Hope Hospital	17.77	20.6	227.0	242.2	46.0	47.0	0.27	0.31
KEC Total	589.84	600.9	2 096.0	2 194.4	569.0	601.3	3.21	3.65

Note: Full-time equivalent (FTE) strength for 2011-12 (as of 31 December 2011) includes permanent, contract and temporary staff in the HA's workforce. The number of doctors excludes the number of interns and dental officers

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)197

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2625

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Matters Requiring Special Attention in 2012-13, the Hospital Authority (HA) stated that it would "enhance neonatal intensive care services through opening of additional neonatal intensive care unit beds in five clusters". Please provide details about the utilization of neonatal intensive care services in the past five years and the estimated utilization in 2012-13, including the number of neonatal intensive care unit beds in each cluster, the number of patient attendances, the number of patient days, the cost per inpatient discharged, the cost per patient day, the number of doctors, nurses and health professionals involved and other related expenditures.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the number of neonatal intensive care (NICU) beds in each cluster in the Hospital Authority (HA) from 2007-08 to 2011-12 (up to 31 December 2011).

Year	Cluster							
	HKE	HKW	KC	KE	KW	NTE	NTW	Overall HA
2007-08	5	15	12	10	17	18	10	87
2008-09	7	17	15	10	19	21	11	100
2009-10	7	17	15	10	19	21	11	100
2010-11	7	17	15	10	19	21	11	100
2011-12 (up to 31 December 2011)	7	17	15	10	19	21	11	100

The table below sets out the total number of inpatient and day patient discharges and deaths for the specialty of neonatology in each hospital cluster from 2007-08 to 2011-12 (up to 31 December 2011). It should be noted that a large proportion of NICU patients are usually transferred to the Special Care Babies units (SCBU) for follow-up before discharge. Hence the inpatient and day patient discharges and deaths of neonatology, which cover both throughputs of NICU and SCBU, are provided.

Cluster	**Inpatient and day patient discharges and deaths of neonatology**				
	2007-08	**2008-09**	**2009-10**	**2010-11**	**2011-12 (up to 31 December 2011) (Provisional figures)**
HKEC	1 727	1 927	3 716	6 269	5 680
HKWC	2 778	2 746	2 983	2 882	2 265
KCC	4 864	5 210	5 201	4 923	4 004
KEC	2 229	2 515	2 602	3 116	2 184
KWC	3 776	3 647	4 026	5 988	4 691
NTEC	4 047	4 519	4 704	5 085	3 907
NTWC	2 686	2 535	2 636	2 827	2 270
Total	22 107	23 096	25 868	31 090	25 001

The table below sets out the total number of neonatal intensive care patient days in each hospital cluster from 2007-08 to 2011-12 (up to 31 December 2011).

Cluster	**Neonatal intensive care patient days**				
	2007-08	**2008-09**	**2009-10**	**2010-11**	**2011-12 (up to 31 December 2011) (Provisional figures)**
HKEC	1 872	1 721	1 499	2 253	2 173
HKWC	5 848	5 076	5 212	5 630	4 929
KCC	4 985	4 326	4 731	5 661	4 183
KEC	3 682	2 969	2 780	3 900	2 794
KWC	5 334	5 610	5 729	6 505	5 539
NTEC	7 064	7 796	7 771	8 667	7 036
NTWC	2 853	3 483	3 044	3 553	3 117
Total	31 638	30 981	30 766	36 169	29 771

The cost of treating patients depends on the complexity of conditions of patients, different diagnostic services, treatments and prescriptions required as well as the different length of stay of patients in the hospitals. For neonatal intensive care service, as the length of stay of patients varies widely according to the complexity of patients' clinical conditions, the average cost per patient day is a better indicator than cost per inpatient discharged to reflect the cost of the highly specialized care activities in the intensive care setting.

The table below sets out the average cost per patient day for the provision of neonatal intensive care service by hospital clusters under the HA for 2007-08 to 2011-12. It should be noted that the drop in the HA overall average cost per patient day for 2010-11 and 2011-12 is due to the surge in demand for neonatal service coupled with manpower shortage at the frontline.

Year	Cluster							
	HKE $	HKW $	KC $	KE $	KW $	NTE $	NTW $	HA Overall $
2007-08	9,210	8,120	9,420	8,050	9,280	7,950	10,040	8,710
2008-09	9,800	9,230	10,960	10,890	9,070	8,110	8,450	9,260
2009-10	9,690	8,850	12,100	11,980	9,120	7,410	9,480	9,430
2010-11	8,850	7,320	10,360	8,140	8,420	7,210	9,200	8,340
2011-12 (Revised Estimate)	8,270	7,750	10,810	9,580	8,280	7,670	8,970	8,650

The table below sets out the staff costs and other charges incurred by HA for the provision of neonatal intensive care service in each hospital cluster for 2007-08 to 2010-11. For 2011-12, only the estimated total costs by hospital clusters are available and breakdown by staff costs and other charges is not yet available. The relevant estimated costs for 2012-13 is being worked out and are not yet available.

Cluster	**Staff Cost ($ million)**	**Other Charges** Note **($ million)**	**Total Costs of Neonatal Intensive Care Service ($ million)**
2007-08			
HKE	13	4	17
HKW	32	15	47
KC	33	14	47
KE	22	8	30
KW	38	12	50
NTE	39	17	56
NTW	20	9	29
Total	**197**	**79**	**276**
2008-09			
HKE	12	5	17
HKW	32	15	47
KC	36	12	48
KE	24	8	32
KW	38	13	51
NTE	43	20	63
NTW	22	7	29
Total	**207**	**80**	**287**
2009-10			
HKE	10	5	15
HKW	32	14	46
KC	42	15	57
KE	24	9	33
KW	39	13	52
NTE	40	18	58

Cluster	Staff Cost ($ million)	Other Charges [Note] ($ million)	Total Costs of Neonatal Intensive Care Service ($ million)
NTW	22	7	29
Total	**209**	**81**	**290**
2010-11			
HKE	14	6	20
HKW	28	13	41
KC	38	21	59
KE	23	9	32
KW	40	15	55
NTE	39	23	62
NTW	22	11	33
Total	**204**	**98**	**302**

2011-12	
	Total Cost of Neonatal Intensive Care Service (Revised Estimate) ($ million)
HKE	23
HKW	46
KC	66
KE	38
KW	61
NTE	70
NTW	36
Total	**340**

Note : Other charges include cost for drugs, medical equipment and consumables, as well as other operating costs.

The costs of neonatal intensive care service vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to the population profile and other factors. Thus clusters with more patients having more complex conditions or requiring more costly treatment would incur a higher average cost. Therefore the costs cannot be directly compared among different clusters.

The medical and nursing staff providing NICU service is part of the staff of the paediatric department providing a range of paediatric services in the hospital. Breakdown of manpower by the type of services is not available. The tables below set out the manpower of paediatric service of each cluster for 2007-08 to 2011-12 (up to 31 December 2011).

Year	Number of doctors in paediatrics services by clusters							
	HKE	HKW	KC	KE	KW	NTE	NTW	Total
2007-08	25	39	38.5	37	75.6	48.9	30	294.1
2008-09	24.9	40.3	37.5	40.2	76.6	51.1	34	304.6
2009-10	26.9	41.3	38.5	40.6	76.5	54	37	314.8
2010-11	28.9	41.3	36.8	38	73.2	51	39	308.2

Year	Number of doctors in paediatrics services by clusters							
	HKE	HKW	KC	KE	KW	NTE	NTW	Total
2011-12 (as at 31 December 2011)	25.2	41.7	37.3	38	76.5	55	36	309.7

Note: manpower figures provided above represent the full-time equivalent (FTE) strength of doctors of the paediatric departments.

Year	Number of nurses in paediatrics services by clusters							
	HKE	HKW	KC	KE	KW	NTE	NTW	Total
2007-08	62.3	190	153.6	138	226.9	222	119	1111.8
2008-09	61.9	187.4	148.6	137.7	212.7	223	153.4	1124.8
2009-10	63.8	194.3	140.8	138.6	204	212	148.9	1 102.4
2010-11	64.3	199.4	142.8	138.9	202	207	144.3	1 098.7
2011-12 (as at 31 December 2011)	59.5	198.9	145.4	151.1	228.7	236.4	151.8	1 171.9

Note: manpower figures provided above represent the full-time equivalent (FTE) strength of nurses of the paediatric departments.

In 2012-13, HA will strengthen its NICU services by opening an additional 11 NICU beds, including five beds in Kwong Wah Hospital, two beds in Queen Elizabeth Hospital, two beds in Pamela Youde Nethersole Eastern Hospital, one bed in Prince of Wales Hospital and one bed in Tuen Mun Hospital. With the increase of NICU beds, an additional 1 364 neonatal intensive care inpatient bed days will be available in 2012-13. It is estimated that an additional eight doctors, 40 nurses and 11 supporting staff will be required for the opening of the NICU beds in 2012-13. The estimated cost involved for the opening of additional NICU beds and provision of relevant equipment in 2012-13 is $52.8 million, including $9.8 million one-off capital cost.

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 Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)198

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2626

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Matters Requiring Special Attention in 2012-13, the Hospital Authority states that it will "strengthen mental health services through extension of the case management programme for persons with severe mental illness and enhancement of therapeutic environment of psychiatric inpatient service".

(a) Please provide details of the utilization of the case management programme and psychiatric inpatient service in 2011-12 and their estimated utilization in 2012-13, and for the above initiative, please list by item the anticipated number of patients served, facilities required, total working hours of each rank of staff, and the manpower and expenditure involved.

(b) Please list in detail the recruitment criteria of case managers, such as the qualifications required, responsibilities, working hours, whether the performance of on-call duties is required and the remuneration package.

(c) The Administration stated last year (i.e. in 2011-12) that it would "strengthen mental health services through extension of the case management programme to persons with severe mental illness, extension of the Integrated Mental Health Programme in primary care setting for patients with common mental disorder to all clusters, expansion of the service targets of the Early Assessment and Detection of Young Persons with Psychosis Programme, extension of psychogeriatric outreach service, enhancement of the autistic service and 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." Has the Administration assessed the effectiveness of these initiatives? If yes, please report on their effectiveness and methods of implementation. If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The Hospital Authority (HA) will implement the following programmes to strengthen mental health services in 2012-13:

Since April 2010, the Hospital Authority (HA) has launched the Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalized support for patients with severe mental illness. In 2011-12, the programme has been extended to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to support more patients. As at 31 December 2011, the HA has recruited a total of 138 cases managers, providing intensive community support for more than 9 000 patients with severe mental illness living in these eight districts. In 2012-13, the Case Management Programme will be further rolled out to four more districts (Kowloon City, Southern, Central & Western and Islands). It is estimated that an addition of about 40

case managers including nurses and allied health professionals will be recruited to provide community support for 1 900 more patients. The additional recurrent expenditure is estimated at $26.9 million.

For patients experiencing acute psychiatric crisis, psychiatric in-patient care is essential to facilitate their symptom control, behavioural management as well as early recovery. To facilitate early discharge and better community re-integration, HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters including the enhancement of nursing and allied health professionals. It is estimated that 29 nurses, six occupational therapists and seven clinical psychologists will be required to provide the services. The additional recurrent expenditure is estimated at around $27.4 million.

(b) Currently, psychiatric nurses, occupational therapists and social workers with experience in mental health services will be recruited as case managers. The basic qualifications required are similar to the recruitment criteria of these healthcare professionals plus relevant experiences in community psychiatric service. The case managers are required to plan, implement and evaluate individual community support service to patients and carers. The case managers are required to work in irregular hours and to stand by for emergency duties. All selected candidates must attend a job-related training programme on community mental health and case management. The remuneration package is determined according to their professional rank.

(c) The table below sets out the details of the major new mental health programmes implemented in 2011-12:

New Psychiatric Programmes Implemented by HA in 2011-12	**Description**
Extension of the Case Management Programme (CMP)	The CMP has been further rolled out in Eastern and Wanchai, Sham Shui Po, Shatin and Tuen Mun to benefit 6 000 patients in these five districts in 2011-12.
Extension of the Integrated Mental Health Programme (IMHP)	The IMHP programme has been expanded to cover all clusters in 2011-12 to tackle patients with mild mental illness in the community. As at 31 December 2011, more than 6 100 patients benefited from the Programme.
Expansion of the Early Assessment of Detection of Young Persons with Psychosis (EASY) Programme	The EASY programme has been further expanded to include adult patients to benefit about 600 more patients.
Extension of psychogeriatric outreach service	HA has extended the psychogeriatric outreach service for the medium and large-sized residential care homes for the elderly (RCHEs) to cover about 80 more RCHEs.
Enhancement of child and adolescent mental health service	HA has expanded 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 be benefited each year.
Setting up of Crisis Intervention Teams	HA has set up Crisis Intervention Teams in all seven clusters in 2011-12 to provide intensive case management to very high risk patients and prompt service for these patients when urgent attention under crisis situations is required. About 1 000 patients benefited from the initiative in 2011-12.

HA has assessed the effectiveness of the programmes and the results are satisfactory. HA will continue to review the service needs and progress and further enhance the existing services as appropriate.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)199

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2627

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Matters Requiring Special Attention in 2012-13, the Hospital Authority states that it will "enhance chronic disease services through adopting a multidisciplinary approach in accordance with the primary care development strategy".

(a) Please provide details of the services in 2011-12 and 2012-13 (Estimate) and list by each service item under the above measure the estimated patient attendance rate, the facilities required, the total number of working hours of staff from each rank as well as the manpower and expenditure involved.

(b) Last year (i.e. 2011-12), the Authority stated that it would "enhance chronic disease management through multidisciplinary, case management and empowerment approach in accordance with the primary care development strategy". Has the Authority assessed the effectiveness of this measure? If yes, please report on the effectiveness and the assessment methodology. If not, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) has been implementing various initiatives to enhance chronic disease management since 2008-09, including the Risk Factor Assessment and Management Programme, the Patient Empowerment Programme, the Nurse and Allied Health Clinics, the General Out-patient Clinic Public-Private Partnership Programme, the Shared Care Programme and smoking cessation service. For 2012-13, an additional recurrent funding of $191.36 million has been allocated for implementing the chronic disease management programmes. The latest positions of these programmes are as follows:

Programme	Implementation schedule
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general out-patient clinics (GOPCs) and specialist out-patient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-2010 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organizations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 32 000 patients are expected to benefit from the programme by 2012-13.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in designated GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are expected annually starting from 2012-13.
General Out-patient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public general out-patient services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at February 2012, over 1 600 patients have enrolled in the programme.
Shared Care Programme To partially subsidize diabetes mellitus patients currently under the care of the public healthcare system to have their conditions followed up by private doctors.	Launched in New Territories East Cluster in March 2010 and extended to Hong Kong East Cluster in September 2010. As at February 2012, over 300 patients have enrolled in the programme.
Smoking Cessation To provide smoking cessation service to chronic disease patients who are smokers, with focus on improving disease management and complication prevention through smoking cessation interventions.	Launched in 2011-12 and will be extended to all seven clusters in 2012-13. Over 9 000 patients are expected to benefit from the programme by 2012-13.

Staff disciplines involved for the above chronic disease management programmes include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants and general service assistants, etc. Set-up and maintenance of information technology systems is required for making patient referrals and monitoring the programmes. GOPCs running the Risk Factor Assessment and Management Programme and the Nurse and Allied Health Clinics are also provided with the necessary equipments and facilities. We do not have ready information on the staffing, ranking and working hours involved.

Individual pilot projects to enhance primary care are subject to evaluation based on objective criteria with, where appropriate, assessment by an independent third-party. For pilot projects implemented through HA to strengthen support for chronic disease patients in primary care settings, the University of Hong Kong and the Chinese University of Hong Kong have been commissioned to evaluate the effectiveness of the programmes against set service targets and performance indicators. The findings will be published upon completion of these studies.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)200

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2628

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In Matters Requiring Special Attention in 2012-13, the Hospital Authority mentions that it will "improve service quality and safety including strengthening support for clinical service delivery and enhanced response to contingencies". Please provide details of the relevant measures and the expenditure involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) has earmarked about $370 million in 2012-13 to improve service quality and safety including strengthening support for clinical service delivery and enhancing response to contingencies. Major initiatives include the following:

(i) enhancement of radiological diagnostic services;

(ii) enhancement of pharmacy services including enhancement of drug quality, expansion of aseptic dispensing services, extension of pharmacy service hours, enhancement of specialist outpatient pharmacy service and implementation of supply chain modernization initiatives;

(iii) enhancement of patient safety and occupational health of staff by improving sterilization systems in operating theatres;

(iv) enhancement of the HA's response to critical incidents and chemical, biological, radiation and nuclear safety by upgrading facilities and equipment;

(v) continuation of the hospital accreditation programme to sustain quality and safety management system in hospitals involved; and

(vi) introduction of the Radio Frequency Identification system to more hospital mortuaries to improve accuracy on body identification and flow control.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)201

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2629

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Matters Requiring Special Attention in 2012-13 that the Hospital Authority will "introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the Hospital Authority Drug Formulary". Please provide the following details :

(a) Numbers of standard drugs added to or deleted from the Hospital Authority Drug Formulary (the Formulary) and the expenditure involved in subsidising the use of standard drugs in 2010-11, 2011-12 and 2012-13 (estimate).

(b) Names of drugs to be added to the Formulary in 2012-13, numbers of patients using these drugs in 2009-10, 2010-11 and 2011-12 and the expected number of users, amount paid by patients purchasing these drugs at their own expenses, and the estimated expenditure involved in introducing these drugs as standard drugs.

(c) Names of drugs whose use will be expanded in 2012-13, numbers of patients using these drugs in 2009-10, 2010-11 and 2011-12 and the expected number of users, and the estimated expenditure involved in expanding the use of these drugs.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The table below sets out the number of new drugs incorporated into and removed from the Hospital Authority (HA) Drug Formulary in 2010-11 and 2011-12. As for 2012-13, HA will introduce three new drugs as Special Drugs in the HA Drug Formulary. Since appraisal of new drugs and review of the drug list in the Drug Formulary are an on-going process and driven by evolving new evidence, latest clinical development and market dynamics, HA is unable to project the changes in the Drug Formulary in 2012-13 for the time being.

	2010-11	**2011-12**
Number of new drugs incorporated into the HA Drug Formulary	24	10
Number of drugs removed from the HA Drug Formulary	19	22

The amount of drug consumption expenditure on General and Special drugs in the HA Drug Formulary in 2010-11 and the projected amount of drug consumption expenditure in 2011-12 are $2,980.8 million and $3,276.4 million respectively. In 2012-13, the growth in drug consumption expenditure on General and Special drugs in the HA Drug Formulary is projected at around 10%.

(b)

The following table sets out the name of the three newly incorporated Special drugs in the HA Drug Formulary, patient headcount prescribed with these drugs, and the total amount of patients' contribution to purchase these drugs in 2009-10, 2010-11 and 2011-12.

Drug Name		**2009-10**	**2010-11**	**2011-12 (Up to 31 December 2011)**
Oxaliplatin	Patient headcount prescribed with this drug	699	819	689
	Amount of patients' contribution ($ million)	16.5	16.4	12.3
Interferon beta	Patient headcount prescribed with this drug	78	98	111
	Amount of patients' contribution ($ million)	4.8	6.4	5.7
Gemcitabine	Patient headcount prescribed with this drug	802	792	954
	Amount of patients' contribution ($ million)	7.3	6.3	3.8

The table below sets out the three newly incorporated Special Drugs, the estimated expenditure involved and estimated number of patients who will benefit in each drug in 2012-13.

Drug Name	**Estimated Expenditure Involved ($ million)**	**Estimated Number of Patients to be Benefited**
(A) Incorporation of New Drugs into the HA Drug Formulary (Reposition from Safety Net to Special Drug)		
(iii) Oxaliplatin for colon cancer	24	400
(iv) Interferon beta for multiple sclerosis	8	90
(B) Incorporation of New Drugs into the HA Drug Formulary (Reposition from Self-financed Item to Special Drug)		
(ii) Gemcitabine for pancreatic and bladder cancer	5	100

There is a mechanism in place to regularly appraise new drugs for listing in the HA Drug Formulary. Apart from the above three drugs, other new drugs will be incorporated into the Drug Formulary within the year as and when appropriate.

(c)

HA will expand the clinical applications of nine therapeutic groups of drugs in 2012-13. HA is unable to provide the patient headcount prescribed with these drugs under the specific indications in 2009-10, 2010-11 and 2011-12 as some drugs in the therapeutic groups are used for more than one clinical indication. The current system does not capture the patient headcount prescribed for the specific indications of drugs.

The table below sets out the drug class, estimated expenditure involved and estimated number of patients who will be benefitted in each drug class in 2012-13.

Drug Class	**Estimated Expenditure Involved ($ Million)**	**Estimated Number of Patients to be Benefited**
Expansion of Clinical Applications of Drugs in the HA Drug Formulary		
(i) Taxanes (including Docetaxel and Paclitaxel) for breast, head and neck, prostate and lung cancer	30	2 000
(ii) Drugs for epilepsy, depression, dementia and attention deficit hyperactivity disorder	49	6 000
(iii) Coagulation factors for haemophilia, iron oral chelating agents for adult thalassaemia, granulocyte-colony stimulating factor for neutropenia	50	900
(iv) Immunosuppressants for transplant	31	500
(v) Drugs for anaesthesia and sedation	9	All suitable patients
(vi) Drugs for gastrointestinal diseases	2	11 000
(vii) Drugs for pulmonary arterial hypertension and glycoprotein IIb / IIIa inhibitor for coronary vascular diseases	15	700
(viii) Peritoneal dialysis fluid (glucose free preparation)	6	300
(ix) Drugs for growth hormone deficiency	1	30

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)202

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2630

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 Matters Requiring Special Attention in 2012-13, the Hospital Authority will "implement measures to recruit and retain staff for the provision of quality patient care". Would the Administration provide details of these measures and their expenditure?

Asked by: Hon. LEUNG Ka-lau

Reply:

In 2012-13, the Hospital Authority (HA) has earmarked around $ 897 million for recruitment and retention of various grades of staff. The details of the measures and respective expenditure of 2012-13 are listed as follows.

HA plans to recruit about 290 doctors. Major measures to retain doctors include creating additional Associate Consultant posts for promotion of doctors with 5 years' post-fellowship experience by merits, enhancing fixed rate honorarium to recognize excessive workload and on-site call duties, enhancing training opportunities by offering corporate scholarships for overseas training and centrally funded Resident posts to facilitate specialty rotational training, introducing a unified contract part-time remuneration package to facilitate recruitment of part-time doctors, recruiting non-local doctors under limited registration to supplement local recruitment drive, extending 24-hour phlebotomist service to more acute hospitals and enhancing non-clinical clerical support for frontline doctors. The estimated expenditure is around $ 308 million.

HA plans to recruit about 2 000 nurses. Major measures to retain nurses include the enhancement of nurse career advancement opportunities of experienced nurses by creating more promotional posts, provision of training of registered nursing (RN) students and enrolled nursing (EN) students at HA's nursing schools, support of career advancement of ENs to attain RNs qualification, enhancement of preceptorship support in clinical practice for newly graduated nurses and enhancement of overseas training scholarships. The estimated expenditure is around $ 389 million.

HA plans to recruit about 500 allied health professionals. Major measures to retain allied health professionals include the recruitment of diagnostic radiographers, physiotherapists and occupational therapists from overseas, the implementation of Overseas Training Sponsorship Scheme for Diagnostic Radiography and for Podiatry, the re-engineering of work processes, recruitment of additional supporting staff and the enhancement of overall training opportunities of allied health staff through various training initiatives including provision of staff relief, provision of long-term structured training plans, specialty training programs, overseas scholarship scheme and training sponsorship for master degree courses. The estimated expenditure is around $ 94 million.

HA plans to recruit around 900 supporting staff. Major measures to retain supporting staff include refinement of the supporting staff structure and remuneration packages and the enhancement of the training and development opportunities by providing training sponsorship to high caliber staff to undergo EN training and advanced technical skill training. The estimated expenditure is around $ 106 million.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)203

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2631

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) In 2011-12, the revised estimate of subvention to the Hospital Authority (HA) has increased by $1,726.5 million as compared with the original estimates. Would the Administration please list out the additional funding allocated to each cluster and explain the reasons?

(b) The estimated subvention to HA in 2012-13 has further increased by $2,586.3 million as compared with the revised estimate of 2011-12. Would the Administration please list out the increased funding allocated to each cluster and explain the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The increase of $1.73 billion in the 2011-12 revised estimate over the original estimate is mainly due to a net increase of $1.91 billion in the HA's recurrent subvention resulted from 2011 pay adjustment ($1.83 billion) and other minor adjustments ($0.08 billion), offset by return of $0.18 billion for the Government's 50% share of the additional income arising from the obstetric package charges for non-eligible persons for 2010-11.

(b)

The financial provision for the Hospital Authority ("HA") for 2012-13 is 6.7% higher than the revised estimate for 2011-12. The additional financial provision mainly includes the followings:

(1) **$1,100 million additional recurrent provision** to meet the growth in service demand. Major initiatives to be implemented in 2012-13 include:

(i) supporting the hospital commissioning of the North Lantau Hospital Phase 1 and Tseung Kwan O Hospital New Ambulatory Block;

(ii) expansion of capacity of inpatient services in the New Territories West Cluster and the Kowloon East Cluster by opening additional 80 beds in Tuen Mun Hospital, Pok Oi Hospital and Tseung Kwan O Hospital;

(iii) expansion of neonatal intensive care ("NICU") services by opening additional 11 NICU beds;

(iv) expansion of capacity of renal services including haemodialysis, peritoneal dialysis and renal transplant service;

(v) expansion of coverage of the HA Drug Formulary by including new drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the Formulary;

(vi) enhancement of training for healthcare staff;

(vii) enhancement of service quality and safety management in the five hospitals participated in the pilot scheme of hospital accreditation;

(viii) enhancement of sterilization systems in operating theatres and application of Radio Frequency Identification technology to more hospital mortuaries to improve accuracy in identification of bodies;

(ix) enhancement of services including hydrotherapy service for patients with musculoskeletal disorder, integrated care for adult thalassemia hemophilia patients, and service for patients with Transient Ischaemic Attack by providing prompt diagnosis and management; and

(x) enhancement of non-emergency transport services by strengthening the manpower and service monitoring and expansion of HA laundry services to cope with increasing service demand.

(2) **$352 million additional provision** for the HA to implement a number of healthcare reform related initiatives, including:

(i) providing services in support of the Primary Care Development Strategy and the initiative to enhance primary care through the development of community health centres ("CHCs")/networks and strengthening of chronic disease management;

(ii) further supporting the development of CHCs by setting up Primary Care Resource Hubs alongside general outpatient clinics/CHCs in consultation with the Primary Care Office;

(iii) enhancement of training programs for registered nurses, enrolled nurses, midwifes, psychiatric nurses, pharmacy specialty and care-related supporting staff;

(iv) strengthening haemodialysis service for patients with end stage renal disease in the HA through purchase of service from qualified service providers in the community including private hospitals and non-government organizations; and

(v) providing support service for Electronic Health Record Engagement Initiative exercise and related initiatives.

(3) **$1,012 million additional provision** for the HA to implement various new / on-going initiatives, including:

(i) implementation of various measures for attracting and retaining manpower for quality patient care;

(ii) enhancement of nursing workforce by recruiting a total of 400 additional registered nurses;

(iii) topping up of the monthly salaries of the relevant HA staff members to the statutory minimum wages level of $28 per hour as well as meeting the additional costs for outsourced labour-intensive supporting services delivered by workers who benefited from Minimum Wages Ordinance;

(iv) enhancement of mental health services by extending the District-based Personalized Care Program for persons with severe mental illness to four more districts and the care of psychiatric patients in hospitals through the provision of multidisciplinary therapeutic care in a safe, supportive and recovery focused ward environment;

(v) providing 24-hour pharmacy services in acute hospitals and enhancing pharmacy services in Specialist Outpatient Clinics;

(vi) modernization of pharmacy supply chain;

(vii) improvement of the drug quality and upgrading of aseptic dispensing services;

(viii) enhancement of the HA's response to critical incidents and chemical, biological, radiation and nuclear safety; and

(ix) provision of Cord Blood Bank and Cellular Therapy Laboratory services.

(4) **$171 million additional provision** for the implementation or enhancement of a number of initiatives including enhancing diagnostic imaging services in magnetic resonance imaging and computerized tomography scanning, implementing the Clinical Waste Control Scheme, and implementing equipment replacement plan for Daya Bay Contingency Plan.

The budget allocation to individual clusters including the additional financial provision for 2012-13 is being worked out and hence not yet available.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 22.2.2012

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)204

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2670

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the provision and number of doctors, nurses, allied health staff and general hospital beds by cluster under the Hospital Authority in 2011-12 and 2012-13 (Estimate), their respective percentages of the total as well as the ratio per 1 000 population and persons aged 65 or above.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the budget allocation in respect of each cluster under the Hospital Authority (HA) in 2011-12. Budget allocation to clusters in 2012-13 is not yet available.

Cluster	**Budget Allocation in 2011-12 ($ billion)**
Hong Kong East (HKE)	3.95
Hong Kong West (HKW)	4.11
Kowloon Central (KC)	4.96
Kowloon East (KE)	3.65
Kowloon West (KW)	8.15
New Territories East (NTE)	5.88
New Territories West (NTW)	4.73
Total	**35.43**

The table below sets out the numbers of doctors, nurses and allied health staff in each cluster, their respective percentages of the HA total as well as their ratio per 1 000 population in 2011-12 (as at 31 December 2011). Relevant information for 2012-13 is not yet available.

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population											
	Doctors	**% of HA Overall**	**Ratio to overall population**	**Ratio to population aged 65+**	**Nurses**	**% of HA Overall**	**Ratio to overall population**	**Ratio to population aged 65+**	**Allied Health Staff**	**% of HA Overall**	**Ratio to overall population**	**Ratio to population aged 65+**
HKE	560	10.8%	0.7	4.4	2 206	10.6%	2.7	17.1	657	11.2%	0.8	5.1
HKW	586	11.3%	1.1	7.7	2 480	11.9%	4.6	32.5	771	13.2%	1.4	10.1
KC	669	12.9%	1.3	8.5	2 946	14.2%	5.9	37.4	871	14.9%	1.7	11.1
KE	601	11.6%	0.6	4.7	2 194	10.6%	2.2	17.1	601	10.3%	0.6	4.7
KW	1 221	23.6%	0.7	4.3	4 838	23.3%	2.6	17.2	1 277	21.9%	0.7	4.5
NTE	857	16.6%	0.7	6.0	3 394	16.3%	2.6	23.8	959	16.4%	0.7	6.7
NTW	677	13.1%	0.6	6.7	2 725	13.1%	2.5	26.9	703	12.0%	0.7	6.9
HA Overall	**5 171**	100.0%	0.7	5.5	**20 784**	100.0%	**2.9**	**22.2**	**5 838**	100.0%	**0.8**	**6.2**

The table below sets out the number and ratio of general beds in HA per 1 000 population by clusters.

Cluster	**Number of general beds**				**Number of general beds per 1,000 population**		**Number of general beds per 1,000 population aged 65+**	
	2011-12 (Revised Estimate)	**% of HA overall**	**2012-13 (Estimate)**	**% of HA overall**	**2011-12 (Revised Estimate)**	**2012-13 (Estimate)**	**2011-12 (Revised Estimate)**	**2012-13 (Estimate)**
HKE	2 002	9.6%	2 004	9.6%	2.4	2.4	15.6	15.2
HKW	2 853	13.7%	2 853	13.7%	5.2	5.2	37.3	36.1
KC	3 002	14.5%	3 004	14.4%	6.0	6.0	38.1	37.2
KE	2 135	10.3%	2 175	10.4%	2.2	2.1	16.6	15.9
KW	5 174	24.9%	5 179	24.8%	2.8	2.7	18.4	17.9
NTE	3 473	16.7%	3 474	16.7%	2.7	2.6	24.3	23.1
NTW	2 115	10.2%	2 156	10.3%	2.0	2.0	20.9	20.2
Overall	**20 754**	**100%**	**20 845**	**100%**	**2.9**	**2.9**	**22.1**	**21.4**

It should be noted that the ratio of doctors and nurses per 1 000 population, and the ratio of general beds per 1 000 population vary among clusters and the variances do not necessarily correspond to the difference in the population among clusters because :

(a) patients can receive care in hospitals other than those in their own residential districts and cross-cluster utilization of services is rather common; and

(b) some specialized services are available only in a number of hospitals and the doctors and nurses in these hospitals are also providing services for patients in other clusters.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)205

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2671

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide details on the number of specialist outpatient new cases triaged as Priority 1, Priority 2 and Routine, their respective percentages in the total number of specialist outpatient new cases, and their respective average, median, 10th percentile, 25th percentile, 75th percentile, 90th percentile and 99th percentile waiting time by specialty and hospital cluster for 2011-12.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine case; their respective percentages in the total number of specialist outpatient new cases; and their respective lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and the longest (90th percentile) waiting time in each hospital cluster for 2011-12 (up to 31 December 2011).

2011-12 (up to December 2011) (Provisional figures)

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKE	ENT	1 081	18%	<1	<1	<1	<1	1 949	33%	1	4	7	8	2 812	48%	20	21	23	34
	MED	1 792	21%	<1	1	1	2	2 519	30%	2	4	7	7	4 198	49%	8	14	32	52
	GYN	770	20%	<1	<1	1	3	589	15%	3	4	5	6	2 495	65%	9	13	18	22
	OPH	3 767	43%	<1	<1	<1	1	1 194	14%	4	7	8	8	3 869	44%	11	27	40	54
	ORT	1 249	19%	<1	<1	1	1	1 775	27%	4	5	7	7	3 591	54%	12	30	40	45
	PAE	213	21%	<1	1	1	2	643	63%	3	4	6	7	164	16%	6	7	9	12
	PSY	440	17%	<1	<1	1	2	507	19%	<1	1	4	6	1 700	64%	<1	2	16	20
	SUR	1 527	16%	<1	1	1	2	3 044	33%	4	6	7	8	4 762	51%	9	20	43	94
HKW	ENT	328	7%	<1	<1	<1	1	1 144	24%	3	4	6	8	3 236	69%	5	14	23	29
	MED	915	11%	<1	<1	1	1	1 056	12%	2	3	5	6	6 471	77%	9	17	24	33
	GYN	898	17%	<1	<1	1	1	603	12%	3	4	5	7	3 091	60%	9	13	15	29
	OPH	2 739	33%	<1	<1	1	1	840	10%	3	4	4	6	4 681	57%	6	13	16	18
	ORT	512	7%	<1	<1	1	1	1 072	14%	2	3	4	6	5 810	79%	8	15	22	37
	PAE	344	12%	<1	<1	1	1	939	33%	3	6	7	8	1 535	54%	7	18	22	51
	PSY	151	5%	<1	1	1	2	324	11%	1	1	2	4	2 549	84%	2	5	24	64
	SUR	1 569	16%	<1	<1	1	1	1 506	16%	3	5	6	7	6 565	68%	6	15	31	74
KC	ENT	966	9%	<1	<1	<1	<1	1 423	13%	<1	1	2	8	8 416	78%	1	2	8	11
	MED	1 228	14%	<1	<1	1	1	1 023	12%	3	4	5	7	6 477	74%	12	16	23	48
	GYN	463	13%	<1	<1	1	1	1 274	35%	3	4	6	7	1 909	52%	12	21	27	34
	OPH	6 406	34%	<1	<1	<1	1	4 083	22%	1	5	7	8	6 555	35%	39	43	44	45
	ORT	577	10%	<1	<1	<1	1	553	9%	2	4	5	7	4 848	81%	15	24	43	50
	PAE	295	20%	<1	<1	1	1	177	12%	2	3	4	5	1 012	68%	4	10	11	12
	PSY	327	14%	<1	<1	1	1	846	36%	2	5	7	7	1 191	50%	3	9	16	74
	SUR	2 157	17%	<1	<1	1	1	2 097	16%	2	3	5	7	8 451	66%	15	17	26	48
KE	ENT	1 370	17%	<1	<1	1	1	1 834	23%	4	6	7	8	4 815	60%	28	30	89	121
	MED	1 792	13%	<1	1	1	2	4 241	32%	6	7	8	8	7 265	55%	16	41	46	51
	GYN	1 099	19%	<1	1	1	1	851	15%	5	6	7	8	3 897	67%	15	78	138	146
	OPH	3 998	31%	<1	<1	1	1	2 249	18%	6	7	7	8	6 516	51%	11	33	84	100
	ORT	2 812	24%	<1	<1	1	1	2 490	21%	5	7	7	8	6 462	55%	89	101	110	120
	PAE	953	29%	<1	<1	<1	1	624	19%	5	6	7	8	1 744	52%	15	27	31	32
	PSY	494	9%	<1	<1	1	2	1 327	25%	2	3	5	7	3 390	63%	8	15	43	66
	SUR	1 120	7%	<1	1	1	1	4 958	29%	6	7	7	8	11 022	64%	28	98	124	134

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KW	ENT	2 864	25%	<1	<1	1	1	2 960	25%	4	5	7	8	5 817	50%	13	22	41	60
	MED	2 440	11%	<1	<1	1	2	4 896	22%	4	5	7	7	14 469	66%	20	36	53	60
	GYN	734	8%	<1	1	1	2	1 579	17%	3	5	6	7	7 039	75%	6	11	25	33
	OPH	4 549	32%	<1	<1	<1	<1	4 292	30%	1	4	5	6	5 485	38%	4	6	34	41
	ORT	3 131	21%	<1	<1	1	1	3 340	22%	4	5	7	7	8 522	57%	32	54	89	104
	PAE	2 004	37%	<1	<1	<1	1	575	11%	4	5	6	7	2 764	51%	4	8	12	13
	PSY	383	4%	<1	<1	1	1	839	9%	<1	2	4	6	7 808	86%	<1	8	21	34
	SUR	3 519	13%	<1	1	1	2	6 148	23%	4	5	7	7	17 221	64%	9	25	92	107
NTE	ENT	2 772	27%	<1	<1	1	2	1 946	19%	3	4	5	7	5 396	53%	24	54	65	81
	MED	2 243	16%	<1	<1	1	2	2 158	15%	4	5	7	8	9 378	67%	33	40	57	69
	GYN	943	11%	<1	<1	1	2	665	8%	3	5	7	8	5 934	70%	24	37	55	104
	OPH	5 066	34%	<1	<1	1	1	2 167	14%	3	4	7	8	7 713	52%	25	76	96	105
	ORT	4 593	30%	<1	<1	<1	1	1 836	12%	3	5	7	8	9 091	59%	25	69	78	98
	PAE	291	9%	<1	<1	1	2	562	18%	3	5	6	7	2 327	73%	9	16	29	34
	PSY	1 012	14%	<1	1	1	2	1 514	20%	3	4	6	8	4 619	62%	11	32	60	103
	SUR	1 998	12%	<1	<1	1	2	2 834	17%	3	5	6	8	11 846	71%	17	38	58	78
NTW	ENT	2 287	26%	<1	<1	<1	1	1 230	14%	3	4	6	7	5 432	61%	13	19	49	53
	MED	1 193	15%	1	1	2	2	2 017	25%	5	6	7	7	4 860	60%	13	42	46	50
	GYN	779	16%	1	2	2	3	509	11%	2	4	7	8	3 534	73%	11	16	23	40
	OPH	4 293	31%	<1	<1	<1	<1	1 512	11%	1	2	3	4	7 993	58%	2	8	43	46
	ORT	1 169	12%	<1	1	1	1	919	9%	2	4	6	7	7 788	79%	35	42	46	50
	PAE	143	8%	1	1	2	3	376	20%	3	3	4	5	1 376	73%	13	13	14	15
	PSY	549	11%	<1	1	1	2	1 110	23%	2	6	7	8	3 124	65%	7	12	20	33
	SUR	1 090	7%	<1	<1	1	2	1 643	11%	3	5	7	7	12 808	82%	12	27	31	34
Overall	ENT	11 668	19%	<1	<1	1	1	12 486	21%	2	4	7	8	35 924	60%	8	19	42	61
	MED	11 603	14%	<1	<1	1	2	17 910	22%	4	6	7	8	53 118	64%	13	32	47	56
	GYN	5 686	14%	<1	1	1	2	6 070	15%	3	5	6	7	27 899	68%	10	18	35	99
	OPH	30 818	34%	<1	<1	<1	1	16 337	18%	2	4	7	8	42 812	47%	8	25	45	87
	ORT	14 043	19%	<1	<1	1	1	11 985	17%	3	5	7	7	46 112	64%	18	42	75	102
	PAE	4 243	22%	<1	<1	<1	1	3 896	20%	3	5	7	7	10 922	57%	8	13	20	31
	PSY	3 356	10%	<1	<1	1	2	6 467	19%	2	4	6	7	24 381	70%	2	12	28	54
	SUR	12 980	12%	<1	1	1	2	22 230	21%	4	6	7	8	72 675	67%	13	27	59	108

Abbreviations

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

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

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)206

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2672

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list by cluster the number of new and follow-up attendances of the specialist outpatient services under the Hospital Authority (including specialist services as a whole and a breakdown by type) in 2010-11, 2011-12 and 2012-13 (Estimate) as well as the cost per specialist outpatient attendance.

Asked by: Hon. LEUNG Ka-lau

Reply:

The tables below set out by clusters the number of new and follow-up attendances of the specialist outpatient (SOP) services under the Hospital Authority (HA) in 2010-11, 2011-12 (from April to December 2011) and 2012-13 (Estimate). Breakdown of estimated attendance by specialty in 2012-13 is not yet available.

2010-11

	Cluster / Specialty	**ENT**	**GYN**	**MED**	**OBS**	**OPH**	**ORT**	**PAE**	**PSY**	**SUR**	**All specialties**
SOP 1st attendances (new cases)	HKEC	6 838	4 285	10 026	5 401	11 670	7 625	1 302	2 748	9 754	**66 763**
	HKWC	4 962	5 174	8 289	9 334	7 501	8 136	2 786	2 943	9 424	**67 301**
	KCC	13 326	3 666	8 816	12 220	22 448	5 536	1 693	2 252	12 400	**95 844**
	KEC	8 199	4 905	13 951	11 075	12 484	10 486	2 956	4 652	13 380	**104 754**
	KWC	11 873	9 967	21 329	14 166	16 780	13 842	6 250	8 156	26 694	**141 895**
	NTEC	11 268	7 607	12 997	9 204	16 718	15 335	3 397	6 096	15 688	**113 775**
	NTWC	9 354	4 359	9 402	3 886	15 913	8 286	1 953	4 542	14 534	**77 923**
	Overall	**65 820**	**39 963**	**84 810**	**65 286**	**103 514**	**69 246**	**20 337**	**31 389**	**101 874**	**668 255**
SOP Follow-up attendances	HKEC	30 283	24 905	232 790	16 859	125 501	49 605	16 332	73 775	63 482	**701 011**
	HKWC	23 839	38 015	204 111	30 452	68 071	53 695	35 097	52 632	112 878	**692 761**
	KCC	52 145	24 202	203 559	38 485	209 477	53 248	33 847	67 370	78 118	**888 907**
	KEC	23 562	33 301	158 949	25 023	81 800	62 537	36 057	81 365	63 685	**603 789**
	KWC	54 092	48 947	508 712	70 224	127 665	100 039	53 161	194 382	153 365	**1 398 979**
	NTEC	37 619	42 287	258 675	34 017	129 283	93 195	35 761	111 747	73 405	**922 300**
	NTWC	34 684	24 742	188 951	39 843	117 535	54 623	24 731	126 526	55 822	**754 188**
	Overall	**256 224**	**236 399**	**1 755 747**	**254 903**	**859 332**	**466 942**	**234 986**	**707 797**	**600 755**	**5 961 935**

	Cluster / Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP Total attendances	HKEC	37 121	29 190	242 816	22 260	137 171	57 230	17 634	76 523	73 236	**767 774**
	HKWC	28 801	43 189	212 400	39 786	75 572	61 831	37 883	55 575	122 302	**760 062**
	KCC	65 471	27 868	212 375	50 705	231 925	58 784	35 540	69 622	90 518	**984 751**
	KEC	31 761	38 206	172 900	36 098	94 284	73 023	39 013	86 017	77 065	**708 543**
	KWC	65 965	58 914	530 041	84 390	144 445	113 881	59 411	202 538	180 059	**1 540 874**
	NTEC	48 887	49 894	271 672	43 221	146 001	108 530	39 158	117 843	89 093	**1 036 075**
	NTWC	44 038	29 101	198 353	43 729	133 448	62 909	26 684	131 068	70 356	**832 111**
	Overall	**322 044**	**276 362**	**1 840 557**	**320 189**	**962 846**	**536 188**	**255 323**	**739 186**	**702 629**	**6 630 190**

2011-12 (April – December 2011)

	Cluster / Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP 1st attendances	HKEC	4 883	3 018	7 085	3 600	7 658	5 111	906	1 826	7 173	**46 310**
	HKWC	3 618	4 074	6 452	7 780	7 941	6 079	2 490	1 880	7 711	**56 477**
	KCC	8 561	2 775	6 556	8 831	15 645	4 365	1 230	1 799	9 310	**70 346**
	KEC	5 570	3 695	10 568	6 378	10 599	7 727	2 403	3 446	10 445	**70 979**
	KWC	9 725	7 101	16 155	10 955	12 674	10 620	4 354	6 552	19 418	**106 595**
	NTEC	7 890	5 266	9 989	7 615	11 686	10 990	2 457	4 465	11 631	**83 691**
	NTWC	7 480	3 244	6 157	2 353	12 276	6 229	1 450	3 606	10 462	**58 490**
	Overall	**47 727**	**29 173**	**62 962**	**47 512**	**78 479**	**51 121**	**15 290**	**23 574**	**76 150**	**492 888**
SOP Follow-up attendances	HKEC	23 012	18 091	171 548	14 508	94 250	36 691	12 052	55 598	47 181	**526 555**
	HKWC	18 194	30 045	155 539	21 717	56 485	40 609	25 409	39 635	85 595	**532 594**
	KCC	39 732	18 292	151 526	34 727	156 703	40 103	25 079	49 434	61 167	**676 406**
	KEC	17 572	23 474	119 202	21 718	76 411	48 520	27 694	63 410	49 220	**475 383**
	KWC	41 154	37 142	388 943	51 119	100 308	78 873	38 473	149 316	115 314	**1 069 725**
	NTEC	27 573	31 534	192 267	23 046	98 784	69 405	27 024	83 883	55 997	**690 116**
	NTWC	24 113	18 031	137 117	34 920	94 213	42 010	19 154	96 544	44 066	**576 258**
	Overall	**191 350**	**176 609**	**1 316 142**	**201 755**	**677 154**	**356 211**	**174 885**	**537 820**	**458 540**	**4 547 037**
SOP Total attendances	HKEC	27 895	21 109	178 633	18 108	101 908	41 802	12 958	57 424	54 354	**572 865**
	HKWC	21 812	34 119	161 991	29 497	64 426	46 688	27 899	41 515	93 306	**589 071**
	KCC	48 293	21 067	158 082	43 558	172 348	44 468	26 309	51 233	70 477	**746 752**
	KEC	23 142	27 169	129 770	28 096	87 010	56 247	30 097	66 856	59 665	**546 362**
	KWC	50 879	44 243	405 098	62 074	112 982	89 493	42 827	155 868	134 732	**1 176 320**
	NTEC	35 463	36 800	202 256	30 661	110 470	80 395	29 481	88 348	67 628	**773 807**
	NTWC	31 593	21 275	143 274	37 273	106 489	48 239	20 604	100 150	54 528	**634 748**
	Overall	**239 077**	**205 782**	**1 379 104**	**249 267**	**755 633**	**407 332**	**190 175**	**561 394**	**534 690**	**5 039 925**

2012-13 Estimate

	Cluster	All specialties
SOP 1st attendances	HKEC	65 600
	HKWC	68 600
	KCC	96 900
	KEC	102 000
	KWC	145 600
	NTEC	108 700
	NTWC	78 600
	Overall	666 000
SOP Follow-up attendances	HKEC	701 200
	HKWC	685 400
	KCC	897 700
	KEC	622 100
	KWC	1 433 600
	NTEC	892 400
	NTWC	759 600
	Overall	5 992 000
SOP Total attendances	HKEC	766 800
	HKWC	754 000
	KCC	994 600
	KEC	724 100
	KWC	1 579 200
	NTEC	1 001 100
	NTWC	838 200
	Overall	6 658 000

The table below sets out the average cost per SOP attendance for different specialties by hospital clusters for 2010-11.

2010-11	**Average cost per SOP attendance ($)**									
Cluster / Specialty	**ENT**	**GYN**	**OBS**	**MED**	**OPH**	**ORT**	**PAE**	**SUR**	**PSY**	**Overall average cost per SOP attendance**
HKEC	710	890	890	1,410	440	780	1,080	1,100	860	870
HKWC	660	1,060	1, 060	1,670	400	820	1,590	1,630	1,100	1,150
KCC	670	750	750	1,720	470	770	1,140	950	900	870
KEC	630	690	690	1,560	450	660	820	1,160	930	790
KWC	520	610	610	1,330	380	720	1,030	1,050	970	880
NTEC	860	600	600	1,690	490	850	1,060	1,050	1,050	960
NTWC	640	660	660	1,570	400	790	890	1,220	1,030	880
Overall	670	720	720	1,530	440	770	1,090	1,170	980	910

The table below sets out the projected average cost per SOP attendance by hospital clusters in 2011-12. The breakdown by different specialties is not yet available.

2011-12	**Average cost per SOP ($)**							
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	**HA Overall**
Projected overall average cost per SOP attendance	990	1,290	970	890	990	1,110	1,020	1,030

The estimated average cost per SOP attendance in 2012-13 is $1,090. The breakdown by hospital clusters and specialties is not yet available.

The cost of SOP attendances varies among different cases and different specialties owing to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. The cost also varies among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including specialization of the specialties in the cluster. Hence clusters with more patients with more complex conditions or requiring more costly treatment would incur a higher average cost. Therefore the average cost per SOP attendance cannot be directly compared among different clusters or specialties or with specific cases.

Abbreviations

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

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

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 27.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)207

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2673

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list by specialty and cluster the number of general inpatient beds, bed occupancy rate, number of attendances, number of patient days, average length of stay, cost per inpatient discharged and cost per patient day of services under the Hospital Authority in 2010-11, 2011-12 and 2012-13 (Estimate).

Asked by: Hon. LEUNG Ka-lau

Reply:

The tables below set out by specialties and clusters the number of general inpatient beds, bed occupancy rate, number of inpatient discharges and deaths (IP D&D), inpatient bed day occupied (IP BDO) and inpatient average length of stay (IP ALOS) under the Hospital Authority (HA) in 2010-11 and 2011-12 (up to 31 December 2011). For 2012-13 (Estimate), the relevant information for all general specialties is provided below and figures by specialty are not yet available.

2010-11

	Cluster							All clusters
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
All General (acute & convalescence) Specialties								
Number of hospital Beds#	2 002	2 853	3 002	2 135	5 174	3 473	2 094	20 733
IP bed occupancy rate (%)	83%	73%	87%	87%	82%	86%	92%	84%
IP D&D	105 634	104 704	123 194	116 532	241 157	152 347	118 146	961 714
IP BDO	520 584	629 351	856 320	579 188	1 305 359	944 529	607 025	5 442 356
IP ALOS (days)	5.1	6.1	6.9	4.9	5.4	6.2	5.1	5.7
Gynaecology								
Number of hospital Beds#	40	77	29	64	139	64	49	462
IP bed occupancy rate (%)	86%	61%	77%	68%	82%	58%	81%	72%
IP D&D	3 105	4 507	3 214	5 133	9 774	4 691	4 478	34 902
IP BDO	7 740	12 299	8 187	13 206	20 342	10 470	8 563	80 807
IP ALOS (days)	2.5	2.6	2.5	2.5	2.1	2.2	1.9	2.3
Medicine								
Number of hospital Beds#	863	947	1 120	1 020	2 245	1 303	940	8 438
IP bed occupancy rate (%)	87%	77%	98%	92%	91%	99%	98%	92%
IP D&D	46 287	41 013	44 621	54 569	98 757	62 281	44 369	391 897

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
IP BDO	244 524	236 928	348 309	296 025	645 312	432 290	297 907	2 501 295
IP ALOS (days)	4.9	5.6	7.6	5.2	6.2	6.8	6.4	6.1
Obstetrics								
Number of hospital Beds[#]	67	89	130	82	226	145	70	809
IP bed occupancy rate (%)	84%	66%	67%	77%	68%	72%	85%	72%
IP D&D	5 211	5 781	7 352	6 822	14 892	9 211	7 806	57 075
IP BDO	15 647	17 471	22 801	21 118	41 297	27 661	21 676	167 671
IP ALOS (days)	3.0	3.0	3.1	3.1	2.8	3.0	2.8	2.9
Orthopaedics & Traumatology								
Number of hospital Beds[#]	186	333	298	231	487	472	267	2 274
IP bed occupancy rate (%)	83%	68%	94%	99%	87%	86%	89%	86%
IP D&D	7 942	8 273	8 022	10 394	17 844	14 886	7 954	75 315
IP BDO	49 104	69 990	95 643	74 520	137 834	144 424	80 774	652 289
IP ALOS (days)	5.9	8.9	11.7	6.9	7.3	9.4	9.5	8.4
Paediatrics and Adolescent Medicine								
Number of hospital Beds[#]	54	177	124	112	361	165	84	1 077
IP bed occupancy rate (%)	82%	66%	73%	76%	63%	85%	81%	73%
IP D&D	4 318	5 005	5 873	10 208	18 268	11 441	7 446	62 559
IP BDO	14 615	29 955	29 387	28 736	60 340	44 466	24 962	232 461
IP ALOS (days)	3.4	5.7	4.8	2.7	3.6	3.6	3.4	3.7
Surgery								
Number of hospital Beds[#]	258	589	288	334	744	475	242	2 930
IP bed occupancy rate (%)	70%	82%	86%	77%	69%	86%	93%	79%
IP D&D	13 186	19 463	13 871	19 476	37 667	20 354	15 837	139 854
IP BDO	53 996	130 454	74 937	83 600	160 492	117 582	66 290	687 351
IP ALOS (days)	3.8	5.9	5.0	4.0	4.0	5.2	3.9	4.5

[#] Number of hospital beds as at 31 March 2011

2011-12 (up to 31 December 2011)

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescence) Specialties								
Number of hospital Beds*	2 002	2 853	3 002	2 135	5 174	3 473	2 115	20 754
IP bed occupancy rate (%)	79%	72%	84%	85%	81%	85%	93%	82%
IP D&D	79 470	79 480	91 423	89 310	179 690	116 646	90 299	726 318
IP BDO	380 422	468 339	633 889	434 472	960 108	701 148	473 165	4 051 543
IP ALOS (days)	4.9	5.9	6.9	4.9	5.3	6.0	5.3	5.6
Gynaecology								
Number of hospital Beds^	40	78	29	64	139	64	49	463
IP bed occupancy rate (%)	89%	60%	84%	70%	82%	63%	90%	75%
IP D&D	2 649	3 410	2 666	4 005	7 800	3 877	3 708	28 115

	Cluster							All clusters
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
IP BDO	6 127	9 145	6 667	10 197	15 375	7 744	7 141	62 396
IP ALOS (days)	2.3	2.6	2.5	2.5	2.0	2.0	1.9	2.2
Medicine								
Number of hospital Beds^	863	950	1 117	1 020	2 245	1 328	943	8 466
IP bed occupancy rate (%)	81%	73%	92%	88%	88%	95%	96%	88%
IP D&D	33 844	30 590	32 196	41 540	72 402	46 751	31 791	289 114
IP BDO	174 591	170 439	252 667	220 806	474 828	317 916	227 779	1 839 026
IP ALOS (days)	4.7	5.4	7.6	5.0	6.2	6.6	6.8	6.1
Obstetrics								
Number of hospital Beds^	67	89	130	82	226	145	70	809
IP bed occupancy rate (%)	78%	67%	70%	76%	70%	66%	93%	73%
IP D&D	4 006	4 634	5 980	5 384	11 613	7 105	6 191	44 913
IP BDO	11 102	13 396	18 693	15 597	32 679	19 612	17 863	128 942
IP ALOS (days)	2.8	2.9	3.1	2.9	2.8	2.7	2.9	2.9
Orthopaedics & Traumatology								
Number of hospital Beds^	184	334	298	231	505	456	267	2 275
IP bed occupancy rate (%)	80%	68%	89%	103%	83%	86%	95%	86%
IP D&D	6 137	6 355	6 031	7 870	13 850	11 808	6 541	58 592
IP BDO	36 318	52 925	69 787	58 429	100 683	108 954	66 708	493 804
IP ALOS (days)	5.8	8.2	11.3	7.0	7.0	9.1	9.6	8.1
Paediatrics and Adolescent Medicine								
Number of hospital Beds^	54	177	124	112	361	165	84	1 077
IP bed occupancy rate (%)	84%	69%	67%	71%	58%	87%	76%	70%
IP D&D	3 194	3 792	4 043	7 672	12 851	8 730	5 477	45 759
IP BDO	11 365	23 635	20 145	20 194	41 607	34 388	17 651	168 985
IP ALOS (days)	3.3	5.3	4.8	2.5	3.5	4.0	4.1	3.8
Surgery								
Number of hospital Beds^	258	592	288	334	726	466	272	2 936
IP bed occupancy rate (%)	69%	84%	86%	78%	71%	85%	92%	79%
IP D&D	10 268	14 731	10 723	15 210	29 171	15 453	12 609	108 165
IP BDO	40 180	99 184	56 778	63 689	124 532	87 200	51 236	522 799
IP ALOS (days)	3.6	6.0	5.0	4.0	4.0	5.5	3.8	4.5

* Number of hospital beds as at 31 March 2012

^ Number of hospital beds as at 31 December 2011

2012-13 (Estimate)

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescence) Specialties								
Number of hospital Beds[Δ]	2 004	2 853	3 004	2 175	5 179	3 474	2 156	20 845
IP bed occupancy rate (%)	83%	71%	86%	87%	82%	84%	91%	83%
IP D&D	104 790	102 190	125 140	119 110	243 610	152 600	123 560	971 000
IP BDO	534 100	617 500	855 100	585 300	1 307 700	927 100	635 200	5 462 000
IP ALOS (days)	5.1	6.0	6.5	4.9	5.4	6.2	5.2	5.6

[Δ] Number of hospital beds as at 31 March 2013

The table below sets out the average cost per patient day and average cost per inpatient discharged for each major specialty by hospital clusters under HA for 2010-11.

Specialty	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Average Cost per Patient Day ($)								
Medicine	3,160	3,720	3,180	3,160	3,090	3,180	3,190	3,220
Surgery	5,270	4,800	5,330	4,340	4,720	5,060	4,380	4,830
Obstetrics and Gynaecology	5,240	4,940	4,690	5,030	4,720	5,650	4,660	4,960
Paediatrics and Adolescent Medicine	4,280	6,030	4,170	4,180	4,120	4,160	4,620	4,440
Orthopaedics and Traumatology	4,390	4,280	3,570	3,490	4,170	4,090	4,350	4,040
Overall average cost per general inpatient day	3,690	4,240	3,320	3,560	3,490	3,540	3,570	3,600
Average Cost per Inpatient Discharged ($)								
Medicine	13,770	17,250	18,580	11,130	15,410	15,250	15,250	15,140
Surgery	16,010	28,510	21,950	17,360	17,330	20,110	13,630	19,410
Obstetrics and Gynaecology	13,130	11,890	10,290	13,270	9,620	12,920	7,990	10,970
Paediatrics and Adolescent Medicine	13,520	31,160	21,700	14,030	14,860	18,820	17,320	17,940
Orthopaedics and Traumatology	22,750	30,560	31,260	23,650	26,730	28,230	32,550	27,650
Overall average cost per general inpatient discharged	16,230	22,870	21,440	16,290	17,530	20,140	16,470	18,630

The table below sets out the projected average cost per patient day and average cost per inpatient discharged by hospital clusters for 2011-12. The relevant information for each major specialty is not yet available.

2011-12 (Revised Estimate)	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Projected average cost per general patient day ($)	4,130	4,760	3,710	4,080	3,900	4,060	4,000	4,050
Projected average cost per general inpatient discharged ($)	18,940	25,650	23,390	18,430	19,390	22,620	18,570	20,840

The estimated average cost per general patient day and average cost per general inpatient discharged for 2012-13 is $4,250 and $21,810 respectively. The breakdown of information by clusters and specialties is not yet available.

The average cost per general patient day and average cost per general inpatient discharged vary among different cases and different specialties owing to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. The costs also vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors including specialization of the specialties in the cluster. Thus clusters with more patients having more complex conditions or requiring more costly treatment would incur a higher average cost. Therefore the costs cannot be directly compared among different clusters or specialties.

Abbreviations

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

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)208

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2674

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the annual turnover of medical officers in hospitals of the Hospital Authority in 2010-11 and 2011-12 by post (including Consultant, Associate Consultant/Senior Doctor, Specialist and Specialist Trainee) and by department upon the officers' departure, including the number of departures, turnover rate and lengths of service upon departure. Please also indicate whether all the arising vacancies have been filled, the time required as well as the expenditure involved for filling the posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

The attached tables provide the turnover figures, turnover rates, year of services of the medical officers upon departure by rank and by department in 2010-11 and 2011-12 (up to 31 December 2011).

In general, HA fills the vacancies of Consultant and Associate Consultant through internal transfer or promotion of suitable serving HA doctors as far as possible. As for vacancies of the resident trainees, HA conducts recruitment exercise of resident trainees each year to recruit medical graduates of local universities and other qualified doctors to fill the vacancies and undergo specialist training in HA. Individual departments may also recruit doctors throughout the year to cope with service and operational needs.

In both 2010-11 and 2011-12, HA has recruited new doctors to fill vacancies as well as to strengthen its manpower support. As at 31 December 2011, there were 5 184 doctors working in HA, representing an increase of 2.6% from 5 052 in 2010-11, and 3.8% from 4 995 in 2009-10. The total additional expenditure incurred in the recruitment and promotion of doctors exceeds the savings from staff wastage by around $ 157 million and $ 269 million for 2010-11 and 2011-12 respectively.

Turnover figures of doctors by department and by rank in each hospital cluster in 2010-11 and 2011-12

Cluster	Department	2010-11				2011-12 (up to 31 December 2011)			
		Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total
Hong Kong East	Accident & Emergency		2	2	4			1	1
	Anaesthesia		1	1	2		1		1
	Cardio-thoracic Surgery								
	Family Medicine			3	3			1	1
	Medicine	2	1	2	5	1	1	1	3
	Neurosurgery								
	Obstetrics & Gynaecology	2	2		4	1	1		2
	Ophthalmology			1	1				
	Orthopaedics & Traumatology	1			1	1		1	2
	Paediatrics			2	2		1	1	2
	Pathology								
	Psychiatry								
	Radiology		2		2	1	1		2
	Surgery	1	1		2		2		2
	Others		2	1	3			1	1
	Total	**6**	**11**	**12**	**29**	**4**	**7**	**6**	**17**
Hong Kong West	Accident & Emergency								
	Anaesthesia	1	1		2	1	1	2	4
	Cardio-thoracic Surgery								
	Family Medicine		1		1			1	1
	Medicine	1		4	5	1	2	4	7
	Neurosurgery								
	Obstetrics & Gynaecology	1			1	1			1
	Ophthalmology			1	1				
	Orthopaedics & Traumatology						1	1	2
	Paediatrics			3	3		1	1	2
	Pathology	1	1		2				
	Psychiatry						1	3	4
	Radiology		2		2	1	2		3
	Surgery	2	1	2	5	2		3	5
	Others		1	1	2	1		1	2
	Total	**6**	**7**	**11**	**24**	**7**	**8**	**16**	**31**
Kowloon Central	Accident & Emergency			5	5			1	1
	Anaesthesia								
	Cardio-thoracic Surgery	1	1		2				
	Family Medicine			2	2		1		1
	Medicine	2		4	6		1	1	2
	Neurosurgery			1	1				
	Obstetrics & Gynaecology	2	1		3				
	Ophthalmology						1		1
	Orthopaedics & Traumatology								
	Paediatrics	1		1	2	2		2	4
	Pathology								
	Psychiatry	1	1	4	6			1	1
	Radiology	1		1	2	1			1
	Surgery	1			1		1	1	2
	Others	1	1	1	3		1	1	2
	Total	**10**	**4**	**19**	**33**	**3**	**5**	**7**	**15**

Cluster	Department	2010-11				2011-12 (up to 31 December 2011)			
		Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total
Kowloon East	Accident & Emergency						1	5	6
	Anaesthesia		2	2	4		1		1
	Cardio-thoracic Surgery								
	Family Medicine			3	3			3	3
	Medicine		1	1	2				
	Neurosurgery								
	Obstetrics & Gynaecology		2		2		1		1
	Ophthalmology			1	1				
	Orthopaedics & Traumatology		1	3	4		2		2
	Paediatrics		1	4	5		2	2	4
	Pathology								
	Psychiatry								
	Radiology							1	1
	Surgery	1			1	1	2		3
	Others		1	1	2		1	1	2
	Total	**1**	**8**	**15**	**24**	**1**	**10**	**12**	**23**
Kowloon West	Accident & Emergency	2	1	4	7			3	3
	Anaesthesia		3		3	1	1	1	3
	Cardio-thoracic Surgery								
	Family Medicine		2	8	10		1	6	7
	Medicine	3	3	9	15	3	1	7	11
	Neurosurgery							1	1
	Obstetrics & Gynaecology	2	1	1	4				
	Ophthalmology		2		2	1	1	3	5
	Orthopaedics & Traumatology		1	3	4	2	1		3
	Paediatrics	2	1	4	7		1	4	5
	Pathology			1	1				
	Psychiatry		1	1	2		1		1
	Radiology		2		2			1	1
	Surgery		4	3	7	1			1
	Others			2	2			1	1
	Total	**9**	**21**	**36**	**66**	**8**	**7**	**27**	**42**
New Territories East	Accident & Emergency	1	2	3	6		2	6	8
	Anaesthesia		1	1	2		2	1	3
	Cardio-thoracic Surgery								
	Family Medicine			9	9			2	2
	Medicine	2	1	8	11		1	9	10
	Neurosurgery		1		1				
	Obstetrics & Gynaecology	1	1		2		1	1	2
	Ophthalmology	1	1	3	5		1	1	2
	Orthopaedics & Traumatology	1	1	4	6			1	1
	Paediatrics			2	2			1	1
	Pathology		1		1				
	Psychiatry		1	3	4			1	1
	Radiology		3		3				
	Surgery		1	1	2		2	1	
	Others		1	4	5	1		1	2
	Total	**6**	**15**	**38**	**59**	**1**	**9**	**25**	**35**

Cluster	Department	2010-11				2011-12 (up to 31 December 2011)			
		Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total
New Territories West	Accident & Emergency		1	1	2			2	2
	Anaesthesia					2	2	1	5
	Cardio-thoracic Surgery								
	Family Medicine			3	3			4	4
	Medicine		1	10	11	1		3	4
	Neurosurgery								
	Obstetrics & Gynaecology		1	2	3	1			1
	Ophthalmology			1	1				
	Orthopaedics & Traumatology			2	2	1			1
	Paediatrics						1	1	2
	Pathology								
	Psychiatry		4	2	6			1	1
	Radiology						1		1
	Surgery						1	1	2
	Others						1	1	2
	Total		**7**	**21**	**28**	**5**	**6**	**14**	**25**

Turnover rates of doctors by major department and by rank in 2010-11 and 2011-12

Department	2010-11				2011-12 (up to 31 December 2011)			
	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total
Accident & Emergency	9.3%	5.5%	5.4%	**5.7%**	0.0%	3.2%	9.5%	**6.9%**
Anaesthesia	2.0%	6.4%	2.2%	**3.7%**	9.9%	8.0%	3.8%	**6.2%**
Cardio-thoracic Surgery	17.1%	7.4%	0.0%	**7.1%**	0.0%	0.0%	0.0%	**0.0%**
Family Medicine	0.0%	4.8%	6.4%	**6.1%**	0.0%	3.9%	5.1%	**4.8%**
Medicine	8.7%	2.8%	5.0%	**4.9%**	6.3%	2.8%	4.6%	**4.3%**
Neurosurgery	0.0%	4.3%	2.0%	**2.3%**	0.0%	0.0%	2.7%	**1.5%**
Obstetrics & Gynaecology	22.0%	16.8%	2.5%	**9.3%**	9.6%	8.7%	1.1%	**4.4%**
Ophthalmology	6.3%	7.8%	7.4%	**7.4%**	7.8%	9.4%	5.8%	**7.0%**
Orthopaedics & Traumatology	4.5%	4.4%	6.3%	**5.6%**	11.4%	7.2%	2.1%	**4.7%**
Paediatrics	7.2%	2.6%	8.3%	**6.8%**	5.9%	10.1%	8.6%	**8.6%**
Pathology	2.2%	2.9%	1.3%	**2.1%**	0.0%	0.0%	0.0%	**0.0%**
Psychiatry	3.6%	8.5%	4.8%	**5.7%**	0.0%	2.7%	3.9%	**3.2%**
Radiology	1.6%	12.6%	0.9%	**4.4%**	6.1%	7.2%	2.2%	**4.6%**
Surgery	7.0%	6.2%	2.0%	**3.7%**	6.8%	9.0%	2.7%	**4.8%**
Others	2.0%	6.6%	5.1%	**5.1%**	4.8%	3.6%	4.8%	**4.4%**
Overall	**6.2%**	**5.9%**	**4.7%**	**5.2%**	**5.8%**	**5.1%**	**4.5%**	**4.8%**

Year of service in HA of departed doctors by department in each hospital cluster in 2010-11 and 2011-12

2010-11

Cluster	Department	2010-11						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
Hong Kong East	Accident & Emergency		1		2	1		4
	Anaesthesia			1			1	2
	Cardio-thoracic Surgery							
	Family Medicine	2	1					3
	Medicine	1	1		1	2		5
	Neurosurgery							
	Obstetrics & Gynaecology		3			1		4
	Ophthalmology	1						1
	Orthopaedics & Traumatology		1					1
	Paediatrics		1	1				2
	Pathology							
	Psychiatry							
	Radiology		2					2
	Surgery		1		1			2
	Others	1	2					3
	Total	**5**	**13**	**2**	**4**	**4**	**1**	**29**
Hong Kong West	Accident & Emergency							
	Anaesthesia	1	1					2
	Cardio-thoracic Surgery							
	Family Medicine						1	1
	Medicine	4			1			5
	Neurosurgery							
	Obstetrics & Gynaecology		1					1
	Ophthalmology	1						1
	Orthopaedics & Traumatology							
	Paediatrics	3						3
	Pathology	1				1		2
	Psychiatry							
	Radiology	1	1					2
	Surgery	1	3			1		5
	Others	1		1				2
	Total	**13**	**6**	**1**	**1**	**2**	**1**	**24**
Kowloon Central	Accident & Emergency	2	3					5
	Anaesthesia							
	Cardio-thoracic Surgery	1			1			2
	Family Medicine	2						2
	Medicine	2	2		2			6
	Neurosurgery	1						1
	Obstetrics & Gynaecology	1			1	1		3
	Ophthalmology							
	Orthopaedics & Traumatology							
	Paediatrics	1	1					2
	Pathology							
	Psychiatry		3		1	2		6
	Radiology			1	1			2
	Surgery	1						1
	Others		1		1	1		3
	Total	**11**	**10**	**1**	**7**	**4**		**33**

Cluster	Department	2010-11						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
Kowloon East	Accident & Emergency							
	Anaesthesia		4					4
	Cardio-thoracic Surgery							
	Family Medicine	1	2					3
	Medicine	1	1					2
	Neurosurgery							
	Obstetrics & Gynaecology		2					2
	Ophthalmology		1					1
	Orthopaedics & Traumatology		3		1			4
	Paediatrics	1	2		2			5
	Pathology							
	Psychiatry							
	Radiology							
	Surgery		1					1
	Others		2					2
	Total	**3**	**18**		**3**			**24**
Kowloon West	Accident & Emergency	2	3		1	1		7
	Anaesthesia		2			1		3
	Cardio-thoracic Surgery							
	Family Medicine	1	6	2	1			10
	Medicine	1	4	2	4	3	1	15
	Neurosurgery							
	Obstetrics & Gynaecology	1		1	1	1		4
	Ophthalmology		2					2
	Orthopaedics & Traumatology		2		1	1		4
	Paediatrics		3		2	2		7
	Pathology		1					1
	Psychiatry				1	1		2
	Radiology		1			1		2
	Surgery	1	3		2	1		7
	Others		1				1	2
	Total	**6**	**28**	**5**	**13**	**12**	**2**	**66**
New Territories East	Accident & Emergency		2		2	2		6
	Anaesthesia	1					1	2
	Cardio-thoracic Surgery							
	Family Medicine		7	1			1	9
	Medicine	1	8		1	1		11
	Neurosurgery		1					1
	Obstetrics & Gynaecology	1			1			2
	Ophthalmology	2	2	1				5
	Orthopaedics & Traumatology	2	4					6
	Paediatrics		2					2
	Pathology		1					1
	Psychiatry		3		1			4
	Radiology		3					3
	Surgery	1	1					2
	Others	1	3	1				5
	Total	**9**	**37**	**3**	**5**	**3**	**2**	**59**

Cluster	Department	2010-11						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
New Territories West	Accident & Emergency	1	1					2
	Anaesthesia							
	Cardio-thoracic Surgery							
	Family Medicine		2				1	3
	Medicine	1	6	1	1	1	1	11
	Neurosurgery							
	Obstetrics & Gynaecology	2	1					3
	Ophthalmology		1					1
	Orthopaedics & Traumatology		2					2
	Paediatrics							
	Pathology							
	Psychiatry		1	1	1	3		6
	Radiology							
	Surgery							
	Others							
	Total	**4**	**14**	**2**	**2**	**4**	**2**	**28**

2011-12 (up to 31 December 2011)

Cluster	Department	2011-12 (up to 31 December 2011)					
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	Total
Hong Kong East	Accident & Emergency		1				1
	Anaesthesia		1				1
	Cardio-thoracic Surgery						
	Family Medicine					1	1
	Medicine		1		1	1	3
	Neurosurgery						
	Obstetrics & Gynaecology	1	1				2
	Ophthalmology						
	Orthopaedics & Traumatology		1			1	2
	Paediatrics		2				2
	Pathology						
	Psychiatry						
	Radiology		2				2
	Surgery	1	1				2
	Others	1					1
	Total	**3**	**10**		**1**	**3**	**17**
Hong Kong West	Accident & Emergency						
	Anaesthesia		2	1	1		4
	Cardio-thoracic Surgery						
	Family Medicine		1				1
	Medicine		5			2	7
	Neurosurgery						
	Obstetrics & Gynaecology		1				1
	Ophthalmology						
	Orthopaedics & Traumatology			1		1	2
	Paediatrics		2				2
	Pathology						
	Psychiatry	1	3				4
	Radiology	1	2				3
	Surgery		3		1	1	5
	Others		1	1			2
	Total	**2**	**20**	**3**	**2**	**4**	**31**

Cluster	Department	2011-12 (up to 31 December 2011)					
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	Total
Kowloon Central	Accident & Emergency				1		1
	Anaesthesia						
	Cardio-thoracic Surgery						
	Family Medicine		1				1
	Medicine		1	1			2
	Neurosurgery						
	Obstetrics & Gynaecology						
	Ophthalmology		1				1
	Orthopaedics & Traumatology						
	Paediatrics	1			1	2	4
	Pathology						
	Psychiatry			1			1
	Radiology	1					1
	Surgery		2				2
	Others				1	1	2
	Total	**2**	**5**	**2**	**3**	**3**	**15**
Kowloon East	Accident & Emergency	1	3		2		6
	Anaesthesia		1				1
	Cardio-thoracic Surgery						
	Family Medicine	1	1	1			3
	Medicine						
	Neurosurgery						
	Obstetrics & Gynaecology		1				1
	Ophthalmology						
	Orthopaedics & Traumatology	1		1			2
	Paediatrics	1	2			1	4
	Pathology						
	Psychiatry						
	Radiology		1				1
	Surgery		1	1		1	3
	Others		2				2
	Total	**4**	**12**	**3**	**2**	**2**	**23**
Kowloon West	Accident & Emergency	1	2				3
	Anaesthesia	1	2				3
	Cardio-thoracic Surgery						
	Family Medicine	2	4			1	7
	Medicine	3	6			2	11
	Neurosurgery		1				1
	Obstetrics & Gynaecology						
	Ophthalmology		4		1		5
	Orthopaedics & Traumatology		1		1	1	3
	Paediatrics	2	2			1	5
	Pathology						
	Psychiatry				1		1
	Radiology	1					1
	Surgery		1				1
	Others		1				1
	Total	**10**	**24**		**3**	**5**	**42**

Cluster	Department	2011-12 (up to 31 December 2011)					
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	Total
New Territories East	Accident & Emergency	4	1	2		1	8
	Anaesthesia	3					3
	Cardio-thoracic Surgery						
	Family Medicine	2					2
	Medicine	2	7	1			10
	Neurosurgery						
	Obstetrics & Gynaecology		1	1			2
	Ophthalmology		2				2
	Orthopaedics & Traumatology	1					1
	Paediatrics			1			1
	Pathology						
	Psychiatry	1					1
	Radiology						
	Surgery		3				3
	Others		2				2
	Total	**13**	**16**	**5**		**1**	**35**
New Territories West	Accident & Emergency	1	1				2
	Anaesthesia	1	3	1			5
	Cardio-thoracic Surgery						
	Family Medicine	1	1	1		1	4
	Medicine		2	1	1		4
	Neurosurgery						
	Obstetrics & Gynaecology					1	1
	Ophthalmology						
	Orthopaedics & Traumatology		1				1
	Paediatrics		2				2
	Pathology						
	Psychiatry		1				1
	Radiology		1				1
	Surgery		2				2
	Others		1	1			2
	Total	**3**	**15**	**4**	**1**	**2**	**25**

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)209

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2675

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the number of "management personnel", "professional/administrator" and "supporting staff" (as defined in the Hospital Authority Annual Report) of the Hospital Authority Head Office and each cluster, their total salary, mid-point monthly salary as well as their median and the 90th, 75th, 25th and 10th percentile monthly salaries in 2010-11 and 2011-12.

Asked by: Hon. LEUNG Ka-lau

Reply:

The tables below provide the number of "management personnel", "professionals/administrator" and "supporting staff" of the Hospital Authority Head Office and each cluster, their total salary, mid-point monthly salary as well as their median and the 90th, 75th, 25th and 10th percentile monthly salaries in 2010-11 and 2011-12 (up to 31 December 2011) :

2010-11

Cluster	Staff Group	No of staff	Total Salary ($ million)	Basic Salary($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
HO	Management Personnel	29	78	160,770	115,620	155,490	134,520	106,280	102,080
	Professionals / Administrator	846	570	59,330	42,410	74,675	50,775	24,255	20,950
	Supporting Staff	493	141	22,443	15,875	28,065	20,950	12,100	9,220
HKE	Management Personnel	12	26	118,508	77,375	143,527	90,815	74,675	69,662
	Professionals / Administrator	89	50	45,275	38,685	58,195	48,670	19,945	18,990
	Supporting Staff	2 084	463	30,920	10,655	20,950	14,975	9,000	6,700
HKW	Management Personnel	13	27	114,083	86,100	131,131	99,400	74,675	64,059
	Professionals / Administrator	76	47	45,275	40,515	59,543	48,670	22,005	19,945
	Supporting Staff	1 956	427	30,920	10,655	20,950	14,975	8,100	6,800
KC	Management Personnel	14	26	115,455	80,145	129,437	89,140	74,675	68,781
	Professionals / Administrator	103	57	43,528	36,945	48,670	48,670	20,950	18,990
	Supporting Staff	2 299	500	30,920	10,655	20,950	14,975	7,600	6,400
KE	Management Personnel	11	20	96,693	86,045	139,599	119,841	81,620	72,772
	Professionals / Administrator	68	45	46,833	38,685	54,650	48,670	22,005	19,659
	Supporting Staff	1 602	363	27,435	10,655	20,950	14,975	8,200	6,800
KW	Management Personnel	18	39	111,425	80,145	148,825	136,859	78,068	69,105
	Professionals / Administrator	139	94	52,058	42,410	58,734	48,670	31,510	19,945
	Supporting Staff	3 714	838	30,920	10,655	20,950	14,975	8,025	6,700
NTE	Management Personnel	15	32	115,815	84,643	139,120	126,378	76,025	60,321
	Professionals / Administrator	103	70	47,560	39,600	58,195	48,670	30,785	18,990
	Supporting Staff	2 428	579	30,920	10,655	20,950	15,875	8,200	7,100
NTW	Management Personnel	8	16	115,455	86,045	140,449	112,229	74,595	66,255
	Professionals / Administrator	99	59	43,935	36,945	49,739	48,670	20,950	19,754
	Supporting Staff	2 018	446	27,840	10,655	20,950	14,975	7,600	6,600

2011-12 (up to 31 December 2011)

Cluster	Staff Group	No of staff	Total Salary ($ million)	Basic Salary($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
HO	Management Personnel	33	85	172,423	126,085	159,600	139,573	110,190	106,600
	Professionals / Administrator	967	711	63,993	43,010	80,080	53,060	24,540	22,240
	Supporting Staff	493	144	24,485	16,855	209,795	22,240	13,546	9,388
HKE	Management Personnel	12	26	120,938	85,945	158,828	97,391	80,080	77,574
	Professionals / Administrator	89	53	48,468	39,220	56,975	51,670	21,175	20,160
	Supporting Staff	2 111	438	30,480	11,315	22,240	15,900	9,100	7,900
HKW	Management Personnel	11	26	122,343	95,595	143,323	128,285	73,345	68,404
	Professionals / Administrator	79	55	48,988	43,010	60,796	51,670	24,540	22,027
	Supporting Staff	1 908	416	33,785	11,315	22,240	15,900	8,559	7,900
KC	Management Personnel	15	29	118,123	85,945	122,797	95,595	80,080	72,274
	Professionals / Administrator	111	67	46,613	39,220	53,060	51,670	22,240	20,160
	Supporting Staff	2 337	464	33,785	11,315	22,240	15,900	9,100	7,900
KE	Management Personnel	12	23	104,388	93,935	154,325	119,928	83,013	59,670
	Professionals / Administrator	72	50	50,120	41,070	59,670	51,670	23,360	21,175
	Supporting Staff	1 630	329	29,785	11,600	22,240	15,900	8,926	7,900
KW	Management Personnel	18	41	120,938	85,945	165,055	147,958	81,546	74,540
	Professionals / Administrator	151	106	54,370	41,070	62,410	51,670	23,360	20,160
	Supporting Staff	3 642	770	33,785	11,315	22,240	15,900	8,303	7,900
NTE	Management Personnel	16	34	124,895	85,945	151,758	107,761	77,088	66,705
	Professionals / Administrator	109	77	52,488	42,040	62,988	51,670	23,360	20,160
	Supporting Staff	2 491	530	33,751	11,315	22,240	15,900	9,100	7,900
NTW	Management Personnel	8	18	125,343	95,595	150,616	123,271	82,986	74,110
	Professionals / Administrator	122	72	47,045	39,220	54,450	51,670	22,240	20,160
	Supporting Staff	1 952	393	30,480	11,315	22,240	15,900	9,100	7,900

Note

(1) The "management personnel" include cluster executives, chief executive, cluster general managers, directors, deputy directors, hospital chief executives, etc.

(2) The "professional/administrator" include chief hospital administrators, chief information officers, chief treasury accountants, legal counsels, senior supplies officers, statisticians, etc.

(3) The "supporting staff" include assistant laundry managers, artisans, clerical assistants, data processors, laboratory attendants, mortuary attendants, etc.

(4) Figures include permanent contract staff as well as temporary staff on full-time equivalent (FTE) basis

(5) Total salary includes basic salary, allowance, gratuity payout, and on cost such as Home Loan Interest Subsidy Scheme (HLISS) contribution; but exclude death & disability benefit.

(6) Mid-point monthly salary is the average of maximum and minimum salary point in each category.

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
HO - HA Head Office

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	21.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)210

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3301

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health has indicated that it will "provide medical and dental services for serving and retired civil servants and other eligible persons." Please provide a comparison of the waiting time for first appointment of new cases between civil service eligible persons (CSEP) and the general public in last year in the following format :

Major specialist out-patient services	Civil service eligible persons *(median/99th percentile)(weeks)*	General public *(median/99th percentile)(weeks)*
Medicine		
Surgery		
Obstetrics & Gynaecology		
Orthopaedics & Traumatology		
Paediatrics		
Psychiatry		
Clinical Oncology		
All Specialties		

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the median and 90th percentile waiting time for first appointment of new specialist outpatient (SOP) cases for 2011-12 (up to 31 December 2011). The waiting time for first appointment of all new specialist outpatient (SOP) cases will be determined based on patients' clinical conditions, irrespective of whether the patient is a member of the general public or civil service eligible persons (CSEP).

Specialty	Waiting time (weeks)	
	Median	90th percentile
Medicine	12	52
Surgery	13	98
Obstetrics & Gynaecology	6	31
Orthopaedics & Traumatology	16	93
Paediatrics	7	27
Psychiatry	6	45
Clinical Oncology	1	3
All Specialties	7	55

Session 19 FHB(H)

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)211

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1343

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As regards Easy-Access Transport service, will the Government inform this Committee of the numbers of new buses to be purchased and old buses to be replaced in the 2012-13 financial year? How long will disabled persons and elders have to wait respectively for Easy-Access Bus service? What improvement will the purchase of new buses bring in terms of waiting time? Please also inform us of the number of passengers and service usage rate of the Easy-Access Bus service in the 2011-12 financial year.

Asked by: Hon. LEUNG Kwok-hung

Reply:

The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation. It provides transfer services between homes and public hospitals or clinics for patients aged 60 or above with minor mobility-disability. Eligible patients can make booking for using the service on a first-come-first-served basis, subject to the availability of quotas. The number of patients served by ETS in 2011-12 is projected to be around 147 000.

In order to enhance the services of the ETS, HA plans to replace 22 ageing ETS buses in 2012-13. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)212

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1344

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2012-13, how many new non-emergency ambulances does the Government plan to procure and how many old non-emergency ambulances will be replaced? How much time will it take for the disabled and the elderly to wait for the provision of non-emergency ambulance transfer services respectively? How much waiting time will be shortened by the procurement? Besides, please inform this Committee of the number of passengers and utilization rate of non-emergency ambulances in 2011-12.

Asked by: Hon. LEUNG Kwok-hung

Reply:

The Non-emergency Ambulance Transfer Service (NEATS) of Hospital Authority (HA) provides point-to-point transfer service primarily for mobility-handicapped patients who are unable to use public transport such as bus, taxi and Rehabus. Eligible patients can make booking for NEATS on a first-come-first-served basis and HA will endeavour to schedule the routes of vehicles to meet patients' need as far as possible. The number of patients served by NEATS in 2011-12 is projected to be about 405 000.

HA has a long-term plan to improve the NEATS. In 2012-13, HA plans to replace eight ageing vehicles and expand the fleet of NEATS to 153 by adding 20 new vehicles. HA also targets to reduce the waiting time of 75% of patients who are ready for discharge and have made bookings for NEATS from the current standard of 90 minutes or less to 60 minutes or less. HA will continue to monitor the provision of NEATS and explore other improvement measures having regard to service demand.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)213

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1874

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It has been proposed that $230 million be allocated to the Hospital Authority (HA) for adding 20 drugs to the Hospital Authority Drug Formulary (HADF) for treating life-threatening illnesses and serious chronic diseases. Could the Administration inform this Committee :

(a) What was the expenditure on subsidizing the purchase of drugs in the HADF in the past 3 years? Could the Administration provide a breakdown of the expenditure by types of drugs and their therapeutic uses?

(b) What was the expenditure on subsidizing the purchase of target therapy drugs for treating cancer in the HADF in the past 3 years? How many types of target therapy drugs were added to the HADF during the period? Apart from breast cancer and leukemia drugs as proposed to be added to the HADF by the Administration, are there any other types of target therapy drugs planned to be added in the next 3 years? If yes, what is the estimated expenditure?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

(a) Currently, there are around 1 300 drugs in the Hospital Authority (HA) Drug Formulary for treatment of different diseases. The total expenditures on drugs prescribed to patients in 2009-10, 2010-11 and 2011-12 (projection as of 31 December 2011) are $2,681 million, $2,986 million and $2,449 million respectively.

As most of the drugs are not restricted to one clinical indication and there are various treatment and medication options for different types of diseases, HA does not maintain breakdown of drug expenditure prescribed for different diseases.

(b) Target therapy drugs for oncology are relatively new and usually fall into category of drugs which are (i) proven to be of significant benefits but extremely expensive for HA to provide as part of its standard services; (ii) with preliminary medical evidence only; or (iii) with marginal benefits over available alternatives but at significantly higher costs. Those under category (i) are all positioned as self-financed items covered by the safety net provided through the Samaritan Fund (SF). In the past three years, six target therapy drugs have been added under SF, making the total number of target therapy drugs covered by SF to be nine.

The table below sets out the name of the nine target therapy drugs for oncology and amount of subsidies granted for use of these drugs in 2009-10, 2010-11 and 2011-12 (up to 31 December 2011):

Cancer Drugs and Indications with Targeted Therapy	**2009-10**	**2010-11**	**2011-12 (Up to 31 Dec 2011)**
	Amount of Subsidy Granted ($ million)	**Amount of Subsidy Granted ($ million)**	**Amount of Subsidy Granted ($ million)**
1. Bortezomib for multiple myeloma	---	4.61	4.07
2. Cetuximab for initial treatment of locally advanced squamous cell carcinoma of head and neck	0.73	1.62	1.34
3. Dasatinib for Imatinib resistant chronic myeloid leukaemia	---	2.98	5.23
4. Imatinib			
a) for acute lymphoblastic leukaemia	1.60	2.68	0.72
b) for chronic myeloid leukaemia	26.98	30.88	24.35
c) for gastrointestinal stromal tumour	12.60	12.95	10.39
5. Nilotinib for Imatinib resistant chronic myeloid leukaemia	---	9.49	8.65
6. Rituximab			
a) for malignant lymphoma	8.69	11.72	8.79
b) for maintenance therapy for relapsed follicular lymphoma	---	0.22	0.22
7. Trastuzumab			
a) for HER2 overexpressed metastatic breast cancer	2.73	5.00	4.23
b) for HER2 positive early breast cancer	7.04	34.85	21.66
8. Erlotinib for Second-line treatment for patients with activating EGFR mutation Positive non-small cell lung cancer	---	---	1.82
9. Gefitinib for Second-line treatment for patients with activating EGFR mutation Positive non-small cell lung cancer	---	---	2.85
Total	60.37	117.00	94.32

HA has an established mechanism with the support of 21 specialty panels to regularly evaluate new drugs and review the drugs in the Drug Formulary. The process follows an evidence-based approach, having

regard to the principles of efficacy, safety and cost-effectiveness of drugs and taking into account various factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost and views of professionals and patient groups. HA will keep in view the latest scientific and clinical evidence of drugs and enhance the Drug Formulary as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy. As the new target therapy drugs to be added in the next three years are not yet known, HA is unable to provide the estimated expenditure on target therapy drugs in the next three years.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)214

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1875

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 treatment services for patients with mental disorders and the work of following up discharged cases, will the Administration inform the Committee of the following :

(a) What were the expenditures on psychiatric outpatient and inpatient services provided by the Hospital Authority (HA) in the past three years?

(b) Apart from providing outpatient and inpatient services, how much had been spent on following up cases of discharged psychoses patients in the past three years? Please provide in detail the expenditures on various follow-up services (including psychiatric community outreach services)?

(c) What was the expenditure on the publicity of mental health in the past three years? What were the major projects? Will there be an increase in expenditure in this area in the next three years?

(d) Only a tiny part of the cost of psychiatric outpatient service can be recovered with $100 being charged for each new patient and $60 for follow-up cases nowadays. What was the amount of subsidy provided by the HA for each patient of this service in the past three years? What percentage of the service cost does the fees charged to the patients account for (on individual basis)? Taking inflation into account, what is the expected rate of increase in the amount of subsidy in the next three years?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

(a)

The table below sets out the inpatient and outpatient costs incurred by the Hospital Authority (HA) for the provision of mental health services in the past three years.

	2009-10 ($ million)	**2010-11 ($ million)**	**2011-12 (Revised Estimate) ($ million)**
Inpatient mental health services	1,801	1,794	2,008
Outpatient mental health services	665	725	870

(b) Apart from providing outpatient and inpatient services, HA has also been enhancing the community support for patients with severe mental illness through the provision of community psychiatric services. The total costs incurred by HA for the provision of community psychiatric services (including psychogeriatric outreach service) are $240 million in 2009-10 and $280 million in 2010-11. The

estimated expenditure in 2011-12 is $410 million. The table below sets out the new community psychiatric service programmes implemented in the past three years and their respective expenditure.

Program	Description	Expenditure involved
2009-10		
Recovery Support Programme for psychiatric patients in the community	HA has launched the Recovery Support Programme to support discharged patients with complex needs. About 14 000 psychiatric outreach attendances per year are provided under this programme.	$24 million
2010-11		
Case Management Programme for patients with severe mental illness	HA has launched a Case Management Program for patients with severe mental illness in Kwai Tsing, Kwun Tong and Yuen Long districts to provide personalized intensive community support to benefit 5 000 patients in these districts.	$78 million
2011-12		
Extension of the Case Management Programme	The Case Management Programme has been further rolled out in Eastern and Wanchai, Sham Shui Po, Shatin and Tuen Mun to benefit additional 6 000 patients in these five districts in 2011-12.	$ 73 million
Setting up of Crisis Intervention Teams	HA has set up a Crisis Intervention Teams in all seven clusters in 2011-12 to provide intensive case management to very high risk mental patients; and prompt service to targeted patients when urgent attention under crisis situations is required. About 1 000 patients will benefit from the initiative in 2011-12.	$35 million

(c) HA will continue to support the Government's efforts on public education and promotion to enhance awareness of mental health in the community. Major projects organized in the past include the Carers' Support Programmes in HA's seven hospital clusters implemented in 2010-11 and the Case Management Programme Launching Ceremony held in 2011-12. As each hospital will draw up and implement its own mental health promotion and public awareness activities including those supporting the annual Mental Health Month, HA does not have readily available information on the expenditure on mental health promotion in the past three years and the budget allocated in this area in 2012-13. Details of the various activities in 2012-13 are being worked out.

(d) The subsidy levels for specialist outpatient mental health services are about 94% on average for 2009-10 and 2010-11 and 95% for 2011-12 (revised estimate). Because the cost of treatment of patients at the specialist outpatient service is affected by various factors including the patients' conditions, population growth and development in medical field etc., the projected subsidy level for the next three years is not available.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)215

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1876

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the number of cases involving non-Hong Kong residents giving birth at Accident and Emergency Departments of public hospitals while defaulting relevant medical fees in the past three years? What is the amount of medical fees in default involved in these cases in the past three years? Will the Administration consider ways to collect outstanding fees from the persons concerned in future?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

The table below sets out the number of write-off cases involving non-eligible person (NEP) in respect of obstetric services in the Hospital Authority (HA) and the amount of medical fee that has been written off in the past three years. Breakdown of write-off cases admitted to the hospital via the Accident and Emergency Departments is not available.

	2009-10	2010-11	2011-12 (up to 31 December 2011)
Total number of write-off cases	308	241	171
Medical fee write-offs ($million)	8.4	6.6	4.0

HA has put in place a series of measures to minimise default on payment of medical fees. The measures include requiring NEPs in public wards to pay a deposit of $33,000 upon admission (except for emergency cases). HA will issue interim bills to the patients on a weekly basis during their hospitalisation and issue final bills upon their discharge. Before and after patients' discharge, the hospital will also call the patients or their family members to remind them to settle the fees timely.

Reminders will be sent to the patients if bills remain outstanding after 14 days from issuance of the bills. An administrative charge will be imposed on outstanding fees overdue for 60 days from issuance of the bills, subject to a cap of $11,000 for each bill. In addition, HA will suspend the provision of non-emergency medical services to NEPs with outstanding fees. After considering various factors, including the amount of payments in default and the chance of recovery, HA will take legal actions wherever appropriate, such as lodging a claim through the Small Claims Tribunal or the District Court.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	27.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)216

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1889

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 54 of the Budget Speech that the Administration will strengthen the redeveloped Kwong Wah Hospital's Chinese and Western medicines shared care services, including Chinese medicine in-patient service. Please advise on the following:

(a) Is there any plan to promote Chinese medicine practice and Chinese medicine in-patient service at other hospitals under the Hospital Authority (HA) apart from Kwong Wah Hospital?

(b) Are there any local registered Chinese medicine practitioners being employed by hospitals under HA for consultation service? What is the number of such Chinese medicine practitioners being employed?

(c) How can smooth integration and co-ordination between Chinese medicine practitioners and Western medical practitioners without causing conflicts be ensured in the provision of Chinese and Western medicines shared care services?

(d) Is there any plan to nurture more Chinese medicine talents to cater for the need of promoting Chinese medicine service?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

(a) The Government is actively incorporating Chinese medicine services into the public healthcare system on an incremental basis. The Government has been actively taking forward the plan to establish 18 public Chinese medicine clinics (CMCs) in the territory by phases under the tripartite collaboration of the Hospital Authority (HA), non-governmental organizations (NGOs) and universities. So far, we have established CMCs in 16 districts. HA is also piloting shared care services under Chinese and Western medicines in more than 20 hospitals, covering pain management; rehabilitation treatment of stroke/diseases of the nervous system; cancer treatment; palliative care; treatment of diabetes mellitus, dysthymia, gynaecology, traumatology and osteopathy; as well as treatment of ear, nose and throat diseases.

(b) Around 300 Chinese Medicine practitioners (CMP) are currently employed at the 16 CMCs operated by the NGOs.

(c) In order to ensure safety and quality of clinical practice, HA has developed guidelines and protocols to enhance communication among CMP, western medicine practitioners and patients.

(d) At present, three local universities have provided full-time degree courses on Chinese medicine. In the long run, the local education institutions could produce an adequate pool of high calibre

professionals to support Hong Kong's development as an international centre for Chinese medicine. HA has been actively increasing the job and training opportunities for CMP practising in public CMCs. Fresh graduates of local Chinese medicine degree programmes will be engaged as junior CMPs in the first year and as CMP trainees in the second and third years. Each public CMC is required to employ at least four part-time (or two full-time) senior CMPs and 12 junior CMPs/CMP trainees, thereby enhancing the job and training opportunities for CMPs significantly. In 2011, 192 training places were offered to Chinese medicine graduates.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)217

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2065

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority (HA) estimated that there will be a net increase of 30 and 817 medical and nursing staff in 2012-13 respectively as compared with 2011-12. In this connection, would the Bureau provide the following information :

(a) Please list out the turnover figures of medical and nursing staff in 2010-11 and 2011-12 respectively by specialty, rank and function as well as the years of service in medical institutions under HA;

(b) Please list out the number of medical and nursing staff to be recruited in 2012-13 by specialty, rank and function;

(c) What specific measures are in place to retain experienced staff?

Asked by: Hon. LI Fung-ying

Reply:

a) Tables 1 and 2 below set out the turnover number and average length of service of departed doctors and nurses respectively in the Hospital Authority (HA) in 2010-11 and 2011-12.

Table 1 Turnover number and average length of HA service of departed doctors

		2010/11		2011/12 (up to 31 December 2011)	
Specialty	**Rank Group [1]**	**Turnover Number**	**Average Length of Service in HA (Year)**	**Turnover Number**	**Average Length of Service in HA (Year)**
Accident & Emergency	Consultant	3	18.8	0	-
	SMO/AC	6	15.7	3	19.1
	MO/R	15	6.5	18	5.2
Anaesthesia	Consultant	1	15.7	4	9.4
	SMO/AC	8	12.6	8	10.8
	MO/R	4	14.6	5	6.0
Familiy Medicine	SMO/AC	3	9.1	2	8.1
	MO/R	28	5.7	17	9.3
Medicine	Consultant	10	19.5	6	19.6
	SMO/AC	7	17.1	6	19.0
	MO/R	38	8.8	25	7.3
Obstetrics & Gynaecology	Consultant	8	18.0	3	19.3
	SMO/AC	8	12.5	3	12.3
	MO/R	3	9.2	1	7.1
Ophthalmology	Consultant	1	19.4	1	19.7
	SMO/AC	3	13.5	3	14.1
	MO/R	7	8.8	4	8.9
Orthopaedics & Traumatology	Consultant	2	16.4	4	18.3
	SMO/AC	3	15.5	4	17.2
	MO/R	12	10.6	3	10.4
Paediatrics	Consultant	3	18.2	2	18.1
	SMO/AC	2	16.0	6	15.6
	MO/R	16	9.9	12	10.3
Pathology	Consultant	1	12.0	0	-
	SMO/AC	2	6.3	0	-
	MO/R	1	3.6	0	-
Psychiatry	Consultant	1	18.7	0	-
	SMO/AC	7	17.2	2	17.9
	MO/R	10	10.9	6	5.7
Radiology	Consultant	1	18.9	3	12.4
	SMO/AC	9	15.1	4	10.8
	MO/R	1	8.8	2	7.0
Surgery	Consultant	6	17.8	4	18.6
	SMO/AC	9	15.1	8	13.5
	MO/R	7	5.5	7	10.2
Others	Consultant	1	18.1	2	23.5
	SMO/AC	7	15.5	3	20.8
	MO/R	10	11.7	7	5.5
Total		**264**	**11.6**	**188**	**11.1**

Notes
(1) SMO/AC – Senior Medical Officer / Associate Consultant
(2) MO/R – Medical Officer / Resident

Table 2 Turnover number and average length of HA service of departed nurses

		2010-11		2011-12 (up to 31 December 2011)	
Specialty	**Rank Group**	**Turnover Number**	**Average Length of Service in HA (Year)**	**Turnover Number**	**Average Length of Service in HA (Year)**
Medicine	DOM/SNO and above	3	17.9	3	17.2
	APN/NS/NO/WM	24	17.8	19	20.6
	Registered Nurse	173	10.4	130	10.3
	Enrolled Nurse / Others	40	14.8	42	12.8
Obstetrics & Gynaecology	DOM/SNO and above	0	-	2	18.4
	APN/NS/NO/WM	5	22.1	8	23.0
	Registered Nurse	59	13.5	38	12.4
	Enrolled Nurse / Others	3	24.6	0	-
Orthopaedics & Traumatology	DOM/SNO and above	2	26.5	0	-
	APN/NS/NO/WM	4	23.5	5	21.7
	Registered Nurse	23	10.5	26	7.2
	Enrolled Nurse / Others	2	14.7	2	10.3
Paediatrics	DOM/SNO and above	0	-	1	18.2
	APN/NS/NO/WM	13	20.6	8	20.7
	Registered Nurse	79	12.0	59	11.4
	Enrolled Nurse / Others	3	15.7	1	19.4
Psychiatry	DOM/SNO and above	2	27.4	3	17.1
	APN/NS/NO/WM	12	25.2	9	26.9
	Registered Nurse	24	12.9	20	11.8
	Enrolled Nurse / Others	17	18.7	24	16.4
Surgery	DOM/SNO and above	0	-	3	18.8
	APN/NS/NO/WM	10	21.4	6	22.1
	Registered Nurse	65	10.2	52	9.3
	Enrolled Nurse / Others	21	14.4	7	5.7
Others	DOM/SNO and above	9	14.2	5	22.0
	APN/NS/NO/WM	58	19.4	30	20.5
	Registered Nurse	314	8.6	249	8.0
	Enrolled Nurse / Others	42	17.6	52	13.4
Total		**1 007**	**12.3**	**804**	**11.5**

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 Manger
Enrolled Nurse and Others – Includes Enrolled Nurse, Midwife, and other rank such as Senior Enrolled Nurse, Junior Sister, Nursing Officer II/III.

b) To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 290 doctors and about 2 000 nursing staff in 2012-13. Detailed allocation of the new recruits by specialty, function and rank is not available.

c) Major measures to retain doctors to be implemented in 2012-13 are enhancement of promotion opportunities, recognition of excessive overnight on-call clinical duties, provision of full-pay examination leave, enhancement of examination fees reimbursement arrangement, improvement of mechanism for doctors allocation, extension of the pilot scheme for employment of part-time doctors, exemption of doctors at late stage of pregnancy from overnight on-site call duties, enhancement of

phlebotomist service, clerical and administration support, re-prioritization of projects and enhancement of training.

Major measures to retain nurses to be implemented in 2012-13 are enhancement of nurse career advancement opportunities of experienced nurses by creating more promotional posts, provision of training of registered nursing (RN) students and enrolled nursing (EN) students at HA's nursing schools, support of career advancement of ENs to attain RNs qualification, enhancement of preceptorship support in clinical practice for newly graduated nurses and overseas training scholarships.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)218

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2066

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is shown in the information about the specialist outpatient service standard of the Hospital Authority (HA) that the number of specialist outpatient new attendances in 2011-12 has decreased by 11 255 as compared with 2010-11. However, the waiting time for first appointment at specialist outpatient clinics for first priority patients increased from less than one week to two weeks while that for second priority patients increased from five weeks to eight weeks. In this regard, can the Administration explain why? Also, are there any specific measures to address the problem of excessively long waiting time?

Asked by: Hon. LI Fung-ying

Reply:

It has been the target of the Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for first priority cases (i.e. urgent cases) and second priority cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. The target median waiting time remains the same in the 2011-12 revised estimate and the 2012-13 estimate. The relevant figures as at 31 March 2011 (i.e. less than one week for first priority patients and five weeks for second priority patients) were the HA's actual performance in 2010-11, indicating that the HA has achieved its service targets.

The HA has taken the following measures within its existing resources to improve the waiting time at SOPCs:

(a) to set up family medicine specialist clinics to serve as gatekeeper for SOPCs and follow-up on routine cases;
(b) to update clinical protocols to refer medically stable patients to receive follow-up primary health care services;
(c) to collaborate with private practitioners and non-governmental organizations to launch shared care programmes for medically stable patients;
(d) to develop referral guidelines on common presentations and diagnoses for referrals to SOPCs;
(e) to establish an electronic referral system to facilitate SOPC referrals; and
(f) to empower HA primary care clinics to use certain special drugs and arrange diagnostic investigations/procedures, with a view to facilitating follow-up of patients.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 24.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)219

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1610

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2012-13, the Hospital Authority will improve its services to meet increasing demand arising from population growth and demographic changes through a series of initiatives, including opening additional beds in the Kowloon East Cluster (KEC). In this connection, please advise this Committee on :

(a) the population growth and demographic changes in the KEC;

(b) the number of additional beds to be opened to meet the increasing demand arising from population growth and demographic changes, and the hospitals and specialties which will have additional beds opened; and

(c) the number of doctors and nurses to be increased in line with the additional beds opened as well as their establishment and additional expenditure involved.

Asked by: Hon. LI Wah-ming, Fred

Reply:

(a)

The table below sets out the available projected population growth and demographic changes from 2011 to 2016 for overall Hong Kong and the Kowloon East Cluster (KEC):

		2011	2016	Growth
KEC	Mid-year Population	990 100	1 050 900	60 800 (1.2% per annum)
	% aged 65 or above	13%	15%	-
Overall Hong Kong	Mid-year Population	7 120 200	7 435 600	315 400 (0.9% per annum)
	% aged 65 or above	13%	16%	-

(b) and (c)

In 2012-13, KEC will open 40 additional acute beds in Tseung Kwan O Hospital. HA has earmarked an additional $33 million for opening additional beds in KEC in 2012-13. The KEC 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 Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)220

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1103

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the opening of additional beds in the Kowloon East Cluster and the New Territories West Cluster, please advise on the following :

(a) The existing number of beds and the respective expenditure involved. Please provide a list by hospital cluster.

(b) The criteria the Administration adopts when deciding to open additional beds in individual hospital cluster.

(c) The amount of provisions allocated to each hospital cluster in the past 5 years. Please provide a list by hospital cluster.

Asked by: Hon. PAN Pey-chyou

Reply:

(a)

The table below sets out the number of hospital beds and the estimated costs of inpatient services in each cluster under the Hospital Authority (HA) in 2011-12.

	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
Number of hospital beds as at 31 March 2012	3 029	3 135	3 545	2 331	6 582	4 514	3 926	27 062
Estimated costs for inpatient services ($ million)	2,901	3,398	3,737	2,674	6,122	4,475	3,551	26,858

The costs vary significantly among different cases given the different complexity of conditions of patients and different diagnostic services, treatments and prescription required as well as the different length of stay of patients in the hospitals. The cost also varies among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to the population profile and other factors. Thus clusters with more patients having more complex conditions or requiring

more costly treatment would incur a higher average cost. Therefore the costs cannot be directly compared among different clusters or specialties.

(b)

In planning for its services and allocating beds to different hospitals, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as the organization of services of the clusters and hospitals and the service demand of local community.

(c)

The table below sets out the budget allocation for each cluster in 2007-08 to 2011-12.

Year	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
	($ billion)						
2007-08	3.15	3.38	3.94	2.84	6.56	4.69	3.60
2008-09	3.36	3.59	4.18	3.03	7.04	5.00	3.89
2009-10	3.45	3.65	4.28	3.09	7.15	5.09	3.98
2010-11	3.53	3.71	4.47	3.21	7.29	5.26	4.17
2011-12 (full year projection)	3.95	4.11	4.96	3.65	8.15	5.88	4.73

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

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)221

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1104

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With respect to enhancing neonatal intensive care services through opening of additional neonatal intensive care unit beds in 5 clusters.

(a) what are the details? What is the estimated number of additional service places to be provided?

(b) what is the estimated expenditure involved?

(c) please set out on a yearly basis the expenditures of neonatal intensive care units in the past 5 years.

(d) what are the numbers of newborn babies receiving neonatal intensive care services in each of the hospital clusters in the past 5 years? Please set out respectively the numbers of babies born to parents who are both Hong Kong permanent residents, parents only one of whom is a Hong Kong permanent resident, and parents who are both not Hong Kong permanent resident.

Asked by: Hon. PAN Pey-chyou

Reply:

(a) & (b)

In 2012-13, the Hospital Authority (HA) will strengthen its NICU services by opening an additional 11 NICU beds, including five beds in Kwong Wah Hospital, two beds in Queen Elizabeth Hospital, two beds in Pamela Youde Nethersole Eastern Hospital, one bed in Prince of Wales Hospital and one bed in Tuen Mun Hospital. With the increase of NICU beds, an additional 1 364 neonatal intensive care inpatient bed days will be available in 2012-13. It is estimated that an additional eight doctors, 40 nurses and 11 supporting staff will be required for the opening of the NICU beds in 2012-13. The estimated cost involved for the opening of additional NICU beds in 2012-13 is $52.8 million, including $9.8 million one-off capital cost.

(c) The table below sets out the cost incurred by the HA hospitals for the provision of neonatal intensive care service for the past five years:

Year	Cost of neonatal intensive care service in HA ($ million)
2007-08	276
2008-09	287
2009-10	290
2010-11	302
2011-12 (up to 31 December 2011)	257 (Estimate)

(d)

The table below sets out the total number of inpatient and day patient discharges and deaths for the specialty of neonatology from 2007-08 to 2011-12 (up to 31 December 2011). As a large proportion of NICU patients are usually transferred to the Special Care Babies units (SCBU) for follow-up before discharge, the inpatient and day patient discharges and deaths of neonatology, which cover both throughputs of NICU and SCBU, are thus provided.

Cluster	Inpatient and day patient discharges and deaths				
	2007-08	2008-09	2009-10	2010-11	2011-12 (up to 31 December 2011) [Provisional figures]
HKEC	1 727	1 927	3 716	6 269	5 680
HKWC	2 778	2 746	2 983	2 882	2 265
KCC	4 864	5 210	5 201	4 923	4 004
KEC	2 229	2 515	2 602	3 116	2 184
KWC	3 776	3 647	4 026	5 988	4 691
NTEC	4 047	4 519	4 704	5 085	3 907
NTWC	2 686	2 535	2 636	2 827	2 270
Total	22 107	23 096	25 868	31 090	25 001

HA only has records on the status of NICU patients (i.e. whether they are eligible person or non-eligible person) but not the resident status of patients' parents. Hence breakdown of number of newborn babies receiving HA services by status of their parents is not available.

Abbreviations

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

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)222

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1105

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With respect to strengthening mental health services through extension of the case management programme for persons with severe mental illness and enhancement of therapeutic environment of psychiatric inpatient service,

(a) what are the details of the extension?

(b) what is the estimated expenditure involved?

(c) what is the estimated number of additional service places to be provided after the extension? Please list out the information by hospital clusters.

(d) what is the medical manpower required? Does the Administration have sufficient manpower to facilitate the extension?

Asked by: Hon. PAN Pey-chyou

Reply:

The Hospital Authority (HA) will implement the following programmes to strengthen mental health services in 2012-13:

Since April 2010, HA has launched the Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalized support for patients with severe mental illness. In 2011-12, the programme has been extended to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to support more patients. As at 31 December 2011, HA has recruited a total of 138 case managers, providing intensive community support for more than 9 000 patients with severe mental illness living in these eight districts. In 2012-13, the Case Management Programme will be further extended to cover another four districts in Hong Kong West Cluster and Kowloon Central Cluster (Kowloon City, Southern, Central & Western and Islands). It is estimated that an addition of about 40 case managers including nurses and allied health professionals will be recruited to provide community support for about 1 900 more patients. The additional recurrent expenditure is estimated at $26.9 million.

For patients experiencing acute psychiatric crisis, psychiatric in-patient care is essential to facilitate their symptom control, behavioural management as well as early recovery. To facilitate early discharge and better community re-integration, HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters. It is estimated that 29 nurses, six occupational therapists and seven clinical psychologists will be required for the enhancement of the services. The additional recurrent expenditure is estimated at around $27.4 million.

HA conducts manpower planning for mental health services from time to time in the light of the service needs, models of care and availability of healthcare professionals. HA will continue to assess regularly its manpower requirements and make appropriate arrangements in manpower planning and deployment to meet service needs.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	24.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)223

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1346

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

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 target "Access to services", the "median waiting time for first appointment at specialist clinics" for first priority patients and second priority patients under target & plan will be 2 weeks and 8 weeks respectively.

(a) What are the estimated expenditures required for various specialist outpatient services to achieve the above target?

(b) What was the average waiting time for first appointment and follow up consultations at specialist clinics for the past five years? Please provide the breakdown by various specialties.

(c) What was the longest waiting time for patients for follow-up consultations at specialist clinics for the past five years? Please provide the breakdown by various specialties.

Asked by: Hon. PAN Pey-chyou

Reply:

(a)

The target of the Hospital Authority (HA) is to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for first priority cases (i.e. urgent cases) and second priority cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. In 2010-11, HA's actual performance on median waiting time was less than one week for first priority patients and five weeks for second priority patients, which represents that HA has achieved its service targets. The table below sets out the costs of provision of specialist outpatient service by major specialties in 2010-11. The relevant costs for 2011-12 are not yet available.

Specialty	**Costs of Specialist Outpatient Service ($ million)**
Ear, Nose and Throat	215
Obstetrics and Gynaecology	389
Medicine	2,811
Ophthalmology	423
Orthopaedics and Traumatology	414

Specialty	Costs of Specialist Outpatient Service ($ million)
Paediatrics	278
Psychiatry	725
Surgery	853

(b) & (c)

The table below sets out the median waiting time for first appointment cases at specialist outpatient clinics for the past five years. The date of follow-up consultations of each patient is determined according to the patient's clinical needs and therefore the appointment time for follow-up consultation varies from case to case.

Specialty	Median Waiting Time (weeks)				
	2007-08	2008-09	2009-10	2010-11	2011-12 (up to 31 December 2011) (Provisional figures)
Ear, Nose & Throat	6	5	4	5	7
Gynaecology	11	10	9	11	11
Medicine	9	9	9	10	12
Ophthalmology	4	4	4	4	4
Orthopaedics and Traumatology	8	11	12	13	16
Paediatrics	4	6	5	6	7
Psychiatry	4	4	4	4	6
Surgery	17	16	13	12	13

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)224

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0640

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In paragraph 54 of the Budget Speech, the Financial Secretary has mentioned that the Government should redevelop Queen Mary Hospital and Kwong Wah Hospital in the coming year. It was reported that both projects would be implemented in the form of in-situ redevelopment. Under subhead 8014MD, it is said that the Redevelopment of Kwong Wah Hospital is at a rough order cost of $524,758,000 and is forecast to start in the fourth quarter of the 2012-13 financial year. Please provide the timetable for this project and the similar information regarding the redevelopment project of Queen Mary Hospital. Will the Administration allocate extra fund and resources to these two hospitals in order to upgrade the medical facilities involved given that there were numerous news programmes exposing the backwardness of both hospitals?

Asked by: Hon. Abraham SHEK

Reply:

The redevelopment of Kwong Wah Hospital (KWH) will be implemented in phases comprising various stages of decanting, demolition, refurbishment and construction works in order to ensure that service provision by the hospital may be maintained. Subject to the funding approval of Finance Committee (FC), the planning, detailed design and construction of the whole project is estimated to take about 10 years for completion in 2022. The preliminary project cost estimate is about $8.8 billion.

The redevelopment project at Queen Mary Hospital (QMH) will similarly be carried out in phases in order to ensure continuity of service provision by the hospital. Subject to the funding approval of FC, the planning, detailed design and construction of the whole project is estimated to take about 13 years for completion in 2025. The preliminary project cost estimate is about $6.9 billion.

Before completion of the projects, the Hospital Authority will continue to carry out minor improvement, repair and maintenance works for KWH and QMH using funding from the annual block allocation under Head 708 Subhead 8100MX to ensure that the two hospitals can provide safe and appropriate healthcare services to the patients.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 23.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)225

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0723

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The financial provision for the Hospital Authority (HA) for 2012-13 is $2,586.3 million higher than the revised estimate for 2011-12. Part of the additional financial provision will be used to enhance mental health services. What are the details? What are the expenditure and manpower involved? How many mental patients are estimated to be benefitted?

Asked by: Hon. TAM Wai-ho, Samson

Reply:

The Hospital Authority (HA) will implement the following programmes to strengthen mental health services in 2012-13:

Since April 2010, the Hospital Authority (HA) has launched the Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalized support for patients with severe mental illness. In 2011-12, the programme has been extended to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to support more patients. As at 31 December 2011, the HA has recruited a total of 138 case managers, providing intensive community support for more than 9 000 patients with severe mental illness living in these eight districts. In 2012-13, the Case Management Programme will be further extended to four more districts (Kowloon City, Southern, Central & Western and Islands). It is estimated that an addition of about 40 case managers including nurses and allied health professionals will be recruited to provide community support for about 1 900 more patients. The additional recurrent expenditure is estimated at $26.9 million.

For patients experiencing acute psychiatric crisis, psychiatric in-patient care is essential to facilitate their symptom control, behavioural management as well as early recovery. To facilitate early discharge and better community re-integration, the HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters including the enhancement of nursing and allied health professionals. It is estimated that 29 nurses, six occupational therapists and seven clinical psychologists will be required to provide the services. The additional recurrent expenditure is estimated at around $27.4 million.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)226

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0801

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

With regard to the Hospital Authority's plan to open additional beds in the Kowloon East Cluster, please advise on the following :

(a) What are the details? How many beds will be added in the Cluster?

(b) How many additional beds will be allocated to various hospitals in the Cluster? What are the criteria for such allocation?

(c) Please list the total number of beds in each of the hospital clusters upon the opening of additional beds and the estimated number of additional attendances.

(d) What is the total estimated expenditure for the opening of additional beds? What is the average expenditure for each additional bed?

(e) Will the opening of additional beds come with extra medical manpower? If yes, what are the details and estimated expenditure involved? If not, what are the reasons?

(f) Please provide information on the actual and estimated provisions allocated to each hospital in the Cluster in the past five years.

Asked by: Hon. WONG Kwok-kin

Reply:

(a) and (b)

In 2012-13, the Kowloon East Cluster (KEC) will open 40 additional acute beds in Tseung Kwan O Hospital. In planning for its services and allocating beds to different hospitals, the Hospital Authority (HA) has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as the organization of services of the clusters and hospitals and the service demand of local community.

(c) The table below sets out the estimated number of hospital beds in each cluster as at 31 March 2013 and the estimated number of additional inpatient and day-patient discharges and deaths in 2012-13:

Cluster	Estimated number of hospital beds as at 31 March 2013	Estimated additional discharges and deaths in 2012-13
HKE	3 031	2 900
HKW	3 135	460
KC	3 547	200
KE	2 371	1 770
KW	6 587	1 540
NTE	4 515	2 660
NTW	3 967	4 670

It should be noted that the inpatient and day-patient discharges and deaths in 2012-13 of respective clusters is estimated based on a number of factors including demographic changes, addition of new facilities and service programmes as well as changes in care delivery model. Increase in the number of beds is only one factor contributing to the estimated increase in inpatient and day-patient discharges and deaths.

(d) HA has earmarked an additional $33 million for opening additional beds in KEC in 2012-13. HA's estimated average unit cost per general bed per patient day is $4,250 in 2012-13.

(e) The KEC 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.

(f) The table below sets out the allocation to hospitals in the KEC from 2007-08 to 2011-12.

Hospital	2007-08 ($ billion)	2008-09 ($ billion)	2009-10 ($ billion)	2010-11 ($ billion)	2011-12 (full year projection) ($ billion)
United Christian Hospital	1.94	2.07	2.10	2.20	2.48
Tseung Kwan O Hospital	0.65	0.69	0.72	0.74	0.86
Haven of Hope Hospital	0.25	0.27	0.27	0.27	0.31

Abbreviation

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 Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)227

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2500

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In view of the possible rise in the birth rate of Hong Kong in the coming year and in future, the Administration said it would enhance neonatal intensive care services. What are the measures and expenditures involved? What is the estimated number of needy babies to be provided with such services?

Asked by: Hon WONG Ting-kwong

Reply:

In 2012-13, the Hospital Authority will strengthen its NICU services by opening an additional 11 NICU beds, including five beds in Kwong Wah Hospital, two beds in Queen Elizabeth Hospital, two beds in Pamela Youde Nethersole Eastern Hospital, one bed in Prince of Wales Hospital and one bed in Tuen Mun Hospital. With the increase of NICU beds, an additional 1 364 neonatal intensive care inpatient bed days will be available in 2012-13. It is estimated that an additional eight doctors, 40 nurses and 11 supporting staff will be required for the opening of the NICU beds in 2012-13. The estimated cost involved for the opening of additional NICU beds in 2012-13 is $52.8 million, including $9.8 million one-off capital cost.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)228

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2470

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In paragraph 56 of the 2012-13 Budget Speech, the Financial Secretary mentioned that $10 billion would be injected into the Samaritan Fund. Please set out by the funded items the number of applications received, the number of applications approved and the total amount of expenditure involved in the past 5 years.

Asked by: Hon. WONG Yuk-man

Reply:

The tables below set out the total number of applications received by the Hospital Authority for financial assistance under the Samaritan Fund; the number of applications approved; and the amount of subsidy granted in the past five years, i.e. 2007-08 to 2011-12 (up to 31 December 2011):

Items	**2007-08**		
	Total number of applications received	**Number of applications approved**	**Amount of subsidies granted ($ million)**
Drugs	696	690	55.5
Non-drugs: Cardiac Pacemakers	483	483	21.2
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 465	1 458	49.5
Intraocular Lens	1 433	1 433	2.2
Home use equipment, appliances and consumables	86	83	0.8
Gamma knife surgeries in private hospital	42	42	3.1

Session 19 FHB(H)

Items	**2007-08**		
	Total number of applications received	**Number of applications approved**	**Amount of subsidies granted ($ million)**
Harvesting bone marrow in foreign countries	14	13	1.4
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	117	115	1.1
Total	**4 336**	**4 317**	**134.8**

Items	**2008-09**		
	Total number of applications received	**Number of applications approved**	**Amount of subsidies granted ($ million)**
Drugs	807	803	73.6
Non-drugs: Cardiac Pacemakers	438	432	20.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 559	1 552	54.2
Intraocular Lens	1 434	1 433	2.1
Home use equipment, appliances and consumables	76	73	0.4
Gamma knife surgeries in private hospital	32	32	2.1
Harvesting bone marrow in foreign countries	10	10	1.0
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	92	91	1.2
Total	**4 448**	**4 426**	**154.9**

Items	2009-10		
	Total number of applications received	**Number of applications approved**	**Amount of subsidy granted ($ million)**
Drugs	1 098	1 095	84.2
Non-drugs: Cardiac Pacemakers	437	435	21.8
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 660	1 640	56.6
Intraocular Lens	1 337	1 337	1.7
Home use equipment, appliances and consumables	72	69	0.6
Gamma knife surgeries in private hospital	32	32	2.2
Harvesting bone marrow in foreign countries	13	13	1.8
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	119	115	1.2
Total	**4 768**	**4 736**	**170.1**

Items	2010-11		
	Total number of applications received	**Number of applications approved**	**Amount of subsidy granted ($ million)**
Drugs	1 361	1 354	150.5
Non-drugs: Cardiac Pacemakers	499	497	24.7
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 664	1 654	56.0
Intraocular Lens	1 596	1 596	1.8
Home use equipment, appliances and consumables	74	72	0.7
Gamma knife surgeries in private hospital	28	28	2.0

Items	**2010-11**		
	Total number of applications received	**Number of applications approved**	**Amount of subsidy granted ($ million)**
Harvesting bone marrow in foreign countries	12	12	1.3
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	110	108	1.4
Total	**5 344**	**5 321**	**238.4**

Items	**2011-12 (up to 31 December 2011)**		
	Total number of applications received	**Number of applications approved**	**Amount of subsidy granted ($ million)**
Drugs	1 089	1 086	122.0
Non-drugs: Cardiac Pacemakers	415	413	19.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 231	1 225	43.3
Intraocular Lens	1 180	1 180	1.3
Home use equipment, appliances and consumables	49	49	0.6
Gamma knife surgeries in private hospital	17	17	1.4
Harvesting bone marrow in foreign countries	12	12	1.4
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	70	70	1.2
Total	**4 063**	**4 052**	**190.5**

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)229

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2471

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority states that it will introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs in the Hospital Authority Drug Formulary (the Formulary). What is the provision earmarked by the Food and Health Bureau for this purpose? Has the Administration assessed the impact of the Formulary on low-income public hospital patients over the years? Has the Administration assessed the need of keeping the Formulary?

Asked by: Hon. WONG Yuk-man

Reply:

Throughout the past years, the Government has continuously responded to the needs of the public on drug treatment and has earmarked additional funding annually to the Hospital Authority (HA) to expand its Drug Formulary. In 2012-13, recurrent funding of $230 million has been designated for the HA to introduce three new drugs as Special Drugs in the HA Drug Formulary and expand the clinical applications of nine therapeutic groups of drugs.

The World Health Organization has all along been actively promoting the concept of "essential medicines". It recommends that health authorities around the world establish their own mechanisms for systematic selection of drugs to promote the availability, accessibility, affordability, quality and rational use of medicines. In keeping with international developments, HA has formulated its own Formulary under the guiding principles that public resources should be utilized with maximal effect of healthcare, and have equitable access by all patients. The development of the Drug Formulary was also underpinned by other core values including evidence-based medical practice, rational use of public resources, targeted subsidy, opportunity cost considerations and facilitation of patients' choice.

HA has implemented the Formulary since July 2005 with a view to ensuring equitable access by patients to cost-effective drugs of proven safety and efficacy by standardizing the drug policy and drug utilization in HA. The Drug Formulary is developed with evaluation of new drugs and review of the prevailing list of drugs by relevant experts on a regular basis. The review process is based on scientific and clinical evidence on the safety, efficacy and cost-effectiveness of the drugs, having regard also to the views of patient groups.

Currently, there are around 1 300 drugs in the Drug Formulary for treatment of different diseases. While General drugs and Special drugs are provided at standard fees and charges under high subsidies in public hospitals and clinics, HA also provides a safety net through the Samaritan Fund to subsidize the drug expenses of patients who need specific self-financed items but have financial difficulties to afford the cost. HA will keep abreast of the latest scientific and clinical evidence of drugs while making changes to the Drug Formulary and the scope of items covered by the Samaritan Fund as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)230

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2472

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority indicates that measures will be implemented to recruit and retain staff. Last year, it also mentioned its plan to recruit overseas doctors to practice with limited registration in Hong Kong. What are the estimates of the Food and Health Bureau on such areas in 2012-13? What are the administrative measures included in the estimates? Will the Bureau urge the Medical Council to relax the limited registration?

Asked by : Hon. WONG Yuk-man

Reply:

In 2012-13, the Hospital Authority (HA) has earmarked around $ 897 million for recruitment and retention of various grades of staff. The details of the measures and respective expenditure of 2012-13 are listed as follows.

HA plans to recruit about 290 doctors. Major measures to retain doctors include creating additional Associate Consultant posts for promotion of doctors with 5 years' post-fellowship experience by merits, enhancing fixed rate honorarium to recognize excessive workload and on-site call duties, enhancing training opportunities by offering corporate scholarships for overseas training and centrally funded Resident posts to facilitate specialty rotational training, introducing a unified contract part-time remuneration package to facilitate recruitment of part-time doctors, recruiting non-local doctors under limited registration to supplement local recruitment drive, extending 24-hour phlebotomist service to more acute hospitals and enhancing non-clinical clerical support for frontline doctors. The estimated expenditure is around $ 308 million.

HA plans to recruit about 2 000 nurses. Major measures to retain nurses include the enhancement of nurse career advancement opportunities of experienced nurses by creating more promotional posts, provision of training of registered nursing (RN) students and enrolled nursing (EN) students at HA's nursing schools, support of career advancement of ENs to attain RNs qualification, enhancement of preceptorship support in clinical practice for newly graduated nurses and enhancement of overseas training scholarships. The estimated expenditure is around $ 389 million.

HA plans to recruit about 500 allied health professionals. Major measures to retain allied health professionals include the recruitment of diagnostic radiographers, physiotherapists and occupational therapists from overseas, the implementation of Overseas Training Sponsorship Scheme for Diagnostic Radiography and for Podiatry, the re-engineering of work processes, recruitment of additional supporting staff and the enhancement of overall training opportunities of allied health staff through various training initiatives including provision of staff relief, provision of long-term structured training plans, specialty training programs, overseas scholarship scheme and training sponsorship for master degree courses. The estimated expenditure is around $ 94 million.

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HA plans to recruit around 900 supporting staff. Major measures to retain supporting staff include refinement of the supporting staff structure and remuneration packages and the enhancement of the training and development opportunities by providing training sponsorship to high caliber staff to undergo EN training and advanced technical skill training. The estimated expenditure is around $ 106 million.

The recruitment of overseas doctors to practice with limited registration is in progress. In 2012-13, HA will continue to process applications from non-local doctors who fulfill the qualification and relevant requirements. No extra funding is earmarked for the purpose of recruitment of overseas doctors to practice with limited registration.

The Medical Council, established under the Medical Registration Ordinance (MRO), is empowered to handle registration and disciplinary regulation of medical practitioners in Hong Kong. Section 14A of the MRO empowers the Medical Council to confer limited registration to any person who satisfies the Council with the relevant statutory requirements. The Medical Council will consider the applications for limited registration on a case-by-case basis and grant approval for a period of not exceeding 12 months in accordance with the statutory provisions.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	29.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)231

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2485

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) Please list the expenditures, profits and losses of the Food and Health Bureau in respect of the Obstetrics & Gynaecology services provided by the Hospital Authority in the past five years.

(b) What is the Bureau's estimate for the Obstetrics & Gynaecology services provided by the Hospital Authority in 2012-13?

Asked by: Hon. WONG Yuk-man

Reply:

It has been the Government's policy to ensure that Hong Kong residents are given proper and priority obstetric services. While the public healthcare services (including Obstetric & Gynaecology services) are available to our local residents (as Eligible Persons) at highly subsidized rates, non-local people (as Non-eligible Persons) have to pay the specified charges applicable to them for using our public healthcare services. The charges for non-eligible persons are in general set on a cost recovery basis.

The table below sets out the cost incurred by the Hospital Authority (HA) for provision of inpatient and outpatient Obstetric & Gynaecology services for the past five years. The estimate of cost for 2012-13 is being worked out and not yet available.

Year	Total costs of inpatient and outpatient Obstetric & Gynaecology services in HA ($ million)
2007-08	1,684
2008-09	1,784
2009-10	1,789
2010-11	1,845
2011-12	2,069 (Revised Estimate)

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)232

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2993

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

Some grass-root residents having serious dental diseases may not be able to afford the dental services provided by the private sector and their dental problems may be too complicated for the Prince Philip Dental Hospital to handle as well. In this connection, is there any plan to increase the provision for the dental hospital so as to enable it to take care of these cases?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Government's dental care policy seeks to improve oral health and prevent dental diseases through education and promotion, thereby raising public awareness of oral health and facilitating the development of proper oral health habits. Preventive measures are more effective in improving oral and dental health of the general public and reducing health problems due to dental conditions.

Currently, primary dental care services in Hong Kong are mainly provided by the private sector and non-governmental organisations (NGOs). Public dental services provided by the Department of Health (DH) mainly focus on emergency dental services for the public. Free emergency dental services covering treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction are provided by DH in 11 dental clinics, where dentists would also give professional advice having regard to the individual needs of patients.

Public dental services also include specialist oral maxillofacial surgery and dental treatment provided by the Oral Maxillofacial Surgery and Dental Units of DH in seven public hospitals to in-patients referred by hospitals and patients with special oral health care needs or dental emergency. The relevant specialist services are open to members of the public through referrals by hospitals and general out-patient clinics under the auspices of the Hospital Authority or any registered dentists or medical practitioners. The dental clinics in question will arrange appointments for patients according to urgency of their conditions, and those in emergency, such as cases of dental trauma, will be offered immediate consultation and treatment.

To cater for the needs of members of the public with financial difficulties, recipients of Comprehensive Social Security Assistance (CSSA) aged 60 or above or medically certified to be disabled or in ill-health are eligible for applying dental grants under the CSSA Scheme to cover expenses of dental treatments received in NGOs or private dental clinics. Dental treatments covered include scaling, tooth-filling extraction, dentures, crowns, bridges and root canal treatment.

As regards the Prince Philip Dental Hospital (PPDH), it is a statutory body established under the Prince Philip Dental Hospital Ordinance (Chapter 1081). It is a purpose-built teaching hospital to provide facilities for the training of dentists and other persons in professions supplementary to dentistry. Unlike the

general public hospitals, PPDH only provides dental services which are incidental to teaching and for a limited number of private fee paying patients, but does not provide public dental services. Currently, the Government has no plan to change the functions of PPDH.

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)233

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2297

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch subvents the Prince Philip Dental Hospital (PPDH) to provide facilities for the training of dentists and dental ancillary personnel. Please give the details on the following:

(a) the amount of subsidies provided by the Government for each undergraduate, postgraduate, student dental technician, student dental surgery assistant and student dental hygienist respectively who was granted a training place in PPDH in the past five years.

(b) The number of teaching patients received by PPDH in the past five years; and

(c) The number of private fee paying patients received by PPDH in the past five years.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The undergraduate and postgraduate programmes are organized by the Faculty of Dentistry of the University of Hong Kong (HKU) and are not funded by Head 140. The role of PPDH is to provide facilities for these programmes.

As regards the training courses for dental ancillary personnel which are organized by PPDH or jointly organized with HKU, PPDH does not have a breakdown of its subvention/expenditure showing the amount for individual courses.

(b) The attendance of teaching patients of PPDH from 2006-07 to 2010-11 is as follows -

2006-07	2007-08	2008-09	2009-10	2010-11
121 332	119 787	122 487	124 040	124 845

(c) The attendance of private fee paying patients of PPDH from 2006-07 to 2010-11 is as follows -

2006-07	2007-08	2008-09	2009-10	2010-11
3 482	3 473	2 816	1 857	1 789

Signature	
Name in block letters	Richard YUEN
Post Title	Permanent Secretary for Food and Health (Health)
Date	22.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)234

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0089

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the operation of Maternal and Child Health Centres (MCHCs), please provide the following information-

(a) What are the numbers of healthcare staff and clients at each MCHC in the past 3 years (2009-10 to 2011-12) respectively? What are the numbers of baby whose father and mother are Mainlanders?

(b) How many walk-in cases to MCHCs were there in the past 3 years (2009-10 to 2011-12)? How can the priority of local pregnant women be guaranteed?

(c) How much resources have been earmarked by the Administration for the expansion of MCHCs? What are the details of the expansion? Is recruitment of additional healthcare manpower required as a result? If yes, what are the details?

Asked by: Hon. CHAN Hak-kan

Reply:

(a) The healthcare manpower of the Family Health Service (including Maternal and Child Health Centres (MCHCs) for the provision of maternal, child and women health service for the past 3 years is tabulated below:

Year (Position)	No. of Medical Officer	No. of Nursing Staff
2008-09 (as at 1.4.2009)	79	423
2009-10 (as at 1.4.2010)	81	438
2010-11 (as at 1.4.2011)	84	436

The number of newborn babies receiving services in various MCHCs, with breakdown of those born to parents who were both non-eligible persons (NEPs), is at the Annex.

(b) The Department of Health (DH) is a major provider of maternal health services in Hong Kong. MCHCs of DH, in collaboration with the obstetric departments of hospitals under the Hospital Authority (HA), provide an antenatal shared-care programme to pregnant women. Pregnant women are required to register at MCHCs within the designated antenatal session for checkup. MCHCs would not arrange checkup without registration. MCHCs provide services to Hong Kong residents and children born in Hong Kong. All NEPs attending antenatal service at MCHCs include a limited

number of non-local expectant mothers who have booked delivery places with HA. In 2011, NEPs constituted less than 2% of the maternal health attendances.

(c) In 2012-13, an additional allocation of $32.2 million has been earmarked for the expansion of MCHCs. The additional allocation comprises $10.9 million for departmental expenses and $21.3 million for staff cost involving 50 civil service posts (six medical officers, 32 nurses, six allied health grades staff, and six clerical staff). DH will expand the Fanling MCHC in 2012 and relocate and expand the Hung Hom MCHC to the new Joint-user Complex at Bailey Street in 2013.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Annex

MCHC	Number of new cases (under 1 year of age)*					
	2009		2010		2011	
	Total	Both parents are NEP#	Total	Both parents are NEP#	Total	Both parents are NEP#
Anne Black	1 817	671	1 845	612	1 844	626
Ap Lei Chau	1 311	76	1 361	77	1 365	70
Chai Wan	1 265	172	1 325	161	1 299	134
Cheung Chau	134	7	151	11	143	1
Mui Wo	40	2	34	2	49	1
Sai Wan Ho	1 837	182	1 799	139	1 800	123
Sai Ying Pun	1 722	181	1 787	166	1 809	188
Tang Chi Ngong	1 188	145	1 448	339	1 676	489
East Kowloon	648	76	745	70	745	78
Hung Hom	2 575	632	3 119	913	3 343	1 128
Lam Tin	2 626	450	2 755	464	2 846	435
Ngau Tau Kok	2 124	419	2 213	438	2 436	438
Robert Black	1 235	216	1 278	261	1 400	275
Wang Tau Hom	610	57	618	66	683	72
West Kowloon	4 217	942	4 445	916	4 794	1 038
Wu York Yu	1 283	242	1 354	279	1 454	261
Yaumatei	3 829	1 416	4 093	1 558	4 678	2 097
Fanling	5 109	2 445	6 025	3 106	6 727	3 698
Lek Yuen	3 419	650	3 593	758	4 200	996
Ma On Shan	1 722	130	1 840	129	2 089	148
Tseung Kwan O Po Ning Road	3 703	325	3 763	311	3 953	282
Wong Siu Ching	2 194	381	2 442	392	2 635	392
Madam Yung Fung Shee	2 936	424	3 074	471	3 492	561
Maurine Grantham	3 626	437	3 741	432	3 939	478
North Kwai Chung	1 180	226	1 197	207	1 221	218
South Kwai Chung	599	93	575	79	582	90
Tin Shui Wai	2 526	656	2 877	780	3 091	916
Tsing Yi	1 656	150	1 626	123	1 728	132
Tuen Mun Wu Hong	1 398	123	1 365	137	1 551	138
Tung Chung	865	56	944	75	897	60
Yan Oi	2 867	632	3 316	902	3 705	1 047
Total (nearest hundred)	**62 300**	12 600	**66 700**	14 400	**72 200**	16 600

* The number of new cases who were one year old or above is not included and it is around 6% of grand total in each year

NEP = Non-eligible persons

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)235

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0094

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 regulation of private hospitals, please advise on-

(a) the number of inspections conducted in private hospitals and the number of warnings and punishments given in respect of their operation in the past 3 years (2009-10 to 2011-12), with a breakdown by the names of the private hospitals;

(b) how many staff members of the Department of Health are currently responsible for conducting inspections? In 2012-13, will the Administration earmark funds to increase the manpower in this regard?

Asked by: Hon. CHAN Hak-kan

Reply:

(a) Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), private hospitals are required to be registered with the Department of Health (DH). DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out standards of good practice with a view to enhancing patient safety and quality of service. The Office for Registration of Healthcare Institutions (ORHI) of DH regulates private hospitals through conducting inspections and investigating of adverse events and complaints to ensure compliance with the Ordinance and the COP. In 2009, 2010 and 2011, ORHI conducted respectively 75, 96 and 134 inspections to private hospitals for annual renewal of registration, applications for changes in services, and investigation of adverse events and complaints. A breakdown by hospital is at Annex 1.

In 2009, 2010 and 2011, there were respectively five, six and 20 cases of non-compliance with the Ordinance and/or the COP. The private hospitals were warned and instructed to make improvement measures. A breakdown by hospital is at Annex 2.

(b) In 2011-12, there are a total of 11.5 approved established posts in DH for the enforcement of the Ordinance through conducting inspections and investigating adverse events and complaints (Annex 3). In 2012-13, DH will maintain the same establishment for the regulation of private hospitals and other work under the Ordinance.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Session 19 FHB(H)

Annex 1

Number of inspections conducted to private hospitals from 2009 to 2011

Hospital	2009	2010	2011
Canossa Hospital (Caritas)	5	3	6
Evangel Hospital	5	5	8
Hong Kong Adventist Hospital	4	5	6
Hong Kong Baptist Hospital	8	13	19
Hong Kong Central Hospital	2	3	3
Hong Kong Sanatorium and Hospital	7	5	13
Matilda &War Memorial Hospital	7	4	10
Precious Blood Hospital (Caritas)	5	6	7
Shatin International Medical Centre Union Hospital	11	13	17
St. Paul's Hospital	6	16	13
St. Teresa Hospital	8	12	17
Tsuen Wan Adventist Hospital	4	7	14
Hong Kong Anti-Cancer Society-Jockey Club Cancer Rehabilitation Centre*	3	4	1
Total	**75**	**96**	**134**

* Ceased to be registered as private hospital in March 2011

Annex 2

Breakdown of cases of non-compliance by private hospitals from 2009 to 2011

Private Hospitals	Number of Cases		
	2009	2010	2011
Evangel Hospital	-	-	1
Hong Kong Adventist Hospital	-	1	-
Hong Kong Baptist Hospital	1	2	8
Hong Kong Sanatorium and Hospital	1	-	-
Matilda & War Memorial Hospital	2	-	-
Precious Blood Hospital (Caritas)	-	-	2
Shatin International Medical Centre Union Hospital	-	-	3
St Paul's Hospital	1	2	3
St Teresa's Hospital	-	-	1
Tsuen Wan Adventist Hospital	-	1	2
Total	**5**	**6**	**20**

Annex 3

Number of approved established posts for inspection of healthcare institutions

	2011-12
Principal Medical & Health Officer	0.5
Senior Medical & Health Officer	2
Medical & Health Officer	3
Chief Nursing Officer	1
Nursing Officer	2
Registered Nurse	1
Senior Hospital Administrator	1
Hospital Administrator	1
Total:	**11.5**

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)236

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0099

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list out the various smoking prevention and cessation services implemented by the Administration, the number of people who sought help from the various services, the number of people served, and the cessation rates in the past three years (2009-10 to 2011-12).

Asked by: Hon. CHAN Hak-kan

Reply:

Over the years, the Department of Health (DH) and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation through a wide range of services including providing cessation counselling telephone hotline, health talks and other health education programmes, and smoking cessation services in their respective clinics. Collaborative efforts are also undertaken with non-governmental organisations, academic institutions and healthcare professions to promote smoking cessation and provide smoking cessation services to the public.

DH operates a total of five smoking cessation clinics (four are for civil servants, and one is open to members of the public) to provide counselling for smokers, prescription of Nicotine Replacement Therapy (NRT) or other medications to manage nicotine dependence. DH also operates a Smoking Cessation Hotline (1833 183) to provide general enquiry and counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. Clients who have the need can be referred for follow-up services in smoking cessation clinics operated by DH, HA and non-governmental organisations.

To leverage community effort in smoking cessation, DH has subvented Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) for the provision of community-based smoking cessation services since January 2009 and April 2010 respectively. DH has also been providing funding to the School of Nursing of the University of Hong Kong since June 2011 for the establishment of the Hong Kong Youth Quitline (2855 9557) to provide counselling service to young smokers aged between 12 and 25 over the phone. Peer student counsellors have been recruited and trained to counsel young smokers. In order to prevent youngsters from picking up smoking, DH has commissioned Po Leung Kuk and Life Education Activity Programme to organise health promotional activities at schools to promote a smoke-free culture. Through the mobile classrooms and interactive activities, the programme enlightens primary school students on the tactics used by the tobacco industry to market cigarette sales, and equip them with the skills to resist picking up smoking habit from peer pressure.

DH also subvents the Hong Kong Council on Smoking and Health (COSH) to carry out education and publicity efforts at kindergartens, primary and secondary schools through production of guidelines and exhibition boards, health talks and theatre programmes, etc. to educate students on the hazards of smoking as well as how to resist the temptation of smoking. For 2009-10 and 2010-11, a total of 68 613 persons and 88 870 persons participated in COSH programmes respectively. It is expected that 151 000 persons will participate in the same programmes in 2011-12. To promote a smoke-free environment at the workplace,

COSH launched the "Smoke-Free Hong Kong Leading Company Awards" in September 2011 to promote and educate employers and employees the harmfulness of smoking, and to promote excellent smoke-free workplace policy. A total of 213 companies with over 52 000 staff have participated in the programme.

Apart from DH, HA also provides smoking cessation service since 2002. HA now operates six full time and 36 part-time centres and operates a telephone service on smoking cessation, providing both general enquiry and counselling services.

A summary table of the service throughputs of the above-mentioned counselling and smoking cessation services is at Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Annex

Key Statistics on Smoking Cessation Services

Services	Clients served			Cessation rate		
	2009	**2010**	**2011**	**2009**	**2010**	**2011**
DH (hotline enquiries)	15 500	13 880	20 571	N/A	N/A	N/A
DH (clinic attendance)	567	597	521	29.2%	33.5%	N/A
TWGHs Programme (started in January 2009)	717	1 288	2 756	40.3%	32.3%	N/A
POH Programme (started in April 2010)	N/A	1 008	1 380	N/A	N/A	N/A
HA (number of enquiry)	6 778	6 844	10 648	N/A	N/A	N/A
HA (number of telephone counselling)	9 192	11 240	17 465	N/A	N/A	N/A
HA (number of new case attended smoking cessation clinic)	2 854	4 156	6 419	N/A	43.0%	N/A

Key:

DH	Department of Health
TWGHs	Tung Wah Groups of Hospitals
POH	Pok Oi Hospital
HA	Hospital Authority
N/A	Not available

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)237

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1037

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the continual launching of the Elderly Health Care Voucher Pilot Scheme (the Scheme) for the elderly people aged 70 or above, please provide the following information-

(a) list out the number of elderly people who have used health care vouchers and the percentage of total number of elderly people within that age group.

(b) how many elderly people have already used up all their $250 of vouchers provided during the first stage? How many elderly people amongst those have used up all their $250 of vouchers at one time?

(c) please list out the numbers of respective healthcare professionals and organisations which have participated in the Scheme by 18 districts.

(d) since the implementation of the Scheme, how many healthcare professionals and organisations have withdrawn from the Scheme and how many healthcare professionals and organisations have been disqualified from the Scheme respectively? Please provide a breakdown by their medical professions.

(e) has the Administration assessed the amount of expenditure to be increased if the applicable age of the Scheme is lowered from 70 to 65? How many more elderly people are to be benefited?

Asked by: Hon. CHAN Hak-kan

Reply:

(a) & (b) Since the launch of the Elderly Health Care Voucher Pilot Scheme on 1 January 2009 up to 31 December 2011, a total of 466 882 eligible elderly people or 69% of some 680 000 eligible elderly population have registered under the Pilot Scheme, and 387 297 or 57% of eligible elderly people have used vouchers for receiving healthcare services, involving 1 466 033 transactions, 3 922 862 vouchers and $196 million subsidy amount. Among them, 151 823 or 33% elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first pilot period. We have not kept statistics on the number of elderly people who used up all their entitled vouchers in one service episode. The breakdown of number and amount of vouchers claimed by healthcare professions is at ***Annex A***.

(c) & (d) A total of 3 066 healthcare professionals, involving 3 976 places of practice, were enrolled as healthcare service providers under the Pilot Scheme as at end December 2011. A breakdown of the practices of participating healthcare service providers by profession and district is at ***Annex B***.

For comparison, 1 783 providers joined the Pilot Scheme when it was launched on 1 January 2009. Since then up to 31 December 2011, 1 552 providers have newly enrolled, while four have been disqualified (three medical practitioners and one Chinese medicine practitioner) and 265 have withdrawn from the Pilot Scheme (164 medical practitioners, 48 Chinese medicine practitioners, 35 dentists, 10 physiotherapists, four chiropractors and four nurses). Among the 265 withdrawn from the Pilot Scheme, 122 withdrew by the end of 2009, 80 in 2010 and 63 in 2011.

(e) If hypothetically the eligible age of 70 were to be lowered to 65, the financial implication would increase due to the increase in the number of eligible elderly people. The hypothetical annual commitment for providing vouchers at 65 taking the year 2012 as an illustrative example is as follows:

Eligible Age	Number of eligible elderly people (population projection in 2012)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)
70 or above	688 400	344.2
65 or above	952 200	476.1

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Annex A

Breakdown of Number of Vouchers Claimed (Amount of Vouchers Claimed) by Healthcare Professions
(as at 31 December 2011)

	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
No. of vouchers claimed (Voucher amount)	3 412 028 ($170,601,400)	323 832 ($16,191,600)	151 764 ($7,588,200)	556 ($27,800)	13 122 ($656,100)	6 921 ($346,050)	6 841 ($342,050)	3 625 ($181,250)	649 ($32,450)	3 524 ($176,200)	3 922 862 ($196,143,100)

Note: Figures on the distribution of eligible elderly people who have used vouchers by districts are not available.

Annex B

Location of Practices of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2011)

Profession / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Optometrists (Part I)*	Total
									Enrolled Nurses	Registered Nurses		
Central & Western	126	73	35	4	27	3	4	10	1	2	3	288
Eastern	136	57	29	4	14	0	0	0	0	0	0	240
Southern	38	10	8	0	3	0	0	0	0	0	0	59
Wan Chai	103	83	30	5	32	1	0	0	1	5	6	266
Kowloon City	126	39	14	3	33	0	0	0	1	14	36	266
Kwun Tong	166	112	52	8	11	10	11	1	3	18	2	394
Sham Shui Po	75	79	7	3	10	3	1	0	0	0	0	178
Wong Tai Sin	72	67	20	0	4	0	0	0	0	0	37	200
Yau Tsim Mong	236	176	54	11	75	10	8	14	2	14	1	601
North	48	36	6	0	1	1	0	0	0	0	0	92
Sai Kung	95	41	9	1	9	3	3	0	0	0	1	162
Sha Tin	94	66	20	2	19	0	0	1	1	4	0	207
Tai Po	61	68	25	2	4	2	2	0	2	12	0	178
Kwai Tsing	88	48	16	2	9	0	0	0	1	2	36	202
Tsuen Wan	117	78	12	4	19	4	5	4	1	4	0	248
Tuen Mun	84	71	7	3	6	0	1	0	0	2	0	174
Yuen Long	97	59	11	0	5	0	0	0	0	1	0	173
Islands	32	12	1	0	3	0	0	0	0	0	0	48
Total	**1 794**	**1 175**	**356**	**52**	**284**	**37**	**35**	**30**	**13**	**78**	**122**	**3 976**

** Enrolment of optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap 359) started in November 2011 while enrolled optometrists are allowed to make voucher claims from 1 January 2012 onwards.*

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)238

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1365

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:

Would the Administration inform this Committee why the estimated attendances for maternal health service in 2012 under the indicator of this Programme are the same as the actual attendances in 2011?

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

The Department of Health (DH) is a major provider of maternal health services in Hong Kong. The Maternal and Child Health Centres of DH, in collaboration with the obstetric departments of hospitals under the Hospital Authority, provide an antenatal shared-care programme to pregnant women.

With the increased number of maternal health attendance of local mothers in the latter half of 2011 (possibly due to the Dragon Year effect), the total number of attendances for 2011 has risen 9.9 % compared with 2010. It is anticipated that the local attendances for maternal health services will continue to rise in the first half of 2012, but will start to fall by the latter half of 2012, when the Dragon Year effect gradually fades out. Thus, it is estimated that the number of attendances of maternal health services in 2012 will be similar to the actual number of attendances in 2011.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)239

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1366

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

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Among the indicators under this programme, the Administration estimated in 2011 that BCG vaccinations given to newborn babies would only be 88 000, but the actual number in 2011 is 97 000, an increase of 9 000 as compared with the estimate in 2011. Would the Administration inform this Committee of the reasons why the actual number in 2011 is higher than expected, and why the estimate for this year is the same as the actual number in 2011?

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

The number of BCG vaccinations given and the respective expenditure for procuring the vaccines in the past five years are listed as follows:

Year	Number of BCG vaccines given to new born babies	Expenditure ($)
2007	70 300	371,000
2008	78 000	405,000
2009	82 000	489,000
2010	88 000	561,000
2011	97 000	679,000

The cost per dose of BCG vaccine for newborn babies in 2011 was $7. Normally, one dose of BCG vaccine is given to each newborn baby at birth.

The increase in actual number of vaccinations in 2011 was mainly due to a significant increase in the number of live births. The number of BCG vaccinations given to newborns in 2012 is estimated to be similar to the actual number of 2011, assuming a comparable number of live births in 2011 and 2012.

We do not record the residency status of parents of newborn babies who receive BCG vaccination. The coverage rate of BCG for newborns is more than 99% in Hong Kong. In 2011, 46% of live births were babies born to non-local mothers, and a similar percentage is estimated for 2012.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)240

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1367

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

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration inform this Committee of the cost of each dose of vaccine in respect of the 97 000 BCG vaccinations given to newborn babies in 2011? What is the number of vaccinations involving newborn babies delivered by non-local pregnant women? Among the 97 000 BCG vaccinations estimated to be given to newborn babies in 2012, what is the number of vaccinations involving newborn babies delivered by non-local pregnant women?

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

The number of BCG vaccines given and the respective expenditure for procuring the vaccines in the past five years are listed as follows:

Year	Number of BCG vaccines given to new born babies	Expenditure ($)
2007	70 300	371,000
2008	78 000	405,000
2009	82 000	489,000
2010	88 000	561,000
2011	97 000	679,000

The cost per dose of BCG vaccine for newborn babies in 2011 was $7. Normally, one dose of BCG vaccine is given to each newborn baby at birth.

The increase in actual number of vaccinations in 2011 was mainly due to an increase in the number of live births. The number of BCG vaccinations given to newborns in 2012 is estimated to be similar to the actual number of 2011, assuming a comparable number of live births in 2011 and 2012.

We do not record the residency status of parents of newborn babies who receive BCG vaccination. The coverage rate of BCG for newborns is more than 99% in Hong Kong. In 2011, 46% of live births were babies born to non-local mothers, and a similar percentage is estimated for 2012.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)241

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1381

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

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the targets under this programme, the Administration indicates that the percentage of cases achieving the target of appointment time for new dermatology cases within 12 weeks is 60% in 2011-12. Would the Administration inform this Committee of the average number of weeks for the remaining 40% of patients to be attended and the number of weeks for cases with the longest waiting time?

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

The percentage of new dermatology cases seen within 12 weeks in the Social Hygiene Service (SHS) of the Department of Health (DH) increased from 56% in 2010 to 60% in 2011. Dermatology clinics have implemented a triage system for new referrals of skin cases. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without undue delay. The median waiting time for new dermatology appointment was less than 12 weeks. The longest appointment time on record for a new case in 2011 was about 12 months, and this case was medically assessed to be non-urgent. DH was unable to meet the target of 90% mainly due to high demands for the service and the high turnover rate of dermatologists in the Department. DH endeavors to fill vacancies through recruitment of new doctors and internal deployment within DH.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)242

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1390

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:

Would the Administration inform this Committee of the number of cases of community-associated methicillin-resistant Staphylococcus aureus (CA-MRSA) infection reported to the Centre for Health Protection in which patients made a full recovery in the past three years?

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

In 2009, 2010 and 2011, the number of notifications of Community Acquired Methicillin-Resistant Staphylococcus Aureus infections (CA-MRSA) was 368, 495 and 624 respectively. Among these 1 487 cases, eight patients passed away and the remaining 1 479 patients recovered.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)243

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2021

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

(a) It is mentioned in the Matters Requiring Special Attention in 2012-13 that the Department will "continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation". Please list out the contents of major work programmes and the expenditures involved.

(b) Compared to last financial year (2011-12), whether the expenditures mentioned in (a) above have been increased or decreased. What are the underlying reasons and rationale for this?

(c) Has any assessment been conducted on the effectiveness of the various programmes mentioned in (a) above? What are the performance indicators for monitoring in the assessment? Please list out the numbers of clients who have utilised or joined the services of the programmes mentioned in (a) above last financial year and the cessation rate of the clients who have utilised the services.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

(a) Over the years, the Department of Health (DH) and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation through a wide range of services including providing cessation counselling telephone hotline, health talks and other health education programmes, and smoking cessation services in their respective clinics. Collaborative efforts are also undertaken with non-governmental organisations, academic institutions and healthcare professions to promote smoking cessation and provide smoking cessation services to the public.

DH operates a total of five smoking cessation clinics (four are for civil servants, and one is open to members of the public) to provide counselling for smokers, prescription of Nicotine Replacement Therapy (NRT) or other medications to manage nicotine dependence. DH also operates a Smoking Cessation Hotline (1833 183) to provide general enquiry and counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. Clients who have the need can be referred for follow-up services in smoking cessation clinics operated by DH, HA and non-governmental organisations.

To leverage community effort in smoking cessation, DH has subvented Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) for the provision of community-based smoking cessation services since January 2009 and April 2010 respectively. DH has also been providing funding to the School of Nursing of the University of Hong Kong since June 2011 for the establishment of the Hong Kong Youth Quitline (2855 9557) to provide counselling service to young smokers aged between 12 and 25 over the phone. Peer student counsellors have been recruited and trained to counsel young smokers. In order to prevent youngsters from picking up smoking, DH has commissioned Po Leung Kuk and Life Education Activity Programme to organise health promotional activities at schools to

promote a smoke-free culture. Through the mobile classrooms and interactive activities, the programme enlightens primary school students on the tactics used by the tobacco industry to market cigarette sales, and equip them with the skills to resist picking up smoking habit from peer pressure.

DH also subvents the Hong Kong Council on Smoking and Health (COSH) to carry out education and publicity efforts at kindergartens, primary and secondary schools through production of guidelines and exhibition boards, health talks and theatre programmes, etc. to educate students on the hazards of smoking as well as how to resist the temptation of smoking. For 2009-10 and 2010-11, a total of 68 613 persons and 88 870 persons participated in COSH programmes respectively. It is expected that 151 000 persons will participate in the same programmes in 2011-12. To promote a smoke-free environment at the workplace, COSH launched the "Smoke-Free Hong Kong Leading Company Awards" in September 2011 to promote and educate employers and employees the harmfulness of smoking, and to promote excellent smoke-free workplace policy. A total of 213 companies with over 52 000 staff have participated in the programme.

Apart from DH, HA also provides smoking cessation service since 2002. HA now operates six full time and 36 part-time centres and operates a telephone service on smoking cessation, providing both general enquiry and counselling services.

(b) The expenditure / provision of tobacco control activities managed by the Tobacco Control Office (TCO) of DH from 2007-08 to 2012-13 breakdown by types of activities are shown in Annex 1. Various DH services other than TCO also contribute to the provision of health promotion relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's services, such expenditure / provision could not be separately identified. On the other hand, HA operates six full-time and 36 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counselling and treatment. HA provides treatment services for smoking cessation as an integral part of its overall services provision; therefore, a breakdown of the expenditure / provision on the services is not available.

(c) With the progressive implementation of tobacco control measures, the proportion of daily smokers (people who have a habit of smoking daily) among the population aged 15 and above dropped steadily from about 23.3% in the early 1980s to 11.1% in 2010, according to surveys conducted by the Census and Statistics Department. The declining trend in smoking prevalence in Hong Kong reflected the effectiveness of the progressive and multi-pronged approach in tobacco control and the sustained efforts by the community as a whole. A summary table of the service throughputs of the above-mentioned counselling and smoking cessation services is at Annex 2.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Annex 1

Expenditure / Provision of the Department of Health on Tobacco Control

	2007-08 ($ million)	2008-09 ($ million)	2009-10 ($ million)	2010-11 ($ million)	2011-12 Revised Estimate ($ million)	2012-13 Estimate ($ million)
Enforcement						
Programme 1: Statutory Functions	20.3	23.1	30.8	40.4	35.6	36.8
Health Education and Smoking Cessation						
Programme 3: Health Promotion	35.1	35.8	44.5	57.8	85.6 [Note7]	115.0
(a) General health education and promotion of smoking cessation						
TCO	*24.9*	*22.4*	*28.2*	*22.3*	*27.2*	*22.4*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.2*	*10.9*	*12.6*	*13.2*	*11.3*	*11.5*
(b) Provision for smoking cessation services						
TCO				*6.1*	*15.6*	*47.3*
Subvention: COSH					*3.5*	*8.5*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme		*2.5*	*3.7*	*11.4*	*21.0*	*20.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture				*4.8*	*5.8*	-
Smoking cessation programme using acupuncture						*5.0*
Subvention to Po Leung Kuk – School-based smoking prevention activities					*1.2*	*0.3*
Total	**55.4**	**58.9**	**75.3**	**98.2**	**121.2**	**151.8**

[7] The additional provision of $21 million allocated by the Primary Care Office in 2011-12 to enhance smoking cessation service in 2011-12 has been transferred to Programme 3.

Annex 2

Key Statistics on Smoking Cessation Services

Services	Clients served			Cessation rate		
	2009	**2010**	**2011**	**2009**	**2010**	**2011**
DH (hotline enquiries)	15 500	13 880	20 571	N/A	N/A	N/A
DH (clinic attendance)	567	597	521	29.2%	33.5%	N/A
TWGHs Programme (started in January 2009)	717	1 288	2 756	40.3%	32.3%	N/A
POH Programme (started in April 2010)	N/A	1 008	1 380	N/A	N/A	N/A
HA (number of enquiry)	6 778	6 844	10 648	N/A	N/A	N/A
HA (number of telephone counselling)	9 192	11 240	17 465	N/A	N/A	N/A
HA (number of new case attended smoking cessation clinic)	2 854	4 156	6 419	N/A	43.0%	N/A

Key:

DH	Department of Health
TWGHs	Tung Wah Groups of Hospitals
POH	Pok Oi Hospital
HA	Hospital Authority
N/A	Not available

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)244

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2045

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:

How much resources will the Administration spend on the area of preventing spread of infectious diseases in 2012-13? Please disclose the details of the plan concerned and the implementation details.

Asked by: Hon. CHEUNG Hok-ming

Reply:

Under "Programme (1) - Statutory Functions", the Port Health Office of the Department of Health implements public health control measures at the airport, seaports and land boundary control points of Hong Kong, in accordance with relevant provisions of the Prevention and Control of Diseases Ordinance (Cap. 599) and the International Health Regulations, in order to prevent communicable diseases from being introduced into or spreading out from the territory.

The total financial provision for the aforementioned functions in 2012-13 is $159.9 million.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)245

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0771

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

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the following information by services of government dental clinics in the past three years (2009-10, 2010-11 and 2011-12):

(a) What is the maximum number of persons (non-civil servants) who can be provided with pain relief and extraction services in one session (or what is the maximum number of discs to be allocated in one session)? What is the average number of persons (non-civil servants) who have actually received treatments in each session?

(b) What is the age distribution of the persons who have sought treatments?

(c) How many of them are recipients of Comprehensive Social Security Assistance?

(d) What is the number of persons who have used dental services in each government dental clinic in each quarter in the past three years? What is the utilisation rate?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The Department of Health provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In 2009-10, 2010-11 and 2011-12, the maximum number of disc allocated per GP session is as follows:

Dental clinics with GP sessions	**Service session**	**Max. no. of discs allocated per session**		
		2009-10	**2010-11**	**2011-12**
Lee Kee Government Dental Clinic	Monday (AM)	84	84	84
	Thursday (AM)	42	42	42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84	84	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	84	84
	Friday (AM)	84	84	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	50	50
Mona Fong Dental Clinic	Thursday (PM)	42	42	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	42	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84	84	84
	Friday (AM)	84	84	84
Yan Oi Dental Clinic	Wednesday (AM)	42	42	42

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session		
		2009-10	2010-11	2011-12
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	42	42
	Friday (AM)	42	42	42
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	32	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	32	32

Patients holding discs for a particular session will be seen during that session.

In 2009-10, 2010-11 and 2011-12, the average number of attendances per GP session is as follows:

Dental clinic with GP sessions	Service session	Average no. of attendances per session		
		2009-10	2010-11	2011-12 (up to January 2012)
Lee Kee Government Dental Clinic	Monday (AM)	67	72	77
	Thursday (AM)	33	36	38
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	77	78	81
Kennedy Town Community Complex Dental Clinic	Monday (AM)	59	53	53
	Friday (AM)	59	53	53
Fanling Health Centre Dental Clinic	Tuesday (AM)	41	43	46
Mona Fong Dental Clinic	Thursday (PM)	36	36	39
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	40	40	39
Tsuen Wan Dental Clinic	Tuesday (AM)	81	79	80
	Friday (AM)	81	79	80
Yan Oi Dental Clinic	Wednesday (AM)	40	40	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	40	39	40
	Friday (AM)	40	39	40
Tai O Dental Clinic	2nd Thursday (AM) of each month	18	12	11
Cheung Chau Dental Clinic	1st Friday (AM) of each month	21	19	22

(b) The breakdown by age group for the number of attendances in 2009-10, 2010-11 and 2011-12 is as follows:

	% Distribution of Attendances by age group		
Age Group	2009-10	2010-11	2011-12 (up to January 2012)
0-18	3.0%	2.6%	2.4%
19-42	14.4%	14.2%	13.7%
43-60	30.4%	29.7%	29.4%
61 above	52.2%	53.5%	54.5%

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

(d) The number of attendances of GP session per quarter in 2009-10, 2010-11 and 2011-12 is as follows:

Dental clinics with GP sessions	**No. of attendances per quarter**													
	2009-10					**2010-11**					**2011-12 (up to Q3)**			
	Q1	**Q2**	**Q3**	**Q4**	**Total**	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Q1**	**Q2**	**Q3**	**Total**
Lee Kee Government Dental Clinic	1445	1495	1345	1233	**5518**	1422	1476	1317	1188	**5403**	1322	1482	1416	**4220**
Kwun Tong Jockey Club Dental Clinic	1066	1058	979	923	**4026**	998	1060	1044	870	**3972**	1055	1063	995	**3113**
Kennedy Town Community Complex Dental Clinic	1362	1350	1168	1048	**4928**	1292	1455	1298	1167	**5212**	1209	1422	1329	**3960**
Fanling Health Centre Dental Clinic	590	559	500	457	**2106**	556	600	568	452	**2176**	537	601	524	**1662**
Mona Fong Dental Clinic	464	472	463	365	**1764**	454	436	468	434	**1792**	514	497	504	**1515**
Tai Po Wong Siu Ching Dental Clinic	506	541	516	447	**2010**	534	497	517	428	**1976**	532	504	484	**1520**
Tsuen Wan Dental Clinic	2011	2066	1973	1855	**7905**	1926	2097	2057	1724	**7804**	1899	2081	2022	**6002**
Yan Oi Dental Clinic	545	524	537	494	**2100**	503	529	539	469	**2040**	546	546	504	**1596**
Yuen Long Jockey Club Dental Clinic	998	1036	970	907	**3911**	961	1072	1030	820	**3883**	957	1050	997	**3004**
Tai O Dental Clinic	39	22	28	32	**121**	34	39	44	31	**148**	29	47	31	**107**
Cheung Chau Dental Clinic	68	77	61	51	**257**	61	53	55	57	**226**	64	78	63	**205**

The utilisation rate of GP session per quarter in 2009-10, 2010-11 and 2011-12 is as follows:

Dental clinics with GP sessions	**Utilisation rate per quarter (%)**													
	2009-10					**2010-11**					**2011-12 (up to Q3)**			
	Q1	Q2	Q3	Q4	**Aver-age**	Q1	Q2	Q3	Q4	**Aver-age**	Q1	Q2	Q3	**Aver-age**
Lee Kee Government Dental Clinic	95.5	91.2	87.0	80.6	**88.6**	91.2	92.3	84.6	74.4	**85.6**	95.1	92.6	90.7	**92.8**
Kwun Tong Jockey Club Dental Clinic	97.5	96.9	89.7	83.4	**91.9**	99.0	97.4	96.0	78.3	**92.7**	96.6	97.1	98.7	**97.5**
Kennedy Town Community Complex Dental Clinic	70.7	61.6	57.6	51.5	**60.4**	66.9	66.3	61.8	58.4	**63.4**	65.3	65.3	63.3	**64.6**

Dental clinics with GP sessions	**Utilisation rate per quarter (%)**													
	2009-10					**2010-11**					**2011-12 (up to Q3)**			
	Q1	Q2	Q3	Q4	**Aver-age**	Q1	Q2	Q3	Q4	**Aver-age**	Q1	Q2	Q3	**Aver-age**
Fanling Health Centre Dental Clinic	91.1	93.2	78.0	74.3	**84.2**	93.0	92.2	86.9	67.3	**84.9**	97.6	100	86.5	**94.7**
Mona Fong Dental Clinic	92.5	86.9	85.4	72.4	**84.3**	83.6	86.5	86.7	85.2	**85.5**	94.4	98.6	93.3	**95.4**
Tai Po Wong Siu Ching Dental Clinic	100	99.0	94.7	88.7	**95.6**	97.9	98.6	95.5	83.6	**93.9**	97.6	99.6	90.2	**95.8**
Tsuen Wan Dental Clinic	99.8	98.4	93.7	91.2	**95.8**	99.7	95.8	94.4	84.7	**93.7**	98.2	99.0	96.2	**97.8**
Yan Oi Dental Clinic	99.8	96.1	98.3	89.7	**96.0**	99.8	97.2	98.9	84.8	**95.2**	100	100	100	**100**
Yuen Long Jockey Club Dental Clinic	99.0	98.6	92.2	89.0	**94.7**	99.5	98.0	94.3	80.3	**93.0**	99.1	100	94.8	**98.0**
Tai O Dental Clinic	40.6	22.3	29.2	33.3	**31.4**	35.4	40.6	45.8	32.3	**38.5**	30.2	49.0	32.3	**37.2**
Cheung Chau Dental Clinic	70.8	80.2	63.5	53.1	**66.9**	63.5	55.2	57.3	59.4	**58.9**	66.7	81.3	65.6	**71.2**

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)246

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0772

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

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

(a) Dental care is necessary for all members of the public to have healthy teeth. However, the Government now provides dental care for children only. Please advise how the Government is going to meet the needs of various dental services of the public? Will the Government consider opening the government dental clinics for civil servants to provide curative services for the public? If yes, what is the plan? If no, what are the reasons?

(b) There are 10 600 and 10 200 patients belonging to the special needs group provided with dental treatments in 2010 and 2011 respectively. Please advise: what does the special needs group refer to? What dental treatments they are provided with?

(c) Will additional dental services (other than pain relief and extraction services) be provided in 2012-13 to meet oral healthcare needs of the public? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The Government's policy on dental services is 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. The Department of Health (DH) has been actively organising territory-wide and target-specific activities to promote oral health to all sectors of the community. The government dental clinics under DH are to fulfill the government's obligation as employer to provide dental treatment to civil service eligible persons as part of the conditions of service. According to the current level of utilisation, the dental clinics do not have extra capacity for provision of dental services to the general public.

(b) DH provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and dental emergency in seven public hospitals. Patients who are medically compromised, such as having conditions prone to infection and bleeding, physically or mentally incapacitated or those who have facial deformities are regarded as "groups with special oral healthcare needs". Patients who have dental pain and trauma are regarded as "dental emergency". Dental treatments are provided based on the need of the referred patients, including emergency dental treatments such as pain relief and stabilisation of acute oral and dental problems, routine general dental care to optimise the oral health of patients, as well as oral maxillofacial surgery.

(c) Elderly residing in residential care homes (RCHEs) or receiving services in day care centres (DCCs) often have difficulty in accessing conventional dental care services due to their frail physical conditions. In view of this, the Government has launched a Pilot Project on Outreach Primary Dental Care Services for the Elderly, in collaboration with non-governmental organisations (NGOs) for a period of three years starting from April 2011, to provide them with outreach primary dental

care and oral health care services including dental check-up, polishing, pain relief and other emergency dental treatments. It is expected that the participating NGOs will be able to provide more than 100 000 attendances for some 80 000 elderly in RCHEs and DCCs over the three-year pilot period.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)247

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0773

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:

It is recommended in the Budget that an additional provision of $32 million will be allocated for enhancing the services of Maternal and Child Health Centres (MCHCs) and the implementation of the Comprehensive Child Development Service (CCDS). Regarding CCDS in the past five years (i.e. 2007 to 2011), how did CCDS operate and how did the related supervisory committee carry out its work?

Please provide relevant information in the following table:

	2009	2010	2011
a. Number of babies served in all MCHCs across the territory last year (please list out the relevant information by ages of children)			
b. Number of parents of babies who are non-local people using MCHC services in different districts			
c. Number of referrals to MCHCs for assessment made by pre-primary institutions (please list out the relevant information by ages and types of problems of children)			
d. Number of referrals to MCHCs for assessment made by Integrated Family Service Centres/Integrated Service Centres (please list out the relevant information by ages and types of problems of children)			
e. Number of referrals to Social Welfare Department (SWD) for its service made by MCHCs (please list out the relevant information by ages and types of problems of children)			
f. Number of contacts with families under the above referrals successfully made by SWD (please list out the relevant information by ages and types of problems of children)			

	2009	2010	2011
g. Number of referrals to other social service organisations for their services made by MCHCs (please list out the relevant information by ages and types of problems of children)			
h. Number of referrals to child assessment centres made by MCHCs (please list out the relevant information by ages and types of problems of children)			
i. Appointment time for new cases in child assessment centres within three weeks by number and percentage (%)			
j. Completion time for assessment of new cases in child assessment centres within six months by number and percentage (%)			
k. Number and percentage (%) of young children who are able to receive related training or provided with specialist medical services from the Hospital Authority before they reach three years old			

Asked by: Hon. CHEUNG Kwok-che

Reply:

An additional provision of $32.2 million is earmarked for the expansion of Maternal and Child Health Centres (MCHCs) in 2012-13. The implementation and extension of the Comprehensive Child Development Service (CCDS) is separately funded.

CCDS is a joint initiative of the Labour and Welfare Bureau, Education Bureau, Department of Health (DH), Hospital Authority (HA) and Social Welfare Department (SWD). It aims to identify and meet, at an early stage, various health and social needs of children (aged 0 to 5) and their families so as to foster healthy development of children. It makes use of MCHCs of DH, obstetric clinics of HA and other relevant service units, such as Integrated Family Service Centres (IFSC) and pre-primary institutions, to identify at-risk pregnant women (including illicit drug users, teenage mothers and pregnant women with mental illness), mothers with postnatal depression, families with psychosocial needs and pre-primary children with health, developmental and behavioural problems, etc. Needy children and families identified will be referred to the appropriate health and/ or social services.

To enhance intersectoral collaboration amongst various parties, supervisory and coordination mechanisms at different levels have been set up. At the central level, an Inter-departmental Coordinating Committee on CCDS, chaired by DH, is established to oversee the operational issues, monitor and improve the service quality, and guide the service development. At the district level, a District Coordination Committee is in place to coordinate service delivery.

Other information related to CCDS implementation is as follows-

	2009	2010	2011
(a) Number of babies (under 1 year old) registered with MCHCs service	62 300	66 700	72 200
(b) Number of babies (under 1 year old) registered with MCHCs whose parents are non-local residents, listed by region	12 614	14 374	16 610
Hong Kong Island	1 436	1 507	1 632
Kowloon	4 450	4 965	5 822
New Territories East	3 931	4 696	5 516
New Territories West	2 797	3 206	3 640
(c) Number of referral to MCHCs for assessment by pre-primary institutions	424	1 155	1 791
(i) Reasons for referral (Top five) (each client can have more than one)			
• Emotional /behavioural problems	191	593	1 025
• Learning problems	207	579	830
• Language problems	131	359	620
• Articulation problems	99	185	425
• Parenting problems	41	117	195
(ii) Number of children assessed by MCHCs *(note 1)*	372	1 111	1 608
• Below 3 years old	38	109	136
• 3 years or above	334	1 002	1 472
(iii) Preliminary assessment result by MCHC（Top five）: (each client can have more than one)			
• Attention problem / hyperactivity	66	283	426
• Language delay	64	220	302
• Articulation problem	82	159	274
• Emotional /behavioural problems	41	177	248
• Developmental delay	53	195	238
(note 1: Some children referred by pre-primary institutions did not receive assessment in MCHCs because of the following reasons: the child has been referred to / is receiving relevant services from other organisations, the child is waiting for assessment or parents could not be contacted or declined service)			
The information for items (d) to (g) is based on the 13 MCHCs implementing CCDS service:			
(d) Number of referral from IFSC /Integrated Services Centre (ISC) to MCHCs	13	19	16
Major reason for referral: (each client can have more than one)			
Immunisation	0	8	4
Growth problem	1	1	1
Developmental problem	5	4	8
Parenting problem	5	3	3
(e) & (g) Number of children / families recommended for IFSC / ISC under SWD or other NGOs *(note 2)*	763	1 165	1 460

	2009	2010	2011
Reason for referral (Top five)：			
Emotional problem	319	569	770
Marital problem	304	420	471
Financial assistance	195	305	297
Childcare	269	440	622
Family relationship	261	397	483
([note 2]: MCHCs refer children / families to IFSC / ISC for further assessment of their social service needs. The social worker will arrange relevant social services as appropriate.)			
(f) Number of clients successfully contacted by IFSC/ ISC after referral by MCHCs	SWD does not have related statistics		
(h) Number of children recommended for referral to Child Assessment Service (CAS) by MCHCs	209	751	1 067
Below 3 years old	25	72	90
3 years or above	184	679	977
(i) Appointment time for new cases in child assessment centres within three weeks by number and percentage (%) (note 3)	6 872 (99%)	8 041 (99%)	8 114 (99%)
(j) Completion time for assessment of new cases in child assessment centres within six months by number and percentage (%) (note 3)	5 997 (91%)	7 502 (97%)	7 092 (94%)
(k) Number and percentage (%) of young children who are able to receive related training or provided with specialist medical services from HA before they reach three years old (note 4)	Information is not available in CAS		

([note 3]: The statistics refer to the overall statistics of CAS. We do not have breakdown of CCDS referrals.)
([note4]: CAS provides comprehensive assessment and interim therapy and support to children and their families. After assessment, children will be referred to other appropriate service providers identified for training and education support.)

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)248

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2891

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

(a) Regarding the work of improving the oral health of primary school children, would the Administration advise whether dental care service will be provided for secondary school students to improve their oral health? If yes, what are the details? If no, what are the reasons?

(b) The numbers of primary school children participating in the School Dental Care Service in 2010 and 2011 are 328 000 and 315 000 respectively while the estimate in 2012 is 305 000. What are the reasons for this?

(c) Would the Administration advise whether the capacity of 328 000 under the School Dental Care Service in 2010 will be reserved and the surplus capacity (i.e. 328 000 - 305 000 = 23 000) will be allocated to provide dental service for members of the public to improve their oral health status?

(d) When will the territory-wide oral health survey be completed? What are the details of this survey?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The School Dental Care Service (SDCS) is a primary dental health care programme administered by the Department of Health (DH) for all primary school children. The objective is to promote good oral hygiene and prevent common dental diseases. There are other educational and promotional activities such as the "Teens Teeth" programme and the annual "Love Teeth Campaign" for secondary school students.

(b) The reduction in the actual number of participants in 2011 and the estimated number of participants in 2012 in the SDCS was mainly due to the decrease in the number of primary school children.

(c) 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. SDCS provides preventive and basic dental care, including an annual dental examination, and oral health education for participating school children. Though the number of primary school children has decreased, DH has maintained efforts and stepped up promotion and preventive work for the participants.

(d) DH carries out a territory-wide Oral Health Survey (OHS) every ten years starting from 2001 to monitor the community's oral health condition continuously. The information collected would facilitate the planning and evaluation of various oral health programmes as well as formulation of objectives for oral health services. The second OHS commenced in May 2011 and is expected to complete at the end of 2012. The survey covers the following target groups:

(i) 5-year-old children
(ii) 12-year-old children
(iii) 35-44-year-old adults
(iv) 65-74-year-old non-institutionalised elderly
(v) elderly aged 65 and above receiving long term care services at residential institutions and receiving community care services at home and at day care centres

The survey involves questionnaire, interviews and clinical examinations. The participants are selected by random sampling. Clinical examinations are carried out by trained and calibrated DH dentists at kindergartens, secondary schools, homes, elderly institutions and care centres to collect data such as tooth and periodontal status, treatment needs and oral hygiene status. The examinations are carried out using the criteria recommended by the World Health Organization. Information such as socio-demographic background, participants' oral health habits, knowledge and attitude, dental utilisation pattern, dietary habits, perceived treatment needs, motivators and barriers to the oral care seeking behaviour, and oral health related quality of life are collected through questionnaires.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)249

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3055

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

(a) Please advise on the number of elderly people aged 70 or above who have used health care vouchers since the vouchers are provided till present. (List out the numbers by 18 districts in Hong Kong)

(b) According to the report of the Interim Review of Elderly Health Care Voucher Pilot Scheme (the Interim Review), 74% of the respondents agreed that the age eligibility for using health care vouchers should be lowered to 65 years old. Will the Administration immediately lower the eligible age of using health care vouchers to 65 years old in response to the request of the public? If yes, what are the details? If no, what are the reasons?

(c) According to the report of the Interim Review, there are nine categories of healthcare service providers. Regrettably, only the medical practitioners, Chinese medicine practitioners and dentists form the majority of participants of the Elderly Health Care Voucher Pilot Scheme. Has the Administration considered why the Scheme cannot attract private chiropractors, registered nurses and enrolled nurses, physiotherapists, occupational therapists, radiographers and medical laboratory technicians to provide services? Is the too low voucher amount the main reason for this? If yes, will the Administration consider increasing the amount of elderly health care vouchers? If no, what are the reasons for only three categories of healthcare service providers being attracted to the Scheme?

(d) How will the Administration follow up on the recommendations of the report of the Interim Review? What are the details?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) Since the launch of the Elderly Health Care Voucher Pilot Scheme on 1 January 2009 up to 31 December 2011, a total of 466 882 eligible elderly people or 69% of some 680 000 eligible elderly population have registered under the Pilot Scheme, and 387 297 or 57% of eligible elderly people have used vouchers for receiving healthcare services, involving 1 466 033 transactions, 3 922 862 vouchers and $196 million subsidy amount. Among them, 151 823 or 33% elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first pilot period. We have not kept statistics on the distribution of eligible elderly people who have used vouchers by districts.

(b) The Elderly Health Care Voucher Pilot Scheme has been extended for three years and the amount of vouchers has been doubled to $500 per eligible elder per year since 1 January 2012. We need to conduct a further review after the extended and adjusted Pilot Scheme has operated for a longer period to assess the effectiveness of the Pilot Scheme in achieving the objectives of enhancing primary

especially preventive care for the elderly and improving their health, before contemplating any further adjustments to the Pilot Scheme including its voucher amount and age eligibility.

(c) A study conducted by the Chinese University of Hong Kong indicated that the most common reasons for service providers not to enroll in the Pilot Scheme were: (a) elderly patients not being their main clientele; (b) claim procedures were complex; and (c) no computer in clinics.

DH has been launching publicity drive since late 2011 to further step up promotional activities among elders and healthcare service providers in enhancing their participation and enrolment in the Pilot Scheme. DH has been promoting the Pilot Scheme through announcements of public interest on television and radio, pamphlets, posters, website and DVDs. DH has also engaged staff to actively promote enrolment into all these subsidisation schemes among private healthcare service providers by visiting their clinics and facilitating their enrolment under one-stop shop service. Arrangements have also been made to appeal to the professional organisations for disseminating information on the extended and enhanced Pilot Scheme, and encouraging their fellow members to participate in the Pilot Scheme.

(d) We have completed an interim review of the Pilot Scheme in 2011. Having regard to the findings of the interim review, we have extended the Pilot Scheme for another three years from 1 January 2012 with the following enhancement measures implemented-

(i) doubling the voucher amount from $250 to $500 per eligible elderly per year;
(ii) allowing unspent balance of health care vouchers under the first pilot period to be carried forward into the extended pilot period;
(iii) improving the monitoring of health care voucher users and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(iv) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)250

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3056

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

(a) Please advise on the annual administrative expenses of the Government under the Elderly Health Care Voucher Scheme in the past two years. What are the administrative expenses of healthcare service providers?

(b) In the past two years, the utilisation rate of elderly health care vouchers was around 45-60%. The Administration's complicated administrative procedures account for the lack of initiative of the elderly to use health care vouchers. Will the Administration streamline the administrative procedures to encourage more elderly to use health care vouchers? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The expenditure for administering the Pilot Scheme in 2010-11 and 2011-12 (up to end December 2011) was $12.2 million and $11.3 million respectively. We do not have information on the administrative costs of enrolled service providers.

(b) The current methods of using health care vouchers are designed to allow greatest convenience for the participating elders. Vouchers are issued and used through an electronic system. Elders do not need to register, collect or carry vouchers. When elders need to use vouchers, they just need to visit enrolled clinics, show their Hong Kong Identity Card and sign on a consent form. Over the past three years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures under the Pilot Scheme, including providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. The claim procedures under the Pilot Scheme are similar to those applicable across all subsidisation schemes for private healthcare services, including the Childhood Influenza Vaccination Subsidy Scheme and the Elderly Vaccination Subsidy Scheme. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)251

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0213

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding publicity and education programmes on smoking prevention and cessation, what are the respective annual expenditures in the past three years (i.e. 2009-10 to 2011-12)? How many clients utilised the smoking cessation service provided by the Department of Health (DH) in 2011? What were the respective percentages of adolescents aged under 18 and women among these clients? What was the cessation rate at one year after receiving the smoking cessation service?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditure / provision of tobacco control activities managed by the Tobacco Control Office (TCO) of DH from 2007-08 to 2012-13 breakdown by types of activities are shown in the Annex. It should be noted that various DH services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's services, such expenditure / provision could not be separately identified.

In respect of provision for smoking cessation service, the DH hotline (1833 183) handled 20 571 calls in 2011. The enrolment in DH smoking cessation clinics was 521 clients in 2011. The percentages of adolescents aged under 18 and women among these clients attending DH smoking cessation clinics were 0.2% and 18.4% respectively. The smoking cessation rate one year after treatment was 29.2% for clients admitted in 2009 and 33.5% for those in 2010. These cessation rates are comparable to those in overseas countries. The quit rate for the 2011 cohort is not yet available.

DH subvents Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) to provide community-based smoking cessation services, education for the public, training for health care professionals and conduct research projects. In 2011, the TWGHs programme admitted 2 756 clients and the number of attendance to health education activities was 26 087 while the POH programme admitted 1 380 clients and the number of attendance to health education activities was 33 859. For TWGHs, the smoking cessation rate one year after treatment was 40.3% for clients admitted in 2009 and 32.3% for those in 2010. The quit rate for 2011 cohort will be available in 2013. Since the POH programme commenced in April 2010, the smoking cessation rate after one year treatment for the 2011 cohort will also be available in 2013.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Annex

Expenditure / Provision of the Department of Health on Tobacco Control

	2007-08 ($ million)	2008-09 ($ million)	2009-10 ($ million)	2010-11 ($ million)	2011-12 Revised Estimate ($ million)	2012-13 Estimate ($ million)
Enforcement						
Programme 1: Statutory Functions	20.3	23.1	30.8	40.4	35.6	36.8
Health Education and Smoking Cessation						
Programme 3: Health Promotion	35.1	35.8	44.5	57.8	85.6 [Note8]	115.0
(a) General health education and promotion of smoking cessation						
TCO	*24.9*	*22.4*	*28.2*	*22.3*	*27.2*	*22.4*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.2*	*10.9*	*12.6*	*13.2*	*11.3*	*11.5*
(b) Provision for smoking cessation services						
TCO				*6.1*	*15.6*	*47.3*
Subvention: COSH					*3.5*	*8.5*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme		*2.5*	*3.7*	*11.4*	*21.0*	*20.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture				*4.8*	*5.8*	-
Smoking cessation programme using acupuncture						*5.0*
Subvention to Po Leung Kuk – School-based smoking prevention activities					*1.2*	*0.3*
Total	**55.4**	**58.9**	**75.3**	**98.2**	**121.2**	**151.8**

[8] The additional provision of $21 million allocated by the Primary Care Office in 2011-12 to enhance smoking cessation service in 2011-12 has been transferred to Programme 3.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)252

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0214

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

Programme: (1) Statutory Functions
(3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What are the staff establishment, turnover rates and expenditures of the Tobacco Control Office (TCO) in the past three years (i.e. 2009-10 to 2011-12) respectively? What are the estimates of the staff establishment and expenditure of TCO in 2012-13?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditures / provision of the TCO of the Department of Health in 2009-10, 2010-11, 2011-12 and 2012-13 are $59.0 million, $68.8 million, $78.4 million (revised estimate) and $106.5 million (estimate) respectively.

Please refer to the Annex for details of staffing of TCO in these four years. The staff turnover rates for TCO in 2009-10, 2010-11 and 2011-12 (up to 31 January 2012) were 17.3%, 11.6% and 14.5% respectively.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Annex

Staffing of Tobacco Control Office (TCO) of the Department of Health

Rank	2009-10	2010-11	2011-12	2012-13 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	5	5	5	5
Tobacco Control Inspector	67	30	19	0
Overseer/ Senior Foreman/ Foreman	27	57	68	87
Senior Executive Officer/ Executive Officer	5	12	12	12
Sub-total	*107*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	2	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	3	4	4	4
Health Promotion Officer/ Hospital Administrator II	4	6	6	6
Sub-total	*10*	*14*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	4	4	4	4
Clerical and support staff	14	20	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*25*	*25*	*25*
Total no. of staff:	**137**	**147**	**147**	**147**

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)253

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0215

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list out the number of prosecution summonses issued by the Tobacco Control Office by types of premises in 2010 and 2011 respectively.

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

Breakdown of summonses and fixed penalty notices (FPNs) issued by the Tobacco Control Office (TCO) of the Department of Health for smoking offences by types of premises in 2010 and 2011 is as follows -

Type of Premises where summonses or FPNs were issued	2010		2011	
	Summonses	FPNs	Summonses	FPNs
Amusement Game Centres	15	2 178	15	1 717
Shopping malls and shops	3	1 354	22	1 447
Food premises	1	708	10	634
Public pleasure grounds (including parks)	6	418	12	366
Markets	10	595	18	703
Public transport facilities	2	325	11	579
Hospitality establishment	6	1 076	6	837
Other statutory no smoking areas	50	1 298	76	1 354
Total	93	7 952	170	7 637

In addition, a total of 128 and 117 summonses were issued by TCO for other related offences under the Smoking (Public Health) Ordinance (Cap. 371) (e.g. willful obstruction, failure to produce identity document, etc) in 2010 and 2011 respectively.

Signature _____

Name in block letters Dr. P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)254

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1392

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide statistics on the vaccination schemes provided to children with breakdown on the number of recipients, coverage and estimated expenditure in the revised estimates of 2009-10, 2010-11 and 2011-12. Please also provide the estimated number of recipients, coverage and provisions in the estimate for 2012-13.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The vaccination programmes administered by the Department of Health (DH) for children in 2009-10 to 2012-13 include:

(a) Childhood Immunisation Programme (CIP), which provides protection against ten childhood infectious diseases;

(b) Government Vaccination Programme (GVP), which provides free influenza vaccination to eligible target groups including children between the age of six months and less than six years from families receiving Comprehensive Social Security Assistance; and

(c) Childhood Influenza Vaccination Subsidy Scheme (CIVSS), which provides subsidised influenza vaccination for children between the age of six months to less than six years.

In addition, DH administered the Human Swine Influenza Vaccination Programme (HSIVP) and Human Swine Influenza Vaccination Subsidy Scheme (HSIVSS) to provide HSI vaccination to eligible children amongst other target groups in 2009-10.

The statistics on vaccinations under the programmes are detailed at the Annex. It should be noted that many target group members may have received vaccination outside the Government's vaccination schemes and hence are not reflected in the statistics.

The expenditures on vaccine costs and reimbursement of vaccination subsidies for the above vaccination programmes in 2009-10, 2010-11 and 2011-12 are estimated to be about $121.7 million, $107.9 million and $88.9 million respectively. The Government has earmarked about $137 million in 2012-13 to cater for the need of all eligible children under the above vaccination programmes. The target population of CIP is 828 000 children; and that of GVP and CIVSS combined is 480 000.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	28.2.2012

Annex

Vaccinations provided under Childhood Immunisation Programme (CIP) by Maternal and Child Health Centres, School Immunisation Team and Student Health Service of Department of Health

Vaccines	Age of vaccination	2009	2010	2011
		No. of doses*		
BCG	Newborn	478	480	498
HBV	Newborn; 1 and 6 months	106 907	110 199	117 986
PCV	2, 4 and 6 months; 1 year	24 267	182 557	223 582
DTaP-IPV	2, 4 and 6 months; 1.5 year; primary one	217 795	230 959	252 299
MMR	1 year; primary one	116 036	113 184	113 682
dTap-IPV	Primary six	70 869	63 859	59 292
PCV (Catch-up programme)	For children born between 1 September 2007 and 30 June 2009 inclusive	95 772	39 470	751[#]

* Includes mop-up vaccinations

[#] The PCV catch-up programme ended on 31 March 2011

Note:

The proportion of newborns that participated in CIP was >98% from 2009 to 2011.

The coverage rates of MMR, DTaP-IPV, dTap-IPV and HBV vaccines in primary school students were maintained at more than 98% from 2009 to 2011.

Abbreviations

BCG: Bacillus Calmette-Guérin Vaccine

HBV: Hepatitis B Vaccine

PCV: Pneumococcal Conjugate Vaccine

DTaP-IPV: combined Diphtheria, Tetanus, acellular Pertussis and Inactivated Poliovirus Vaccine

MMR: combined measles, mumps and rubella vaccine

dTap-IPV: Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine

Seasonal influenza vaccination provided to children under the Government Vaccination Programme (GVP) and the Childhood Influenza Vaccination Subsidy Scheme (CIVSS)

Target groups	Vaccination programme	2009-10		2010-11		2011-12 (as at 12 Feb 2012)	
		No. of recipients	Percentage of population in the age group	No. of recipients	Percentage of population in the age group	No. of recipients	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	GVP	6 662	20.3%	3 936	12.3%	2 418	8.9%
	CIVSS	70 639		48 665		40 247	
Total:		**77 301**	**-**	**52 601**		**42 665**	

Human swine influenza vaccinations provided to children under the Human Swine Influenza Vaccination Programme (HSIVP) and Human Swine Influenza Vaccination Subsidy Scheme (HSIVSS) in 2009-10

Target groups	Vaccination programme	2009-10	
		No. of recipients	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	HSIVP	13 210	5.4 %
	HSIVSS	7 124	
Total:		**20 334**	**-**

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)255

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1393

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list out the number of attendances, utilisation rate and expenditure involved in the Maternal and Child Health Centres (MCHCs) in various districts in the revised estimates for 2009-10, 2010-11 and 2011-12; and the estimated number of attendances, utilisation rate and estimated expenditure of MCHCs in various districts in the estimate for 2012-13.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The expenditure/provision for maternal and child health service for 2009-10 to 2011-12 is as below:

2009-10 (actual):	$533.5 million
2010-11 (actual):	$519.5 million
2011-12 (revised estimate):	$522.6 million

There is no breakdown of expenditure by centres. The number of attendances by centres in 2009-2011 is listed in the Annex. The estimated total attendances of child health service at Maternal and Child Health Centres in 2012 is 637 000 and there is no breakdown by districts. Specific utilisation rates of MCHC services are not available. The estimated expenditure for maternal and child health service for 2012-13 is $602.7 million.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Session 19 FHB(H)

Annex

Maternal & Child Health Centre	**Total attendance for child health service**		
	2009	**2010**	**2011**
Anne Black	12 098	12 572	12 125
Ap Lei Chau	14 094	14 394	14 231
Chai Wan	13 722	13 931	13 500
Cheung Chau	1 370	1 362	1 262
Mui Wo	467	371	388
Sai Wan Ho	17 514	17 501	16 841
Sai Ying Pun	15 637	16 387	15 853
Tang Chi Ngong	8 975	9 683	9 968
East Kowloon	6 951	6 873	6 734
Hung Hom	21 944	23 277	24 995
Lam Tin	26 785	27 678	28 490
Ngau Tau Kok	22 367	21 874	23 831
Robert Black	13 033	12 410	12 583
Wang Tau Hom	5 973	5 540	5 511
West Kowloon	39 387	40 746	41 163
Wu York Yu	12 496	12 959	13 352
Yaumatei	27 003	29 084	32 840
Fanling	39 612	45 279	50 242
Lek Yuen	29 833	31 970	35 158
Ma On Shan	17 740	17 882	19 101
TKO Po Ning Road	38 032	37 473	38 216
Wong Siu Ching	23 376	24 323	25 433
Madam Yung Fung Shee	34 098	35 793	35 597
Maurine Grantham	35 923	37 053	38 227
North Kwai Chung	13 016	12 467	12 308
South Kwai Chung	6 363	5 840	5 715
Tin Shui Wai	27 304	28 130	30 761
Tsing Yi	17 808	17 818	18 157
TM Wu Hong	13 999	15 594	17 024
Tung Chung	8 372	8 593	8 572
Yan Oi	31 059	32 011	35 682
Total (to the nearest 100)	**596 400**	**616 900**	**643 900***

*the figures are updated as of 14 Feb 2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)256

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1945

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:

Would the Administration please provide the number 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) in the past five years and the estimate for this year.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Department of Health (DH) has deployed healthcare support teams comprising one doctor and one nurse each to Lo Wu (LW) and Lok Ma Chau (LMC) boundary control points (BCPs) since February 2007 to assist immigration officers in the screening of non-local pregnant women. The daily operating hours are 0900-2200. The annual cost is about $5 million.

In 2012-13, DH will further deploy another healthcare support team to Shenzhen Bay BCP and extend the current support at LW and LMC to cover all opening hours. It is estimated that an additional $8.8 million will be needed.

Signature _____

Name in block letters Dr. P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)257

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1258

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:

(a) How many licensed retail drug premises are there in Hong Kong currently and how has the figure changed in the past three years (i.e. 2009 to 2011)?

(b) In 2011, the Department conducted in total 8 200 inspections of licensed retail drug premises. What aspects were these inspections mainly concerned with and what were the results of the inspections? Did the Department discover any sale of fake medicines or other illegal retail activities? How many cases were involved?

(c) If illegal or improper retail activities are involved, what actions will the Department take? In 2011, what was the number of cases in which actions were taken?

Asked by: Hon. FANG Kang, Vincent

Reply:

(a) The numbers of licensed retail drug premises, which include authorised seller of poisons (ASP) and listed seller of poisons (LSP), in the past three years are as follows-

Year	Number of ASP	Number of LSP
2009	518	3 397
2010	546	3 499
2011	557	3 572

(b)&(c) Inspectors from the Drug Office of the Department of Health inspect ASP and LSP to ensure they operate in compliance with the legal requirements of the Pharmacy and Poisons Ordinance (Cap.138), Antibiotics Ordinance (Cap.137), Dangerous Drugs Ordinance (Cap.134) and Public Health and Municipal Services Ordinance (Cap.132) with respect to storage, transaction, record keeping and labelling of drugs. Activities which contravene the provisions of the respective ordinances will be prosecuted. In 2011, there were 45 prosecutions.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)258

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1673

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:

(a) Regarding the enforcement of legislation relating to tobacco control, please state the number of inspections of no-smoking areas across the territory conducted by the Tobacco Control Office (TCO), number of prosecutions against smoking offences and the revenue from penalties relating to tobacco control in 2011-12; and what will be the estimated number of inspections of no-smoking areas across the territory in 2012-13?

(b) Please state whether there will be other programmes for enhancing tobacco control work in 2012-13. If yes, what are the details? What are the estimated expenditures on the enforcement of legislation relating to tobacco control?

(c) Please state the number of TCO staff in 2011-12. Will there be an increase on the manpower for tobacco control work in 2012-13?

Asked by: Hon. FANG Kang, Vincent

Reply:

(a) In 2011, the Tobacco Control Office (TCO) of the Department of Health (DH) conducted 23 176 inspections, and issued 170 summonses and 7 637 fixed penalty notices (FPNs) for smoking offences. Another 117 summonses were issued for other offences under the Smoking (Public Health) Ordinance (e.g. willful obstruction, failure to produce identity document, etc). The amount of fixed penalty payment arising from the FPNs issued by TCO in 2011 is estimated to be around $11.5 million.

Since the implementation of fixed penalty system on 1 September 2009, TCO conducted an average of 23 000 inspections per year. The total number of inspections to be conducted in 2012-13 is expected to be at a similar level as in previous years.

(b) The provision for carrying out enforcement duties by TCO will be increased to $36.8 million in 2012-13, from a revised estimate of $35.6 million in 2011-12. With additional resources, TCO will strengthen its enforcement actions to protect the public from second-hand smoke.

(c) The number of TCO staff is 147 in 2011-12. To cope with the workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 19 non-civil service contract Tobacco Control Inspector positions will be converted to civil service posts in 2012-13. Please refer to the Annex for details of staffing of TCO in these two years.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Annex

Staffing of Tobacco Control Office (TCO) of the Department of Health

Rank	2011-12	2012-13 Estimate
Head, TCO		
Principal Medical & Health Officer	1	1
Enforcement		
Senior Medical & Health Officer	1	1
Medical & Health Officer	2	2
Police Officer	5	5
Tobacco Control Inspector	19	0
Overseer/ Senior Foreman/ Foreman	68	87 Note 1
Senior Executive Officer/ Executive Officer	12	12
Sub-total	107	107
Health Education and Smoking Cessation		
Senior Medical & Health Officer	1	1
Medical & Health Officer/ Contract Doctor	2	2
Scientific Officer (Medical)	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	4	4
Hospital Administrator II/ Health Promotion Officer	6	6
Sub-total	14	14
Administrative and General Support		
Senior Executive Officer/ Executive Officer	4	4
Clerical and support staff	20	20
Motor Driver	1	1
Sub-total	25	25
Total no. of staff:	**147**	**147**

Note 1: 19 non-civil service contract Tobacco Control Inspector positions will be converted to Overseer/ Senior Foreman/ Foreman posts respectively in 2012-13.

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)259

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2432

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 attendances at the Maternal and Child Health Centres and utilisation of the child health service, the estimated attendances this year are the same as the actual attendances last year. In this connection, please advise-

(a) whether the new born babies of non-local pregnant women coming to Hong Kong to give birth have been taken into consideration? If so, why are the attendances the same?

(b) If no, what are the reasons?

Asked by: Hon. IP Kwok-him

Reply:

In estimating the attendances for maternal and child health service in 2012, the Administration has already taken into consideration the demand and utilisation of maternal and child health service by non-local mothers in 2012. An additional provision of $32.2 million is earmarked for the expansion of Maternal and Child Health Centres (MCHCs) in 2012-13.

Since mid-2011, the Administration has launched further measures to ensure that adequate obstetric and neonatal care services are available in Hong Kong and local pregnant women are given priority for obstetric services. In 2012, the number of non-local pregnant women giving birth in Hong Kong will be limited to 35 000, resulting in a nearly 20% decrease in the estimated number of deliveries by non-local women in Hong Kong in 2012 as compared with 2011. With the projected drop in the number of newborn babies by non-local women and allowing for a slight increase in the number of deliveries by local women in 2012, the number of attendances of the child health service at MCHCs this year is estimated to be the same as last year.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)260

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2433

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 promotion of preventive care for the elderly through launching health assessment programme in collaboration with non-governmental organisations, please advise on-

(a) the specific details of the estimated expenditure in this regard.

(b) the specific details of the programme.

(c) the expected effectiveness of the programme. If the result is satisfactory, will the programme be extended to other areas where it is applicable?

Asked by: Hon. IP Kwok-him

Reply:

The Government plans to launch an Elderly Health Assessment Pilot Programme (the Pilot Programme) in collaboration with non-governmental organisations (NGOs) with the aim to promote preventive care for the elderly and encourage its provision in the community. Under the Pilot Programme, the Government will provide subvention for NGOs to introduce on a pilot basis a voluntary, protocol-based health assessment for the elderly, having regard to the primary care reference framework for older adults (currently being formulated by the Task Force on Conceptual Model and Preventive Protocols under the aegis of the Working Group on Primary Care) in accordance with the Primary Care Development Strategy. By piloting such a health assessment as benchmark, the Pilot Programme will test the receptiveness among the elderly population as well as healthcare providers to preventive care and promote awareness.

The Department of Health has earmarked a sum of $10 million in 2012-13 for providing subvention to interested and qualified NGOs that participate in the Pilot Programme. We are working out the programme details including the service protocol, age eligibility, subvention and fee level in consultation with potential partners. We expect that participating NGOs should be able to provide health assessment to about 5 000 elders under the Pilot Programme. We aim to launch the Pilot Programme in early 2013. We will conduct a review of the Pilot Programme after accumulating experience on its operation. The review will assess, inter alia, the effectiveness of the Pilot Programme in promoting preventive care for the elderly, encouraging preventive care in the community and enhancing primary care in general.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)261

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0054

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In 2012-13, the estimate under this Programme is higher than that in the previous year. Would the Administration please advise this Committee on the percentage of the maternal and child health service amongst the increased Estimate? Have the resources to be used by "doubly non-permanent resident" mothers and babies been calculated in the increase? If yes, what will be the amount?

Asked by: Hon. IP LAU Suk-yee, Regina

Reply:

The estimate of Programme (2) for 2012-13 is $598.7 million higher than the revised estimate for 2011-12. Out of the $598.7 million, $80.1 million (or 13.4%) is for strengthening the maternal and child health services, which include family planning, cervical screening, antenatal and postnatal care, and child health service. Maternal and Child Health Centres (MCHCs) provide service to Hong Kong residents and children born in Hong Kong. Non-eligible Persons (NEPs) attending MCHCs include a limited number of non-local expectant mothers who have booked delivery places with the Hospital Authority. The Department of Health does not have breakdown in resources earmarked for Eligible Persons and NEPs attending MCHCs.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)262

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1054

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In 2012-13, the Department of Health will continue to implement the pilot scheme to provide healthcare vouchers for elderly aged 70 or above as a partial subsidy for their use of private primary healthcare services. In this connection, please inform this Committee of the total number of participating elders last year and the estimated expenditure for implementing the pilot scheme this year.

Asked by: Hon. LAU Kin-yee, Miriam

Reply:

Since the launch of the Elderly Health Care Voucher Pilot Scheme on 1 January 2009 up to 31 December 2011, a total of 466 882 eligible elderly people or 69% of some 680 000 eligible elderly population have registered under the Pilot Scheme, and 387 297 or 57% of eligible elderly people have used vouchers for receiving healthcare services, involving 1 466 033 transactions, 3 922 862 vouchers and $196 million subsidy amount.

A non-recurrent commitment of $505.33 million has been approved by the Finance Committee for the implementation of the Elderly Health Care Voucher Pilot Scheme over its first three-year pilot period from 2009 to 2011. The actual expenditure under the Pilot Scheme up to 31 December 2011 was $189.5 million ($6.6 million in financial year 2008-09, $49 million in 2009-10, $72 million in 2010-11 and $61.9 million in 2011-12 (up to December 2011)). The actual expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears. A non-recurrent commitment of $1,032.6 million has been approved by the Finance Committee for the extended Pilot Scheme over its second three-year pilot period from 2012 to 2014. The actual expenditure will depend on the actual utilization on which we have not made an estimate.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)263

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0282

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In the coming year, there will be a net increase of 46 posts in the Department of Health to meet work demands. What are the details of these posts and the primary service areas involved?

Asked by: Hon. LAU Wong-fat

Reply:

Details of the net increase of 46 posts under this Programme are at the Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Annex

Creation and Deletion of Posts in 2012-13 under

Programme (2) - Disease Prevention

Major scope of responsibilities / Rank	No. of posts to be created/deleted
(a) Meeting the new demand for maternal and child health service and safeguarding the health and well-being of women and children in Hong Kong -	
Medical and Health Officer	6
Nursing Officer	8
Registered Nurse	24
Clinical Psychologist	2
Dietitian	2
Optometrist	2
Clerical Assistant	6
Sub-total :	***50***
(b) Strengthening the laboratory technical support in the Public Health Laboratory Services Branch -	
Medical Laboratory Technician I	5
Medical Laboratory Technician II	-5
Sub-total :	***0***
(c) Lapse of time-limited posts for setting up a Vaccination Office -	
Senior Medical and Health Officer	-1
Medical and Health Officer	-2
Sub-total :	***-3***

(d) Administration of Elderly Health Care Voucher Pilot Scheme in the Health Care Voucher Unit (re-creation on a time-limited basis from April 2012 to June 2015) -

Senior Medical and Health Officer	-1
Medical and Health Officer	-1
Nursing Officer	-1
Chief Executive Officer	-1
Senior Executive Officer	-1
Executive Officer II	-2
Senior Medical and Health Officer	1
Medical and Health Officer	1
Nursing Officer	1
Chief Executive Officer	1
Senior Executive Officer	1
Executive Officer II	2
Sub-total :	***0***

(e) Other regrading and offsetting deletion -

Assistant Clerical Officer	1
Property Attendant	-2
Sub-total :	***-1***
Total :	***46***

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)264

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1271

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the attendances at maternal and child health centres for the child health services are increasing. In this regard, has the Administration reserved sufficient manpower and resources to meet the demand? If yes, what are the manpower and resources involved and the details?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The total provision for maternal and child health services in 2012-13 is $602.7 million, which is $80.1 million higher than the revised estimate for 2011-12. This includes an additional allocation of $32.2 million earmarked for the expansion of Maternal and Child Health Centres (MCHC). The additional allocation comprises $10.9 million for departmental expenses and $21.3 million for staff cost involving 50 civil service posts (six medical officers, 32 nurses, six allied health grades staff, and six clerical staff). We will continue to monitor the situation closely and deploy appropriate resources to meet the demand for maternal and child health services.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)265

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1272

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

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this programme, appointment time for new dermatology cases within 12 weeks is 56% and 60% respectively in the past two years, which is far below the target of 90%. Please explain in detail the reasons for failing to achieve the target. Has the Administration reserved sufficient manpower and resources and identified measures to enhance service efficiency and to meet demands? If yes, what are the manpower and resources involved in the measures and what are the details?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The percentage of new dermatology cases seen within 12 weeks in the Social Hygiene Service (SHS) of the Department of Health (DH) increased from 56% in 2010 to 60% in 2011. Dermatology clinics have implemented a triage system for new referrals of skin cases. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without undue delay. The median waiting time for new dermatology appointment was less than 12 weeks. The longest appointment time on record for a new case in 2011 was about 12 months, and this case was medically assessed to be non-urgent. DH was unable to meet the target of 90% mainly due to high demands for the service and the high turnover rate of dermatologists in the Department. DH endeavors to fill vacancies through recruitment of new doctors and internal deployment within DH.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)266

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1273

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, provision for 2012-13 is $23.2 million higher than the revised estimate for 2011-12, for the purpose of expanding Drug Office and strengthening radiological health protection capabilities in the Department of Health. Please set out the progress, details of work, manpower and estimated expenditures involved in the above two initiatives.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Food and Health Bureau and departments concerned have been taking forward the recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong. In September 2011, the Pharmaceutical Service of the Department of Health (DH) was re-organised into Drug Office to further enhance regulation of pharmaceutical products, inspection of drug traders vigilance activities and risk communication to the public. Legislative amendments of the Pharmacy and Poisons Ordinance (Cap. 138) and revision to or preparation of various codes of practice are underway. In 2012-13, an additional $18.9 million has been earmarked for DH, involving two Senior Pharmacist and 23 Pharmacist posts to strengthen the regulation of drugs.

The additional provision for the purpose of strengthening radiological health protection capabilities is to cope with the increase in applications for radioactive substance licences and irradiation apparatus licences, and to step up standardisation and calibration of radiological monitoring equipment. An additional provision of $2.7 million has been earmarked in 2012-13 for this purpose, involving two civil service posts (one Physicist and one Electrical Technician). Recruitment of the post incumbents is in progress.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)267

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1274

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there will be an increase of 69 posts in 2012-13. Please inform this Committee of the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Details of the increase of 69 posts under this Programme are at the Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Annex

Creation of Posts in 2012-13 under Programme (1) - Statutory Functions

Major scope of responsibilities / Rank	No. of posts to be created	Annual recurrent costs of civil service posts ($)
(a) Strengthening the organisation capacity of the Drug Office in the regulation of drugs -		
Senior Pharmacist	2	2,137,800
Pharmacist	23	16,468,920
Sub-total :	*25*	*18,606,720*
(b) Strengthening the radiological health protection capabilities of Radiation Health Unit -		
Physicist	1	716,040
Electrical Technician	1	324,360
Sub-total :	*2*	*1,040,400*
(c) Conversion of non-civil service contract positions to civil service posts for the regulation of Chinese medicines -		
Clerical Officer	5	1,621,800
Assistant Clerical Officer	10	2,022,600
Sub-total :	*15*	*3,644,400*
(d) Conversion of non-civil service contract positions to civil service posts for tobacco control -		
Overseer	2	618,000
Senior Foreman	4	967,680
Foreman	13	2,480,400
Assistant Clerical Officer	7	1,415,820
Sub-total :	*26*	*5,481,900*
(e) Other regrading -		
Assistant Clerical Officer	1	202,260
Sub-total :	*1*	*202,260*
Total :	**69**	**28,975,680**

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)268

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1275

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the provision for 2012-13 is $598.7 million higher than the revised estimate for 2011-12, and one of the reasons is to meet the demand for maternal and child health services. Please inform this Committee of the provision allocated and manpower, resources and details involved in this item.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The total provision for maternal and child health services in 2012-13 is $602.7 million, which is $80.1 million higher than the revised estimate for 2011-12. This includes an additional allocation of $32.2 million earmarked for the expansion of Maternal and Child Health Centres. The additional allocation comprises $10.9 million for departmental expenses and $21.3 million for staff cost involving 50 civil service posts, comprising six medical officers, 32 nurses, six allied health grades staff, and six clerical staff.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)269

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1276

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there will be a net increase of 46 posts in 2012-13. Please inform this Committee of the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Details of the increase of 46 posts under this Programme are at the Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Annex

Creation and Deletion of Posts in 2012-13 under Programme (2) - Disease Prevention

Major scope of responsibilities / Rank	No. of posts to be created/deleted	Annual recurrent costs of civil service posts ($)
(a) Meeting the new demand for maternal and child health service and safeguarding the health and well-being of women and children in Hong Kong -		
Medical and Health Officer	6	4,903,920
Nursing Officer	8	4,321,920
Registered Nurse	24	8,173,440
Clinical Psychologist	2	1,432,080
Dietitian	2	899,160
Optometrist	2	648,720
Clerical Assistant	6	946,440
Sub-total :	*50*	*21,325,680*
(b) Strengthening the laboratory technical support in the Public Health Laboratory Services Branch -		
Medical Laboratory Technician I	5	2,147,100
Medical Laboratory Technician II	-5	-1,334,400
Sub-total :	*0*	*812,700*
(c) Lapse of time-limited posts for setting up a Vaccination Office -		
Senior Medical and Health Officer	-1	-1,068,900
Medical and Health Officer	-2	-1,634,640
Sub-total :	*-3*	*-2,703,540*
(d) Administration of Elderly Health Care Voucher Pilot Scheme in the Health Care Voucher Unit (re-creation on a time-limited basis from April 2012 to June 2015) -		
Senior Medical and Health Officer	1	1,068,900
Medical and Health Officer	1	817,320
Nursing Officer	1	540,240
Chief Executive Officer	1	1,068,900
Senior Executive Officer	1	783,600
Executive Officer II	2	749,040
Senior Medical and Health Officer	-1	-1,068,900
Medical and Health Officer	-1	-817,320
Nursing Officer	-1	-540,240
Chief Executive Officer	-1	-1,068,900
Senior Executive Officer	-1	-783,600
Executive Officer II	-2	-749,040
Sub-total :	*0*	*0*

Major scope of responsibilities / Rank	No. of posts to be created/deleted	Annual recurrent costs of civil service posts ($)
(e) Other regrading and offsetting deletion -		
Assistant Clerical Officer	1	202,260
Property Attendant	-2	-271,560
Sub-total :	*-1*	*-69,300*
Total :	**46**	**19,365,540**

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)270

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1277

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, regarding the promotion of preventive care for the elderly through launching health assessment programme in collaboration with non-governmental organisations, please set out the schedule, details of work, manpower and estimated expenditure involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Government plans to launch an Elderly Health Assessment Pilot Programme (the Pilot Programme) in collaboration with non-governmental organisations (NGOs) with the aim to promote preventive care for the elderly and encourage its provision in the community. Under the Pilot Programme, the Government will provide subvention for NGOs to introduce on a pilot basis a voluntary, protocol-based health assessment for the elderly, having regard to the primary care reference framework for older adults (currently being formulated by the Task Force on Conceptual Model and Preventive Protocols under the aegis of the Working Group on Primary Care) in accordance with the Primary Care Development Strategy. By piloting such a health assessment as benchmark, the Pilot Programme will test the receptiveness among the elderly population as well as healthcare providers to preventive care and promote awareness.

The Department of Health (DH) has earmarked a sum of $10 million in 2012-13 for providing subvention to interested and qualified NGOs that participate in the Pilot Programme. The staff requirement for the Pilot Programme is absorbed by the existing staffing complement in DH. We are working out the programme details including the service protocol, age eligibility, subvention and fee level in consultation with potential partners. We expect that participating NGOs should be able to provide health assessment to about 5 000 elders under the Pilot Programme. We aim to launch the Pilot Programme in early 2013. We will conduct a review of the Pilot Programme after accumulating experience on its operation. The review will assess, inter alia, the effectiveness of the Pilot Programme in promoting preventive care for the elderly, encouraging preventive care in the community and enhancing primary care in general.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 29.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)271

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1278

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, regarding continuing to co-ordinate the development and implementation of primary care initiatives, please inform this Committee of the progress, details of work, manpower and estimated expenditure involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Enhancing primary care was a key service reform proposal introduced during the first-stage public consultation on healthcare reform in 2008 which received broad public support. On the advice of the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health, the "Primary Care Development Strategy Document" was formulated and promulgated in December 2010. The Strategy Document sets out the major strategies on enhancing primary care in Hong Kong, including-

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) setting up a Primary Care Directory with a view to promoting the family doctor concept and adopting a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks.

The Primary Care Office (PCO) was established in September 2010 under the Department of Health to support and co-ordinate the implementation of primary care development strategies and actions. The financial provision for PCO in 2012-13 is $88 million for 17 civil service posts and other operating expenses. The latest progress and work plan of the major primary care initiatives being pursued by PCO are as follows-

(a) Primary care conceptual models and reference frameworks

A web-based version of the reference frameworks for two common chronic diseases, namely diabetes and hypertension, was issued in 2011. The primary care conceptual models and reference frameworks for the care of older adults and children are being prepared on the advice of relevant experts.

(b) Primary Care Directory

A web-based Primary Care Directory giving details about the personal and practice-based information of doctors and dentists was launched in April 2011. The sub-directory on Chinese medicine practitioners is being prepared and will be launched in 2012.

(c) Community Health Centres/Networks (CHCs)

PCO is exploring different models of CHC pilot projects in collaboration with healthcare professionals and providers from the public sector, private sector, non-governmental organisations and universities. The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, is scheduled for commissioning in the first half of 2012.

(d) Primary Care Campaign

A territory-wide Primary Care Campaign was launched in April 2011 to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action. PCO will organise a themed competition to promote primary care and the family doctor concept in early 2012.

The Government will continue to take forward the primary care development strategy and implement, through the Department of Health and Hospital Authority, a series of pilot projects to enhance primary care, including the Elderly Health Care Voucher Pilot Scheme, the Childhood Influenza Vaccination Subsidy Scheme, the Pilot Project on Outreach Dental Care Services for the Elderly, and other pilot projects for enhancing chronic disease management.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)272

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2300

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 Department of Health (DH) states that the target set for the frequency of inspections of licensed institutions registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance will not be less than once a year. Would the Administration please set out in detail-

(a) the numbers of inspections of institutions conducted by DH in the past five years;

(b) the key areas and criteria for inspections, record method and manpower involved in the inspections.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap.165) (the Ordinance), the Department of Health (DH) registers private hospitals, nursing homes and maternity homes, subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out standards of good practice, with a view to enhancing patient safety and quality of service. In addition, DH conducts inspections to private hospitals, nursing homes and maternity homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and adverse events. The numbers of inspections over the past five years (2007-2011) are provided below:

	2007	**2008**	**2009**	**2010**	**2011**
Number of healthcare institutions registered under the Ordinance	43	47	51	54	58
Number of inspections	141	158	162	205	246

(b) DH conducts inspections to private hospitals, nursing homes and maternity homes to monitor their compliance with the requirements under the Ordinance and COP. In 2011-12, the number of posts involved in the enforcement of the Ordinance is 11.5 (Annex).

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Session 19 FHB(H)

Annex

Number of approved established posts for inspection of healthcare institutions

	2011-12
Principal Medical & Health Officer	0.5
Senior Medical & Health Officer	2
Medical & Health Officer	3
Chief Nursing Officer	1
Nursing Officer	2
Registered Nurse	1
Senior Hospital Administrator	1
Hospital Administrator	1
Total:	**11.5**

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)273

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2301

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:

Would the Administration set out in detail the following information on the services provided by social hygiene clinics under the Department of Health in the past five years:

(a) the sex ratio of patients;

(b) the number of cases of various sexually transmitted infections;

(c) the average unit cost for treating each type of sexually transmitted infection.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The proportion of male and female patients attending the social hygiene clinics under the Department of Health between 2007 and 2011 is shown below -

Year	Male	Female
2007	74.0%	26.0%
2008	72.1%	27.9%
2009	71.1%	28.9%
2010	68.0%	32.0%
2011	67.0%	33.0%

(b) The number of new diagnosis of the five commonest sexually transmitted infections (STI), namely, non-gonococcal urethritis/non-specific genital infection (NGU/NSGI), genital warts (GW), gonorrhoea (GC), syphilis, and genital herpes (GH), and the total number of all newly diagnosed STIs for the past five years are appended below:

Year	NGU/NSGI	GW	GC	Syphilis	GH	Others	Total
2007	6 761	2 367	1 481	939	766	1 991	**14 305**
2008	6 518	2 276	1 423	908	715	2 027	**13 867**
2009	6 928	2 140	1 401	1 024	603	1 593	**13 689**
2010	6 338	1 771	968	1 032	594	1 641	**12 344**
2011	5 805	1 677	1 202	989	583	1 524	**11 780**

(c) Breakdown on the average unit cost for treating each type of sexually transmitted infection is not available.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)274

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2302

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health states that it will "introduce a pilot project to promote preventive care for the elderly through launching health assessment programme in collaboration with non-governmental organisations". Would the Administration please provide details of the pilot project, such as implementation date, expenditure and staff establishment?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Government plans to launch an Elderly Health Assessment Pilot Programme (the Pilot Programme) in collaboration with non-governmental organisations (NGOs) with the aim to promote preventive care for the elderly and encourage its provision in the community. Under the Pilot Programme, the Government will provide subvention for NGOs to introduce on a pilot basis a voluntary, protocol-based health assessment for the elderly, having regard to the primary care reference framework for older adults (currently being formulated by the Task Force on Conceptual Model and Preventive Protocols under the aegis of the Working Group on Primary Care) in accordance with the Primary Care Development Strategy. By piloting such a health assessment as benchmark, the Pilot Programme will test the receptiveness among the elderly population as well as healthcare providers to preventive care and promote awareness.

The Department of Health (DH) has earmarked a sum of $10 million in 2012-13 for providing subvention to interested and qualified NGOs that participate in the Pilot Programme. The staff requirement for the Pilot Programme is absorbed by the existing staffing complement in DH. We are working out the programme details including the service protocol, age eligibility, subvention and fee level in consultation with potential partners. We expect that participating NGOs should be able to provide health assessment to about 5 000 elders under the Pilot Programme. We aim to launch the Pilot Programme in early 2013. We will conduct a review of the Pilot Programme after accumulating experience on its operation. The review will assess, inter alia, the effectiveness of the Pilot Programme in promoting preventive care for the elderly, encouraging preventive care in the community and enhancing primary care in general.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 29.2.2012

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Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)275

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2303

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health states that it will "complete a territory-wide oral health survey for continuous monitoring of the oral health status of the population". Please set out the details of the survey, such as the implementation date, expenditure and staff establishment, etc.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Department of Health (DH) carries out a territory-wide Oral Health Survey (OHS) every ten years starting from 2001 to continuously monitor the community's oral health condition. The information collected would facilitate the planning and evaluation of various oral health programmes as well as formulation of objectives for oral health services. The second OHS started in May 2011 and is expected to complete at the end of 2012. The survey covers the following target groups:

(i) 5-year-old children
(ii) 12-year-old children
(iii) 35-44-year-old adults
(iv) 65-74-year-old non-institutionalised elderly
(v) elderly aged 65 and above receiving long term care services at residential institutions and receiving community care services at home and at day care centres

The survey involves questionnaire, interviews and clinical examinations. The participants are selected by random sampling. Clinical examinations are carried out by trained and calibrated DH dentists at kindergartens, secondary schools, homes, elderly institutions and care centres to collect data such as tooth and periodontal status, treatment needs and oral hygiene status. The examinations are carried out using the criteria recommended by the World Health Organization. Information such as socio-demographic background, participants' oral health habits, knowledge and attitude, dental utilisation pattern, dietary habits, perceived treatment needs, motivators and barriers to the oral care seeking behaviour, and oral health related quality of life are collected through questionnaires.

DH earmarked $1.8 million in 2012-13 for the OHS. An estimation of about 24 man-months of dental officer will be required in 2012-13.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)276

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1659

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The estimate for Programme (2) in 2012-13 is $2,415.9 million, which is 7.8% higher than the original estimate for 2011-12. Would the Administration advise on:

(a) the amount used for antiviral stockpile for influenza pandemic in the provision for 2011-12, and its percentage against the overall provision;

(b) the respective numbers of influenza vaccines disposed of and administered; their respective provisions, and percentage against the overall provision; and

(c) the number of influenza vaccines the Administration plans to provide in 2012-13, the estimated number of people to be vaccinated, and whether there is a need to increase the estimated provision in this regard.

Asked by: Hon. LEUNG Kwan-yuen, Andrew

Reply:

(a) In 2011-12, a revised estimate of $32.7 million has been made for antiviral stockpiling in connection with influenza pandemic preparedness. It amounts to 1.8% of the revised estimate of $1,817.2 million under Programme (2).

(b) In 2011-12, the Department of Health procured 300 000 doses of seasonal influenza vaccines under the Government Vaccination Programme (GVP) at a total expenditure of $8.4 million. It amounts to approximately 0.5% of the revised estimate of $1,817.2 million under Programme (2). As at 12 February 2012, about 220 000 doses of vaccines were administered to eligible persons. No seasonal influenza vaccines have been disposed of so far in 2011-12.

(c) The number of doses of seasonal influenza vaccines to be procured and the number of people to be vaccinated in 2012-13 are estimated to be comparable to that in 2011-12. No increase in provision is required under present estimation.

Signature _____

Name in block letters Dr. P Y LAM

Post Title Director of Health

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)277

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1891

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

(a) How many elderly people had used the health care vouchers in the past year? What was the amount of expenditure involved?

(b) Has the Government earmarked any provision for the scheme to increase the amount of the elderly health care vouchers within this year?

(c) How many private clinics in Hong Kong participated in the Elderly Health Care Voucher Pilot Scheme (the Scheme) in the past year? In addition, how many private clinics requested to withdraw from the Scheme last year?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

(a) Since the launch of the Elderly Health Care Voucher Pilot Scheme on 1 January 2009 up to 31 December 2011, a total of 466 882 eligible elderly people or 69% of some 680 000 eligible elderly population have registered under the Pilot Scheme, and 387 297 or 57% of eligible elderly people have used vouchers for receiving healthcare services, involving 1 466 033 transactions, 3 922 862 vouchers and $196 million subsidy amount. A non-recurrent commitment of $505.33 million has been approved by the Finance Committee for the implementation of the Elderly Health Care Voucher Pilot Scheme over its first three-year pilot period from 2009 to 2011. The actual expenditure under the Pilot Scheme up to 31 December 2011 was $189.5 million ($6.6 million in financial year 2008-09, $49 million in 2009-10, $72 million in 2010-11 and $61.9 million in 2011-12 (up to December 2011)). The actual expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

(b) A non-recurrent commitment of $1,032.6 million has been approved by the Finance Committee for the extended Pilot Scheme over its second three-year pilot period from 2012 to 2014. The actual expenditure will depend on the actual utilization on which we have not made an estimate.

(c) A total of 3 066 healthcare professionals, involving 3 976 places of practice, were enrolled as healthcare service providers under the Pilot Scheme as at end December 2011. A breakdown of the practices of participating healthcare service providers by profession and district is at ***Annex***. For comparison, 1 783 providers joined the Pilot Scheme when it was launched on 1 January 2009. Since then up to 31 December 2011, 1 552 providers have newly enrolled, while four have been disqualified (three medical practitioners and one Chinese medicine practitioner) and 265 have withdrawn from the Pilot Scheme (164 medical practitioners, 48 Chinese medicine practitioners, 35 dentists, 10 physiotherapists, four chiropractors and four nurses). Among the 265 withdrawn from the Pilot Scheme, 122 withdrew by the end of 2009, 80 in 2010 and 63 in 2011.

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Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Annex

Location of Practices of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2011)

Profession / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Optometrists (Part I)*	Total
									Enrolled Nurses	Registered Nurses		
Central & Western	126	73	35	4	27	3	4	10	1	2	3	288
Eastern	136	57	29	4	14	0	0	0	0	0	0	240
Southern	38	10	8	0	3	0	0	0	0	0	0	59
Wan Chai	103	83	30	5	32	1	0	0	1	5	6	266
Kowloon City	126	39	14	3	33	0	0	0	1	14	36	266
Kwun Tong	166	112	52	8	11	10	11	1	3	18	2	394
Sham Shui Po	75	79	7	3	10	3	1	0	0	0	0	178
Wong Tai Sin	72	67	20	0	4	0	0	0	0	0	37	200
Yau Tsim Mong	236	176	54	11	75	10	8	14	2	14	1	601
North	48	36	6	0	1	1	0	0	0	0	0	92
Sai Kung	95	41	9	1	9	3	3	0	0	0	1	162
Sha Tin	94	66	20	2	19	0	0	1	1	4	0	207
Tai Po	61	68	25	2	4	2	2	0	2	12	0	178
Kwai Tsing	88	48	16	2	9	0	0	0	1	2	36	202
Tsuen Wan	117	78	12	4	19	4	5	4	1	4	0	248
Tuen Mun	84	71	7	3	6	0	1	0	0	2	0	174
Yuen Long	97	59	11	0	5	0	0	0	0	1	0	173
Islands	32	12	1	0	3	0	0	0	0	0	0	48
Total	**1 794**	**1 175**	**356**	**52**	**284**	**37**	**35**	**30**	**13**	**78**	**122**	**3 976**

** Enrolment of optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap 359) started in November 2011 while enrolled optometrists are allowed to make voucher claims from 1 January 2012 onwards.*

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)278

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2342

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

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

There will be an increase of 183 posts in the Department of Health in 2012-13. In this connection, please provide the following information:

(a) Please list out the number of the posts to be deleted and created under each Programme in terms of offices, ranks and functions; and

(b) Please list out the establishment and strength of each rank in 2010-11 and 2011-12 by Programmes.

Asked by: Hon. LI Fung-ying

Reply:

(a) Details of the net increase of 183 posts are at Annex A.

(b) Details of the actual establishment and strength as at 31.3.2011, projected establishment as at 31.3.2012 and actual strength as at 1.2.2012 are at Annex B. As some posts support more than one Programme, it is therefore not possible to list out the establishment and strength of each rank by individual Programmes.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Annex A

Creation and Deletion of Posts
in Department of Health in 2012-13

Service	Function / Rank	No. of posts to be created/deleted
Programme (1) - Statutory Functions		
Chinese Medicine Division	**Administrative and general support**	
	Clerical Officer	5
	Assistant Clerical Officer	10
Drug Office	**Professional support**	
	Senior Pharmacist	2
	Pharmacist	23
Radiation Health Unit	**Professional support**	
	Physicist	1
	Technical support	
	Electrical Technician	1
	Administrative and general support	
	Assistant Clerical Officer	1
Tobacco Control Office	**Enforcement**	
	Overseer	2
	Senior Foreman	4
	Foreman	13
	Administrative and general support	
	Assistant Clerical Officer	7
Sub-total :		***69***
Programme (2) - Disease Prevention		
Family Health Service	**Medical support**	
	Medical and Health Officer	6
	Nursing support	
	Nursing Officer	8
	Registered Nurse	24
	Professional support	
	Clinical Psychologist	2
	Dietitian	2
	Optometrist	2
	Administrative and general support	
	Clerical Assistant	6
Health Care Voucher Unit	**Medical support**	
	Senior Medical and Health Officer	1
	Medical and Health Officer	1
	Senior Medical and Health Officer	-1
	Medical and Health Officer	-1

Service	Function / Rank	No. of posts to be created/deleted
	Nursing support	
	Nursing Officer	1
	Nursing Officer	-1
	Administrative and general support	
	Chief Executive Officer	1
	Senior Executive Officer	1
	Executive Officer II	2
	Chief Executive Officer	-1
	Senior Executive Officer	-1
	Executive Officer II	-2
Programme Management and Professional Development Branch	**Medical support**	
	Senior Medical and Health Officer	-1
	Medical and Health Officer	-2
Public Health Laboratory Services Branch	**Technical support**	
	Medical Laboratory Technician I	5
	Medical Laboratory Technician II	-5
Social Hygiene Service	**Administrative and general support**	
	Assistant Clerical Officer	1
Clinic Administration and Planning Section	**Administrative and general support**	
	Property Attendant	-2
Sub-total :		***46***
Programme (4) - Curative Care		
Correctional Services Medical Institutions	**Medical support**	
	Medical and Health Officer	6
Social Hygiene Service	**Administrative and general support**	
	Clerical Assistant	1
	Office Assistant	-1
Sub-total :		***6***
Programme (6) - Treatment of Drug Abusers		
Narcotics and Drug Administration Unit	**Administrative and general support**	
	Executive Officer I	1
	Executive Officer II	-1
Sub-total :		***0***
Programme (7) - Medical and Dental Treatment for Civil Servants		
Dental Service	**Dental/Para-dental support**	
	Senior Dental Officer	1
	Dental Officer	16
	Senior Dental Surgery Assistant	1
	Dental Surgery Assistant	17
	Technical support	
	Laboratory Attendant	1

Service	Function / Rank	No. of posts to be created/deleted
	Administrative and general support	
	Assistant Clerical Officer	2
	Clerical Assistant	3
	Workman II	2
Finance and Supplies Division	**Administrative and general support**	
	Accounting Officer II	1
	Clerical Officer	1
	Assistant Clerical Officer	9
	Clerical Assistant	2
Professional Development and Quality Assurance Service	**Technical support**	
	Senior Dispenser	1
	Dispenser	2
	Administrative and general support	
	Clerical Assistant	3
	Workman II	1
Sub-total :		***63***
Posts supporting more than one programme		
Clinic Administration and Planning Section	**Administrative and general support**	
	Transport Services Officer I	1
	Senior Clerical Officer	1
	Assistant Clerical Officer	1
	Transport Services Officer II	-1
	Clerical Officer	-1
	Clerical Assistant	-1
	Property Attendant	-2
Principal Medical and Health Officer (3)'s Office	**Administrative and general support**	
	Assistant Clerical Officer	1
Staff Training Unit	**Administrative and general support**	
	Assistant Clerical Officer	1
Sub-total :		***0***
Posts accommodating general grades officers working in general out-patient clinics of Hospital Authority		
	Administrative and general support	
	Motor Driver	-1
Sub-total :		***-1***
Total :		***183***

Annex B

Establishment and Strength of Department of Health

Rank	Establishment as at 31.3.2011	Strength as at 31.3.2011	Projected Establishment as at 31.3.2012	Strength as at 1.2.2012
Posts in Department of Health				
Director of Health	1	1	1	1
Deputy Director of Health	1	1	1	1
Assistant Director of Health	6	5	7	6
Consultant	20	19	20	19
Principal Medical & Health Officer	13	13	13	12
Senior Medical & Health Officer	117	96	121	97
Medical & Health Officer	304	326	320	319
Controller, Centre For Health Protection	1	2	1	1
Dental Consultant	9	8	9	8
Principal Dental Officer	1	1	1	1
Senior Dental Officer	53	48	54	48
Dental Officer	197	199	208	207
Chief Pharmacist	1	1	2	1
Senior Pharmacist	11	9	14	10
Pharmacist	82	84	85	91
Scientific Officer (Medical)	65	63	75	75
Principal Nursing Officer	1	1	1	1
Chief Nursing Officer	3	2	3	2
Senior Nursing Officer	19	18	19	14
Nursing Officer	291	269	292	257
Registered Nurse	769	791	805	849
Enrolled Nurse	200	192	186	187
Senior Inoculator	4	4	4	4
Inoculator	28	28	28	28
Midwife	5	4	5	2
Dental Hygienist	11	10	11	10
Dental Inspector	1	1	1	1
Senior Dental Surgery Assistant	45	43	48	43
Dental Surgery Assistant	231	234	241	246
Senior Dental Technologist	1	1	1	1
Dental Technologist	2	2	2	2
Dental Technician I	36	32	36	33
Dental Technician II	8	9	8	8

Rank	Establishment as at 31.3.2011	Strength as at 31.3.2011	Projected Establishment as at 31.3.2012	Strength as at 1.2.2012
Tutor Dental Therapist	2	2	2	2
Senior Dental Therapist	26	26	28	26
Dental Therapist	270	264	272	263
Chief Medical Technologist	1	1	1	1
Senior Medical Technologist	18	17	18	17
Medical Technologist	94	89	95	90
Medical Laboratory Technician I	18	18	18	16
Medical Laboratory Technician II	122	124	129	129
Chief Dispenser	3	0	3	0
Senior Dispenser	20	17	20	16
Dispenser	36	38	37	38
Senior Radiographer	3	3	3	3
Radiographer I	13	13	13	13
Radiographer II	21	19	22	20
Radiographic Technician	5	4	4	4
Senior Clinical Psychologist	2	1	2	1
Clinical Psychologist	28	28	28	29
Senior Dietitian	1	1	1	1
Dietitian	13	13	13	13
Senior Occupational Therapist	1	0	1	0
Occupational Therapist I	13	14	13	14
Senior Physiotherapist	1	0	1	0
Physiotherapist I	12	13	12	13
Optometrist	12	12	13	12
Senior Physicist	2	2	2	2
Physicist	9	9	9	9
Speech Therapist	9	9	11	11
Orthoptist I	4	3	3	3
Orthoptist II	0	1	0	1
Occupational Hygienist/Assistant Occupational Hygienist	2	2	2	2
Electrical Technician	4	4	4	4
Overseer	3	3	4	3
Senior Foreman	23	22	24	20
Foreman	71	69	78	75
Senior Hospital Foreman	3	3	3	3
Hospital Foreman	8	7	8	7
Mortuary Officer	7	7	7	7

Rank	Establishment as at 31.3.2011	Strength as at 31.3.2011	Projected Establishment as at 31.3.2012	Strength as at 1.2.2012
Mortuary Technician	3	3	3	3
Mortuary Attendant	28	27	28	28
Senior Electronics Engineer	2	1	2	1
Electronics Engineer/Assistant Electronics Engineer	0	4	0	3
Senior Health Inspector	3	2	3	2
Health Inspector I/II	20	20	20	18
Social Work Officer	1	1	1	1
Assistant Social Work Officer	3	3	1	1
Superintendent of Police	1	1	1	1
Chief Inspector of Police	2	2	2	2
Police Sergeant	4	4	4	4
Land Surveyor/Assistant Land Surveyor	1	1	0	1
Senior Systems Manager	1	1	2	2
Systems Manager	5	5	5	5
Analyst/Programmer I	5	6	5	5
Analyst/Programmer II	2	1	4	3
Computer Operator I	2	2	2	2
Administrative Officer Staff Grade C	1	1	1	0
Senior Administrative Officer	1	0	1	2
Administrative Officer	0	1	0	0
Senior Principal Executive Officer	1	1	1	0
Principal Executive Officer	2	3	2	3
Chief Executive Officer	6	5	7	4
Senior Executive Officer	41	37	42	37
Executive Officer I	58	54	61	49
Executive Officer II	41	47	61	65
Chief Hospital Administrator	1	1	1	1
Senior Hospital Administrator	10	6	10	8
Hospital Administrator I	12	11	14	9
Hospital Administrator II	27	32	25	32
Chief Treasury Accountant	1	1	1	0
Senior Treasury Accountant	2	1	2	2
Treasury Accountant	4	5	5	5
Senior Accounting Officer	2	1	2	1
Accounting Officer I	4	5	4	5
Accounting Officer II	7	7	7	7
Senior Statistician	1	1	1	1

Rank	Establishment as at 31.3.2011	Strength as at 31.3.2011	Projected Establishment as at 31.3.2012	Strength as at 1.2.2012
Statistician	4	4	4	4
Statistical Officer I	9	9	9	9
Statistical Officer II/Student Statistical Officer	38	39	40	40
Chief Information Officer	1	1	1	1
Principal Information Officer	0	0	0	1
Senior Information Officer	1	1	2	1
Information Officer	1	1	3	1
Senior Official Languages Officer	1	1	1	1
Official Languages Officer I	2	2	2	2
Official Languages Officer II	3	3	3	3
Calligraphist	1	1	1	1
Librarian	3	3	3	3
Senior Clerical Officer	15	13	15	14
Clerical Officer	93	84	98	78
Assistant Clerical Officer	321	310	391	385
Clerical Assistant	505	496	515	502
Office Assistant	65	52	56	49
Confidential Assistant	3	3	3	3
Senior Personal Secretary	1	1	2	1
Personal Secretary I	25	23	25	24
Personal Secretary II	20	22	19	21
Supervisor of Typing Services	1	1	0	0
Senior Typist	0	1	0	1
Typist	4	8	2	7
Telephone Operator	2	2	2	2
Senior Supplies Officer	1	1	1	1
Supplies Officer	2	2	2	2
Assistant Supplies Officer	2	2	3	3
Supplies Supervisor I	5	4	5	4
Supplies Supervisor II	17	17	17	18
Supplies Assistant	14	15	14	14
Supplies Attendant	4	4	4	4
Senior Training Officer	1	1	1	1
Training Officer I	1	1	1	1
Transport Services Officer II	1	1	1	1
Motor Driver	55	58	57	56
Photographer I	3	3	3	3
Artisan	11	9	10	7

Rank	Establishment as at 31.3.2011	Strength as at 31.3.2011	Projected Establishment as at 31.3.2012	Strength as at 1.2.2012
Darkroom Technician	13	9	12	6
Laboratory Attendant	61	60	61	62
Ganger	2	1	1	1
Property Attendant	35	33	30	29
Workman I	3	2	5	5
Workman II	468	400	476	365
Sub-total :	**5 540**	**5 383**	**5 759**	**5 503**
Posts accommodating general grades officers working in general out-patient clinics of Hospital Authority				
Telephone Operator	1	1	1	1
Motor Driver	1	1	1	1
Sub-total:	**2**	**2**	**2**	**2**
Total :	**5 542**	**5 385**	**5 761**	**5 505**

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)279

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1612

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What are the expenditures on the identification of various disabilities in children in the past three years? What are the information, effectiveness, follow-up treatment and service of the related programmes? What is the estimated expenditure on this area in the next financial year?

Asked by: Hon. LI Wah-ming, Fred

Reply:

The expenditure / financial provision for Child Assessment Service (CAS) from 2009-10 to 2012-13 is summarised below:

	2009-10 (Actual)	**2010-11** (Actual)	**2011-12** (Revised Estimate)	**2012-13** (Estimate)
Financial provision ($ million)	79.1	78.8	86.8	88.8

CAS of the Department of Health provides diagnostic assessment for children suspected to have developmental problems.

The CAS assessment team will assess the physical, psychological and social development of the children, provide interim therapy and support, and arrange referral to appropriate service providers for treatment, counselling, training and education support to meet the individual needs of the children and their families.

In the past three years, nearly all new cases were seen within three weeks and assessments for over 90% of newly registered cases were completed within six months.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)280

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1447

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 continual enforcement of Smoking (Public Health) (Amendment) Ordinance 2006 (Cap. 371) (the "amended Ordinance") and Fixed Penalty (Smoking Offences) Ordinance (Cap. 600),

(a) what are the numbers of prosecutions successfully initiated against the offences under the above two Ordinances since they came into effect? Please list out the figures by years.

(b) what are the numbers of smokers in the past ten years? Please list out the figures by sex and age groups for comparison of the situations before and after the amended Ordinance came into effect.

(c) will the Administration enhance the enforcement action for further implementation of the Ordinances? If yes, what are the details? What are the estimated expenditures involved? If no, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

(a) The legislative amendments to the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) came into effect on 1 January 2007 and 1 September 2009 respectively. The numbers of summonses and fixed penalty notices (FPNs) issued by the Tobacco Control Office (TCO) of the Department of Health for the period from 2007 to 2011 for smoking and other offences under Cap. 371 and Cap. 600 are as follows -

	2007	**2008**	**2009**	**2010**	**2011**
Smoking offences under Cap. 371 and Cap. 600					
- summonses issued	3 780	7 305	4 180	93	170
- fixed penalty notices issued*			1 477	7 952	7 637
Other offences (e.g. willful obstruction, failure to produce identity document, etc.)					
- summonses issued	54	123	118	128	117

* Since the enactment of Cap. 600 on 1 September 2009, the issuance of FPNs has become the main method for handling smoking offences.

(b) The Government surveys smoking prevalence in the population from time to time. In the past ten years, the proportion of daily smokers (people who have a habit of smoking daily) among the population aged 15 and above declined from 14.4% in 2002/03 to 11.1% in end 2010, according to surveys conducted by the Census and Statistics Department (C&SD). The smoking prevalence by gender and age group in surveys conducted by C&SD over the past ten years are at ***Annex***.

(c) The provision for carrying out enforcement duties by TCO will be increased to $36.8 million in 2012-13, from a revised estimate of $35.6 million in 2011-12. With additional resources, TCO will strengthen its enforcement actions to protect the public from second-hand smoke.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Annex

Number and rate of daily cigarette smokers by age group and sex in the past 10 years

Age group / sex		Survey Period									
		Nov 2002 - Feb 2003		Feb - May 2005		Dec 2007 - Mar 2008		Nov 2009 - Feb 2010		Oct - Dec 2010	
		No. of persons	Rate*	No. of persons	Rate*	No. of persons	Rate*	No. of persons	Rate*	No. of persons	Rate*
15 - 19	Male	11 800	5.3	11 300	4.9	7 900	3.5	6 100	2.7	8 200	3.7
	Female	4 900	2.3	4 400	2.0	2 500	1.2	1 600	0.8	2 600	1.3
	All	16 700	3.8	15 700	3.5	10 500	2.4	7 700	1.8	10 800	2.5
20 - 29	Male	104 400	23.2	93 500	20.9	81 000	18.4	72 400	16.3	67 800	15.2
	Female	30 000	6.2	28 800	7.0	26 900	6.1	26 800	5.8	21 000	4.5
	All	134 400	14.4	122 300	14.3	107 800	12.2	99 200	11.0	88 800	9.7
30 - 39	Male	153 600	28.3	149 100	29.4	121 000	25.7	121 000	26.2	116 700	25.4
	Female	30 100	4.3	34 600	5.8	35 400	6.4	36 100	6.6	28 300	5.2
	All	183 800	14.7	183 700	16.6	156 400	15.3	157 100	15.6	145 000	14.4
40 - 49	Male	187 100	30.0	176 200	27.4	145 700	24.2	147 600	25.9	133 800	24.3
	Female	18 000	2.7	20 700	3.0	20 700	3.1	23 000	3.6	17 900	2.8
	All	205 100	16.0	196 900	14.9	166 400	13.2	170 600	14.0	151 700	12.7
50 - 59	Male	131 900	33.5	126 900	28.6	122 700	24.2	141 400	26.1	136 200	24.3
	Female	6 000	1.6	9 700	2.2	10 500	2.1	14 100	2.6	10 400	1.9
	All	137 900	17.9	136 600	15.4	133 300	13.2	155 500	14.3	146 600	13.1
≥ 60	Male	121 600	25.0	122 000	24.2	92 600	17.3	98 200	17.0	102 700	17.1
	Female	18 800	3.6	16 100	3.0	9 900	1.7	10 300	1.7	11 500	1.8
	All	140 400	14.0	138 100	13.2	102 500	9.2	108 500	9.1	114 100	9.2
Overall	Male	710 500	26.1	678 900	24.5	571 000	20.5	586 800	20.8	565 300	19.9
	Female	107 800	3.6	114 300	4.0	105 900	3.6	112 000	3.7	91 600	3.0
	All	818 200	14.4	793 200	14.0	676 900	11.8	698 700	12.0	657 000	11.1

Note: * As a percentage of all persons in the respective age and sex sub-groups. For example, among all males aged 15 to 19, 5.3% were daily cigarette smokers based on the survey conducted during November 2002 to February 2003.

Source: Various rounds of Thematic Household Survey on Pattern of Smoking conducted by the Census and Statistics Department

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)281

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1448

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

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the indicator of "BCG vaccinations given to new born babies", the actual number of vaccinations increased from 88 000 in 2010 to 97 000 in 2011.

(a) What are the reasons for the increase in the actual number of vaccinations? What is the expenditure involved?

(b) What is the number of BCG vaccinations given to new born babies each year in the past five years? What are the expenditures involved? Please list out the figures by both parents being Hong Kong permanent residents, only father or mother being Hong Kong permanent resident and both parents being non-Hong Kong permanent residents.

Asked by: Hon. PAN Pey-chyou

Reply:

The number of BCG vaccines given and the respective expenditure for procuring the vaccines in the past five years are listed as follows:

Year	Number of BCG vaccines given to new born babies	Expenditure ($)
2007	70 300	371,000
2008	78 000	405,000
2009	82 000	489,000
2010	88 000	561,000
2011	97 000	679,000

The cost per dose of BCG vaccine for newborn babies in 2011 was $7. Normally, one dose of BCG vaccine is given to each newborn baby at birth.

The increase in actual number of vaccinations in 2011 was mainly due to an increase in the number of live births. The number of BCG vaccinations given to newborns in 2012 is estimated to be similar to the actual number of 2011, assuming a comparable number of live births in 2011 and 2012.

We do not record the residency status of parents of newborn babies who receive BCG vaccination. The coverage rate of BCG for newborns is more than 99% in Hong Kong. In 2011, 46% of live births were babies born to non-local mothers, and a similar percentage is estimated for 2012.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)282

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2196

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 indicator "number of enrolment in Elderly Health Centres (EHCs)", the 2012 estimate remains at 38 500 only. Please advise on -

(a) the population of elders in Hong Kong aged 65 or above in the past five years;

	Mid-year population of elders aged 65 or above
2007	
2008	
2009	
2010	
2011	

(b) the estimated population of elders in Hong Kong aged 65 or above in the coming five years;

	Mid-year population of elders aged 65 or above
2012	
2013	
2014	
2015	
2016	

(c) the average expenditure required to serve each elder in EHC at present;

(d) the average waiting time and number of elders on the waiting list in each of the 18 EHCs; and

(e) whether more enrolments will be added in 2012-13? If yes, what are the details? What is the estimated expenditure involved? If no, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

(a) According to the Census and Statistics Department (C&SD), the population of elders aged 65 or above in Hong Kong from 2007 to 2011 was as follows-

	Mid-year population of elders aged 65 or above
2007	872 200
2008	882 700
2009	898 600
2010	918 500
2011	941 400

(b) According to the population projections performed by C&SD, the estimated population of elders aged 65 or above from 2012 to 2016 is as follows-

	Mid-year population of elders aged 65 or above
2012	974 500
2013	1 015 000
2014	1 061 100
2015	1 114 600
2016	1 165 400

(c) The expenditure required to serve each elder covers health assessment and any follow-up services needed. Such expenditure varies according to individual needs. For the health assessment only, the average cost for each elder in 2011-12 was $1,090.

(d) The average waiting time and number of elders on the waiting list in each of the 18 EHCs were as follows-

EHC	Average waiting time (median months)	Number of elders on the waiting list as at end December 2011
Sai Ying Pun	7.5	551
Shau Kei Wan	8.4	664
Wan Chai	25.4	1 236
Aberdeen	5.1	199
Nam Shan	13.8	768
Lam Tin	3.9	268

EHC	Average waiting time (median months)	Number of elders on the waiting list as at end December 2011
Yau Ma Tei	32.9	817
San Po Kong	11.4	89
Kowloon City	16.2	482
Lek Yuen	43.5	1 290
Shek Wu Hui	9.3	239
Tseung Kwan O	16.6	733
Tai Po	17.5	529
Tung Chung	6.5	742
Tsuen Wan	19.7	724
Tuen Mun Wu Hong	8.9	573
Kwai Shing	6.2	252
Yuen Long	5.9	241

(e) EHCs were first established in 1998 as a pilot model for providing primary healthcare services, especially preventive care, for the elderly, among other healthcare providers in the community, including other units of the Department of Health, the Hospital Authority, non-governmental organisations, private medical practitioners and other private healthcare providers. The Government has no plan to expand the service at EHCs at this juncture.

Meanwhile, the Government is taking forward the primary care development strategy formulated in collaboration with the healthcare professions and promulgated in December 2010 aiming at enhancing primary care for the whole population. In accordance with the strategy, the Government has been devising primary care conceptual models and reference frameworks for specific chronic diseases (such as diabetes and hypertension) and population groups (including older adults), and implementing various pilot initiatives and projects for delivering enhanced primary care services accordingly. These include, for instance, the following initiatives with particular focus on the elderly population:

(i) the Elderly Health Care Voucher Pilot Scheme launched since January 2009, extended up to 2014 with annual voucher amount doubled to $500 for each eligible elderly aged 70 or above, to subsidise their use of private primary care services;

(ii) the Elderly Vaccination Subsidy Scheme launched in October 2009, to provide subsidies for elderly aged 65 or above to receive influenza vaccination and pneumococcal vaccination from private medical practitioners;

(iii) the Pilot Project on Outreach Primary Dental Care Services for the Elderly launched since April 2011, to provide primary dental care through outreach services for elderly people in residential care homes for the elderly or day care centres for the elderly; and

(iv) an Elderly Health Assessment Pilot Programme under planning in collaboration with non-governmental organisations (NGOs) with the aim to promote preventive care for the elderly and encourage its provision in the community. We aim to launch the Programme in early 2013.

In taking forward other initiatives to enhance primary care, for instance the planning and development of public primary care services and community health centres/networks, we will also take into account the need of different population groups including the elderly.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)283

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2197

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the target of "achieving a high participation rate of new born babies of local mothers attending maternal and child health centres", would the Administration please fill in the following table for newborns in the past five years.

Year	whose parents are HK permanent residents		whose mother is not HK permanent resident		whose father is not HK permanent resident		whose parents are not HK permanent residents	
	Born in private hospitals	Born in public hospitals	Born in private hospitals	Born in public hospitals	Born in private hospitals	Born in public hospitals	Born in private hospitals	Born in public hospitals
2007								
2008								
2009								
2010								
2011								

Asked by: Hon. PAN Pey-chyou

Reply:

The Department of Health does not have the requested information. The birth statistics and the number of registered births with breakdown of their parents' residential status provided by the Immigration Department, the Census and Statistics Department and the Hospital Authority are as follows-

Year	Number of registered live births born in Hong Kong (HK)[4]	Registered live births born to local women[1]			Registered live births born to Mainland mothers					
		Number	Public hospitals (%)[3]	Private hospitals (%)	Spouses are HK permanent residents	Spouses are not HK permanent residents	Others[2]	Sub-total	Public hospitals (%)[3]	Private hospitals (%)
2007	70 394	42 820	71%	29%	7 989	18 816	769	27 574	32%	68%
2008	78 751	45 186	68%	32%	7 228	25 269	1 068	33 565	32%	68%
2009	82 906	45 653	69%	31%	6 213	29 766	1 274	37 253	27%	73%
2010	88 200	47 552	67%	33%	6 169	32 653	1 826	40 648	27%	73%
2011[5]	95 348	51 366	69%	31%	6 110	35 736	2 136	43 982	24%	76%

Note: (1) Including the number of registered live births born to non-HK resident women other than Mainland mothers

(2) Mainland mothers who had not provided details about the resident status of babies' fathers

(3) Percentages are estimates based on administrative records from the Hospital Authority

(4) Figures are provided based on the date of registration of newborns with the Immigration Department

(5) Provisional figures

Sources: Census & Statistics Department , Immigration Department and Hospital Authority

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 28.2.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)284

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0646

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health has stated that the number of non-directorate posts would be increased by 183 to 5 883 posts as at 31 March 2013. Please inform this Committee of the nature of work, ranks and salaries of these posts.

Asked by: Hon. SHEK Lai-him, Abraham

Reply:

Details of the net increase of 183 non-directorate posts are at the Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Annex

Creation and Deletion of Non-Directorate Posts in Department of Health in 2012-13

Major scope of responsibilities / Rank	No. of posts to be created/deleted	Annual recurrent costs of civil service posts ($)
A. Programme (1) - Statutory Functions		
(a) Strengthening the organisation capacity of the Drug Office in the regulation of drugs -		
Senior Pharmacist	2	2,137,800
Pharmacist	23	16,468,920
Sub-total :	*25*	*18,606,720*
(b) Strengthening the radiological health protection capabilities of Radiation Health Unit -		
Physicist	1	716,040
Electrical Technician	1	324,360
Sub-total :	*2*	*1,040,400*
(c) Conversion of non-civil service contract positions to civil service posts for the regulation of Chinese medicines -		
Clerical Officer	5	1,621,800
Assistant Clerical Officer	10	2,022,600
Sub-total :	*15*	*3,644,400*
(d) Conversion of non-civil service contract positions to civil service posts for tobacco control -		
Overseer	2	618,000
Senior Foreman	4	967,680
Foreman	13	2,480,400
Assistant Clerical Officer	7	1,415,820
Sub-total :	*26*	*5,481,900*
(e) Other regrading -		
Assistant Clerical Officer	1	202,260
Sub-total :	*1*	*202,260*
Total (Programme (1)) :	***69***	***28,975,680***
B. Programme (2) - Disease Prevention		
(a) Meeting the new demand for maternal and child health service and safeguarding the health and well-being of women and children in Hong Kong -		
Medical and Health Officer	6	4,903,920
Nursing Officer	8	4,321,920
Registered Nurse	24	8,173,440
Clinical Psychologist	2	1,432,080
Dietitian	2	899,160
Optometrist	2	648,720
Clerical Assistant	6	946,440
Sub-total :	*50*	*21,325,680*

Major scope of responsibilities / Rank	No. of posts to be created/deleted	Annual recurrent costs of civil service posts ($)
(b) Strengthening the laboratory technical support in the Public Health Laboratory Services Branch -		
Medical Laboratory Technician I	5	2,147,100
Medical Laboratory Technician II	-5	-1,334,400
Sub-total :	*0*	*812,700*
(c) Lapse of time-limited posts for setting up a Vaccination Office -		
Senior Medical and Health Officer	-1	-1,068,900
Medical and Health Officer	-2	-1,634,640
Sub-total :	*-3*	*-2,703,540*
(d) Administration of Elderly Health Care Voucher Pilot Scheme in the Health Care Voucher Unit (re-creation on a time-limited basis from April 2012 to June 2015) -		
Senior Medical and Health Officer	1	1,068,900
Medical and Health Officer	1	817,320
Nursing Officer	1	540,240
Chief Executive Officer	1	1,068,900
Senior Executive Officer	1	783,600
Executive Officer II	2	749,040
Senior Medical and Health Officer	-1	-1,068,900
Medical and Health Officer	-1	-817,320
Nursing Officer	-1	-540,240
Chief Executive Officer	-1	-1,068,900
Senior Executive Officer	-1	-783,600
Executive Officer II	-2	-749,040
Sub-total :	*0*	*0*
(e) Other regrading and offsetting deletion -		
Assistant Clerical Officer	1	202,260
Property Attendant	-2	-271,560
Sub-total :	*-1*	*-69,300*
Total (Programme (2)) :	***46***	***19,365,540***
C. Programme (4) - Curative Care		
(a) Strengthening the medical support of the Correction Services Medical Institutions -		
Medical and Health Officer	6	4,903,920
Sub-total :	*6*	*4,903,920*
(b) Other regrading and offsetting deletion -		
Clerical Assistant	1	157,740
Office Assistant	-1	-139,020
Sub-total :	*0*	*18,720*
Total (Programme (4)) :	***6***	***4,922,640***

Major scope of responsibilities / Rank	No. of posts to be created/deleted	Annual recurrent costs of civil service posts ($)
D. Programme (6) - Treatment of Drug Abusers		
Regrading -		
Executive Officer I	1	565,620
Executive Officer II	-1	-374,520
Total (Programme (6)) :	***0***	***191,100***
E. Programme (7) - Medical and Dental Treatment for Civil Servants		
(a) Setting up a new dispensary for the Hong Kong Families Clinic and strengthening the general clerical support to the families clinics -		
Senior Dispenser	1	429,420
Dispenser	2	409,140
Clerical Assistant	3	473,220
Workman II	1	125,400
Sub-total :	*7*	*1,437,180*
(b) Enhancing general dental service for civil service eligible persons -		
Senior Dental Officer	1	1,068,900
Dental Officer	16	11,982,720
Senior Dental Surgery Assistant	1	357,540
Dental Surgery Assistant	17	3,878,040
Assistant Clerical Officer	2	404,520
Clerical Assistant	3	473,220
Laboratory Attendant	1	168,120
Workman II	2	250,800
Sub-total :	*43*	*18,583,860*
(c) Conversion of non-civil service contract positions to civil service posts for processing applications for medical reimbursement from civil service eligible persons -		
Accounting Officer II	1	357,540
Clerical Officer	1	324,360
Assistant Clerical Officer	9	1,820,340
Clerical Assistant	2	315,480
Sub-total :	*13*	*2,817,720*
Total (Programme (7)) :	***63***	***22,838,760***

Major scope of responsibilities / Rank	No. of posts to be created/deleted	Annual recurrent costs of civil service posts ($)
F. Posts supporting more than one Programme		
Regrading and offsetting deletion -		
Transport Services Officer I	1	516,120
Senior Clerical Officer	1	429,420
Assistant Clerical Officer	3	606,780
Transport Services Officer II	-1	-324,360
Clerical Officer	-1	-324,360
Clerical Assistant	-1	-157,740
Property Attendant	-2	-271,560
Total :	***0***	***474,300***
G. Posts accommodating general grades officers working in general out-patient clinics of Hospital Authority		
Deletion -		
Motor Driver	-1	-168,120
Total :	***-1***	***-168,120***
Grand Total (All Programmes) :	**183**	**76,599,900**

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)285

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2708

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In matters requiring special attention in 2012-13, the Department of Health will expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. However, the Department of Health has committed to carrying out such work since 2010-11 as indicated in the 2010-11 Estimates. In this connection, will the Administration inform this Committee of the following-

(a) the progress of such work;

(b) the estimated date for completion of such work; and

(c) the provision and manpower allocated for such work in 2010-11, 2011-12 and the estimates for 2012-13.

Asked by: Hon. SHEK Lai-him, Abraham

Reply:

(a) In the 2009-10 Policy Address, the Chief Executive announced that the Government would expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong, and would extend the coverage to about 200 Chinese Materia Medicas (CMMs) by 2012.

The monographs of 62 CMMs have already been published in three volumes of the Hong Kong Chinese Materia Medica Standards (HKCMMS). The research work for another 76 CMMs has been completed by 2011, and the monographs are pending publication.

(b) Research work for another 60 CMMs is targeted for completion in 2012.

(c) The provision allocated for 2010-11, 2011-12 and 2012-13 are $32.6 million, $45.3 million (estimate) and $13.8 million (estimate) respectively. Five non-civil service contract positions, namely one Chinese Medicine Officer, two Project Officers, one Chinese Medicine Assistant and one Administrative Assistant, have been allocated since 2010-11 to expedite the work.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)286

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0464

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the employment of non-civil service contract (NCSC) staff, please provide the following information:

	2012-13	2011-12	2010-11
Number of NCSC staff	( )	( )	( )
Distribution of NCSC staff posts			
Expenditure on the salaries of NCSC staff	( )	( )	( )
Monthly salary range of NCSC staff			
· $30,001 or above	( )	( )	( )
· $16,001 to $30,000	( )	( )	( )
· $8,001 to $16,000	( )	( )	( )
· $6,501 to $8,000	( )	( )	( )
· $5,001 to $6,500	( )	( )	( )
· $5,000 or below	( )	( )	( )
· number of staff with salary below $5,824	( )	( )	( )
· number of staff with salary between $5,824 and $6,500	( )	( )	( )
Length of service of NCSC staff			
· 5 years or above	( )	( )	( )
· 3 to 5 years	( )	( )	( )
· 1 to 3 years	( )	( )	( )

· less than 1 year	( )	( )	( )
Number of NCSC staff successfully turning into civil servants	( )	( )	( )
Number of NCSC staff failing to turn into civil servants	( )	( )	( )
Percentage of NCSC staff in the total number of staff in the department	( )	( )	( )
Percentage of staff costs on NCSC staff in the total staff costs in the department	( )	( )	( )
Number of NCSC staff with paid meal break Number of NCSC staff without paid meal break	( ) ( )	( ) ( )	( ) ( )
Number of NCSC staff on 5-day week Number of NCSC staff on 6-day week	( ) ( )	( ) ( )	( ) ( )

Figures in ( ) denote year-on-year changes

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding non-civil service contract (NCSC) staff engaged by the Department of Health (DH) since 2010-11[1] is tabulated below:

	2011-12 (as at 31.12.2011)	2010-11 (as at 31.3.2011)
Number of NCSC staff	901 (+4.9%)	859 (-27.4%)
Distribution of NCSC staff posts	Please see Annex	
Expenditure on the salaries of NCSC staff ($million)	83.5[2] (N/A)[2]	127.2 (-32.2%)
Monthly salary range of NCSC staff • $30,001 or above • $16,001 to $30,000	 59 (+25.5%) 51 (+10.9%)	 47 (-23.0%) 46 (-44.6%)

	2011-12 (as at 31.12.2011)	2010-11 (as at 31.3.2011)
• $8,001 to $16,000	791 (+13.2%)	699 (-27.9%)
• $6,501 to $8,000	0 (-100%)	67 (-4.3%)
• $5,001 to $6,500	0	0
• $5,000 or below	0	0
• number of staff with salary below $5,824	0	0
• number of staff with salary between $5,824 and $6,500	0	0
Length of service of NCSC staff		
• 5 years or above	342 (+20.0%)	285 (+75.9%)
• 3 to less than 5 years	234 (+6.8%)	219 (-22.6%)
• 1 to less than 3 years	131 (-51.7%)	271 (-24.7%)
• less than 1 year	194 (+131.0%)	84 (-77.8%)
Number of civil servants appointed who were previously NCSC staff in DH (for recruitment conducted by DH in the respective year)	6 (-60.0%)	15 (-74.6%)
Number of NCSC staff who failed in civil service recruitment in DH excluding those who did not meet short-listing criteria (for recruitment conducted by DH in the respective year)	5 (-89.8%)	49 (+8.9%)
Percentage of NCSC staff in the total number of staff in the department	13.8% (+3.0%)	13.4% (-25.6%)
Percentage of staff costs on NCSC staff in the total staff costs in the department	4.4% (-18.5%)	5.4% (-33.3%)
Number of NCSC staff with paid meal break	823 (+238.7%)	243 (-38.5%)

	2011-12 (as at 31.12.2011)	2010-11 (as at 31.3.2011)
Number of NCSC staff without paid meal break	78 (-87.3%)	616 (-21.8%)
Number of NCSC staff on 5-day week	228 (-23.2%)	297 (N/A[4])
Number of NCSC staff with other work pattern [3]	673 (+19.8%)	562 (N/A[4])

Notes:

1. Figures for 2012-13 are not yet available.
2. Comparison with previous year is not applicable as the expenditure did not reflect full year cost.
3. Other work patterns include 5.5 days work per week, alternate Saturday off and other shift patterns.
4. No record is kept regarding the work pattern of individual NCSC staff in 2009-10 and thus no comparison with previous year can be made.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Annex

NCSC Positions in DH as at 31.3.2011

Job Title	**No.**
Administrative Assistant	20
Advisor	1
Assistant Information Technology Officer	1
Assistant Manager	9
Assistant Tobacco Control Inspector I	16
Chinese Medicine Assistant	24
Chinese Medicine Officer	5
Contract Accounting Manager	2
Contract Auditor	1
Contract Dentist (Endodontics)	1
Contract Dentist (Orthodontics)	3
Contract Doctor	11
Contract Doctor (Special Duties)	1
Contract Engineer (Biomedical)	2
Contract Liaison Officer	1
Contract Nurse	1
Contract Senior Information Technology Manager	2
Contract Social Worker	3
Darkroom Assistant	3
Dental Workshop Helper	3
General Worker	63
Health Programme Assistant	8
Health Programme Attendant	1
Health Promotion Officer	2
Health Surveillance Assistant	530
Health Surveillance Supervisor	17
Manager	2
Media & Marketing Manager	1
Project Assistant	49
Project Officer (Chinese Medicines)	4
Registered Pharmacist	9
Registration Assistant	12
Registration Supervisor	12
Research Assistant	8
Research Officer	12
Senior General Worker	1
Senior Tobacco Control Inspector I	2
Service Administrator	1
Tobacco Control Inspector I	3
Part-time Contract Dentist (Orthodontics)	2

Part-time Contract Doctor	2
Part-time Contract Doctor (Special Duties)	6
Part-time Contract Senior Doctor	1
Part-time Manager	1
Total:	859

NCSC Positions in DH as at 31.12.2011

Job Title	No.
Administrative Assistant	14
Assistant Chinese Medicine Officer	5
Assistant Manager	9
Assistant Tobacco Control Inspector	12
Assistant Tobacco Control Inspector I	3
Chinese Medicine Assistant	29
Chinese Medicine Officer	4
Contract Accounting Manager	1
Contract Auditor	1
Contract Dentist (Endodontics)	1
Contract Dentist (Orthodontics)	3
Contract Doctor	12
Contract Doctor (Special Duties)	1
Contract Engineer (Biomedical)	2
Contract Nurse	2
Contract Senior Information Technology Manager	2
Darkroom Assistant	3
Dental Workshop Helper	3
General Worker	62
Health Programme Assistant	6
Health Programme Attendant	1
Health Promotion Officer	1
Health Surveillance Assistant	600
Health Surveillance Supervisor	17
Manager	4
Media & Marketing Manager	1
Project Assistant	37
Project Officer (Chinese Medicines)	4
Registered Pharmacist	10
Registration Assistant	10
Registration Supervisor	10
Research Assistant	4
Research Officer	13
Senior Tobacco Control Inspector I	2
Service Administrator	1
Tobacco Control Inspector I	2
Part-time Contract Dentist (Orthodontics)	1
Part-time Contract Doctor	1
Part-time Contract Doctor (Special Duties)	6
Part-time Contract Senior Doctor	1
Total:	901

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)287

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0489

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the employment of "agency workers", please provide the following information:

	2012-13	2011-12	2010-11
Number of agency contracts	( )	( )	( )
Contract sum paid to each agency	( )	( )	( )
Total amount of commission paid to each agency	( )	( )	( )
Length of contract for each agency	( )	( )	( )
Number of agency workers	( )	( )	( )
Distribution of posts held by agency workers	( )	( )	( )
Monthly salary range of agency workers			
• $30,001 or above	( )	( )	( )
• $16,001 to $30,000	( )	( )	( )
• $8,001 to $16,000	( )	( )	( )
• $6,501 to $8,000	( )	( )	( )
• $5,001 to $6,500	( )	( )	( )
• $5,000 or below	( )	( )	( )
• number of workers with salary below $5,824	( )	( )	( )
• number of workers with salary between $5,824 and $6,500	( )	( )	( )
Length of service of agency workers			
• 5 years or above	( )	( )	( )
• 3 to 5 years	( )	( )	( )
• 1 to 3 years	( )	( )	( )
• less than 1 year	( )	( )	( )
Percentage of agency workers in the total number of staff in the department	( )	( )	( )
Percentage of amount paid to agencies in the total	( )	( )	( )

departmental staff cost			
Number of workers with paid meal break	( )	( )	( )
Number of workers without paid meal break	( )	( )	( )
Number of workers on five-day week	( )	( )	( )
Number of workers on six-day week	( )	( )	( )

Figures in ( ) denote year-on-year changes

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding agency contracts under the Department of Health (DH) since 2010-11[1] is tabulated below:

	2011-12 (as at 31.12.2011)	2010-11 (as at 31.3.2011)
Number of agency contracts	35 (-16.7%)	42 (-44.0%)
Contract sum paid to each agency ($ million)	0.18 to 10.8	0.01 to 9.01
Total amount of commission paid to each agency	Commission of agency contractors has not been specified in quotation documents/contracts. We do not have such information.	
Length of contract for each agency	1 to 9 months	1 to 12 months
Number of agency workers	308 (-1.0%)	311 (-26.5%)
Distribution of posts held by agency workers	Agency workers are temporary manpower deployed to fulfill short-term urgent service needs. No specific posts are assigned to them.	
Monthly salary range of agency workers - $30,001 or above	2 (+100.0%)	1 (No staff in 2009-10)
- $16,001 to $30,000	2 (-50%)	4 (No staff in 2009-10)
- $8,001 to $16,000	97 (+3.2%)	94 (No staff in 2009-10)
- $6,501 to $8,000	199 (-2.5%)	204 (+72.9%)

	2011-12 (as at 31.12.2011)	2010-11 (as at 31.3.2011)
- Between $5,824 and $6,500	8[2] (0%)	8[2] (No staff in 2009-10)
- Below $5,824	0 (0%)	0 (-100%)
- $5,000 or below	0 (0%)	0 (No staff in 2009-10)
Length of service of agency workers - 5 years or above - 3 to 5 years - 1 to 1 years - Less than 1 year	We do not keep information on years of service of agency workers. The employment agency may arrange different employees or arrange replacement workers to work for the Department during the contract period for different reasons.	
Percentage of agency workers to total number of staff in the department	4.7% (-4.1%)	4.9% (-23.4%)
Percentage of amount paid to agencies to total staff costs in the department	0.8% (-11.1%)	0.9% (-55.0%)
Number of agency workers with paid meal break	Whether agency workers have paid meal break is determined by the employment contract between agency workers and their employment agencies.	
Number of agency workers without paid meal break		
Number of agency workers on five-day week	216 (-14.6%)	253 (N.A)[3]
Number of agency workers with other work patterns[4]	92 (+58.6%)	58 (N.A)[3]

Figures in ( ) denote year-on-year changes

DH also hires IT support services through the bulk contracts under the Office of the Government Chief Information Officer. The numbers of agency workers under these contracts are 120 and 100 in 2011-12 (as at 31.12.2011) and 2010-11 (as at 31.3.2011) respectively.

Notes:

1. Figures for 2012-13 are not yet available.

2. Staff worked on part-time basis and paid on hourly rate above the Statutory Minimum Wage level.

3. We do not keep information on work pattern of agency staff for 2009-10.

4. Other work patterns include 5.5 days per week, alternate Saturday off and other shift patterns.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)288

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2935

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the employment of "outsourced workers", please provide the following information:

	2012-13	2011-12	2010-11
Number of outsourced service contracts	( )	( )	( )
Total amount paid to outsourced service providers	( )	( )	( )
Length of contract for each outsourced service provider	( )	( )	( )
Number of workers engaged through outsourced service providers	( )	( )	( )
Distribution of posts held by outsourced workers (e.g. customer service, property management, security, cleaning, information technology, etc.)	( )	( )	( )
Monthly salary range of outsourced workers			
• $30,001 or above	( )	( )	( )
• $16,001 to $30,000	( )	( )	( )
• $8,001 to $16,000	( )	( )	( )
• $6,501 to $8,000	( )	( )	( )
• $5,001 to $6,500	( )	( )	( )
• $5,000 or below	( )	( )	( )
• number of workers with salary below $5,824	( )	( )	( )
• number of workers with salary between $5,824 and $6,500	( )	( )	( )
Length of service of outsourced workers			
• 5 years or above	( )	( )	( )
• 3 to 5 years	( )	( )	( )
• 1 to 3 years	( )	( )	( )
• less than 1 year	( )	( )	( )

Percentage of outsourced workers in the total number of staff in the department	( )	( )	( )
Percentage of amount paid to outsourced service providers in the total departmental staff cost	( )	( )	( )
Number of workers with paid meal break Number of workers without paid meal break	( ) ( )	( ) ( )	( ) ( )
Number of workers on 5-day week Number of workers on 6-day week	( ) ( )	( ) ( )	( ) ( )

Figures in ( ) denote year-on-year changes

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding the employment of "outsourced workers" by the Department of Health (DH) since 2010-11[1] is tabulated below:

	2011-12 (as at 31.12.2011)	2010-11 (as at 31.3.2011)
Number of outsourced service contracts	148 (+26.5%)	117 (+46.3%)
Total amount paid to outsourced service providers	$66.1 million (+85.7%)	$35.6 million (-30.6%)
Length of contract for each outsourced service provider	1-6 months : 31 7-12 months : 117	1-6 months : 46 7-12 months : 71
Number of workers engaged through outsourced service providers	Full-time : 221 (+ 13.9%) Part-time : 40[2] (+ 33.3%)	Full-time : 194 (-34.2%) Part-time : 30[2] (0%)
Distribution of posts held by outsourced workers (e.g. customer service, property management, security, cleaning, information technology, etc.)	• Security : 71 • Cleaning : 96 • Publicity Support Service : 9 • Information Technology : 13 • Health Screening : 72	• Security : 66 • Cleaning : 74 • Gardening : 1 • Information Technology : 11 • Health Screening : 72
Monthly salary range of outsourced workers		
• $30,001 or above	3	6
• $16,001 to $30,000	2	5
• $8,001 to $16,000	19	0
• $6,501 to $8,000	116	51
• $5,001 to $6,500	1 Part-time: 6[2]	62
• $5,000 or below	Part-time: 34[2]	Part-time : 28[2]

	2011-12 (as at 31.12.2011)	2010-11 (as at 31.3.2011)
• Number of workers with unspecified salaries	80	72
• number of workers with salary below $5,824	0 Part-time: 40[2]	68 Part-time : 16[2]
• number of workers with salary between $5,824 and $6,500	1	6
Length of service of outsourced workers • 5 years or above • 3 to 5 years • 1 to 3 years • less than 1 year	We do not keep information on years of service of outsourced workers. The outsourced service providers may arrange different employees or arrange replacement workers to work for the Department during the contract period for different reasons.	
Percentage of outsourced workers in the total number of staff in the department	4.0% (+14.3%)	3.5% (-28.6%)
Percentage of amount paid to outsourced service providers in the total departmental staff cost	3.55% (+136.7%)	1.5% (-31.8%)
Number of workers with paid meal break Number of workers without paid meal break	Whether outsourced workers have paid meal breaks is determined by the employment contract between outsourced workers and outsourced service providers.	
Number of workers on 5-day week	38 (+72.7%)	22 (+46.7%)
Number of workers on 6-day week	85 (+63.5%)	52 (0%)
Number of workers on other work patterns[3]	50 (-35.9%)	78 (+59.2%)
Number of workers whose work pattern is not specified in the contracts	88 (+22.2%)	72 (-65.6%)

Figures in ( ) denote year-on-year changes

Notes:
1. Figures for 2012-13 are not yet available.
2. Staff worked on part-time basis and paid on hourly rate above the Statutory Minimum Wage level.
3. Other work patterns include 5.5-day week, alternative Saturday off and other shift patterns.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)289

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0956

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In 2012-13, what are the estimate and manpower of the Hong Kong Council on Smoking and Health (COSH), a statutory body subvented by the Department of Health (DH)? Please set out the specific details of COSH's tobacco control efforts.

What are the estimate and manpower of the Tobacco Control Office (TCO) of DH in 2012-13?

Asked by: Hon. WONG Yuk-man

Reply:

Since its establishment in 1987, COSH has taken up an important role in protecting and improving the health of our community by informing and educating the public on smoking and health matters. In 2012-13, COSH will continue to promote smoking cessation and a smoke-free living environment. It will conduct publicity campaigns including production of new announcements of public interest to encourage smokers to quit smoking and garner public support for a smoke-free Hong Kong. COSH will also continue its education and publicity efforts at kindergartens, primary and secondary schools through production of guidelines and exhibition boards, health talks and theatre programmes, etc. Besides, COSH will collaborate with youth organisations to conduct leadership training camps and organise District-based Smoking Cessation Promotion Programmes to deliver smoke-free messages. In 2012-13, DH has earmarked $20 million for subvention to COSH. The total number of staff of COSH is ten.

In 2012-13, the provision of TCO of DH is $106.5 million and the total number of staff is 147. Please refer to the Annex for details of staffing.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Annex

Staffing of Tobacco Control Office (TCO) of the Department of Health

Rank	2012-13 Estimate
Head, TCO	
Principal Medical & Health Officer	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	2
Police Officer	5
Tobacco Control Inspector	0
Overseer/ Senior Foreman/ Foreman	87
Senior Executive Officer/ Executive Officer	12
Sub-total	107
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer/ Contract Doctor	2
Scientific Officer (Medical)	1
Nursing Officer/ Registered Nurse/ Contract Nurse	4
Hospital Administrator II/ Health Promotion Officer	6
Sub-total	14
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	20
Motor Driver	1
Sub-total	25
Total no. of staff:	**147**

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)290

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0957

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

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What is the estimate of the Department of Health (DH) for providing dental treatment in 2012-13? Has DH earmarked any funding for setting up more dental clinics, and to increase the subsidy for elderly people to access dental service?

Asked by: Hon. WONG Yuk-man

Reply:

In 2012-13, the provision for dental service under Programme (4) "Curative Care" is $52.5 million.

The Government's policy on dental services is 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. The Department of Health (DH) has been actively organising territory-wide and target-specific activities to promote oral health to all sectors of the community. DH also provides free emergency dental services to the public at 11 government dental clinics. There is no plan to open more dental clinics at the moment.

Under the Comprehensive Social Security Assistance (CSSA) Scheme, CSSA recipients aged 60 or above who are disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses of dental treatment, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction. Under the Elderly Health Care Voucher Pilot Scheme launched in 2009, elderly people aged 70 or above can make use of the vouchers to access dental services in private dental clinics and dental clinics run by non-governmental organisations (NGOs). Starting from January 2012, the amount of voucher for each eligible elderly person has been increased to $500 per year.

Elderly residing in residential care homes (RCHEs) or receiving services in day care centres may have difficulty in accessing conventional dental care services due to their frail physical conditions. In view of this, the Government has launched a Pilot Project on Outreach Primary Dental Care Services for the Elderly, in collaboration with non-governmental organisations (NGOs) for a period of three years starting from April 2011, to provide them with outreach primary dental care and oral health care services including dental check-up, polishing, pain relief and other emergency dental treatments. It is expected that the participating NGOs will be able to provide more than 100 000 attendances for some 80 000 elderly persons in RCHEs and day care centres over the three-year pilot period.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 1.3.2012

Session 19 FHB(H)

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)291

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3004

Head: 48 Government Laboratory Subhead (No. & title):

Programme: (1) Statutory Testing

Controlling Officer: Government Chemist

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in *Matters Requiring Special Attention* that the Government will "strengthen the regulation of proprietary Chinese medicines". Please provide the details. Will the Government Laboratory take the initiative to conduct random testing on Chinese medicines in the market? What are the reasons for a reduction of over 10 000 cases of Chinese medicines actually tested in 2011 as compared with 2010? Why the estimates for 2012 are similar to that for 2011?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Government Laboratory provides analytical services to client departments in supporting the regulation of Chinese medicines in Hong Kong. The estimated number of tests to be performed on Chinese medicines is based on the service demand projected by the client departments.

Samples of Chinese medicines are mainly sent from the Department of Health to Government Laboratory for analysis. The increase in output in 2010 was mainly due to a large number of ad hoc samples submitted for chemical testing of proprietary Chinese medicines as well as Chinese herbal medicines. As the upsurge in demand in 2011 may not recur, in 2012-13, we make similar provision for urgent testing service relating to drug incidents, including event related to proprietary Chinese medicines.

Signature _____

Name in block letters Dr LAU Chau-ming

Post Title Government Chemist

Date 29.2.2012

Session 19 FHB(H)

Reply Serial No.

Examination of Estimates of Expenditure 2012-13

FHB(H)292

CONTROLLING OFFICER'S REPLY TO

INITIAL WRITTEN QUESTION

Question Serial No.

0637

Head : 708 – Capital Subventions and Major Systems and Equipment

Subhead : 8008MA – Redevelopment of Caritas Medical Centre, phase 2

Programme :

Controlling Officer : Director of Architectural Services

Director of Bureau : Secretary for Food and Health

Question : The revised estimate of Redevelopment of Caritas Medical Centre, phase 2 for 2011-12 is $110,000,000 and the estimate of the project for 2012-13 is $433,500,000. However, according to the original proposal approved by the Finance Committee in 2011 – PWSC(2011-12)11, the estimated expenditure on the project for 2011-12 and 2012-13 should be $188,500,000 and $809,600,000 respectively. What are the reasons for the lower than expected expenditure on the project? Will the completion date of the project be deferred? What enhanced measures will be adopted to expedite the project?

Asked by : Hon. SHEK Lai-him, Abraham

Reply : The forecast expenditures for 2011-12 and 2012-13 given in PWSC(2011-12)11 approved by the Finance Committee on 24 June 2011 were based on the tentative programmes submitted by tenderers in March 2011.

Upon the award of the building contract by the Hospital Authority in August 2011, the contractor planned and prepared detailed works programme. The revised estimates for this project have taken into account the contractor's latest works programme.

Construction works on site are progressing as planned. The project is expected to be completed in around mid-2014, which is in line with the target completion date as indicated in PWSC(2011-12)11.

Signature	:	
Name in block letters	:	K K LEUNG
Post Title	:	Director of Architectural Services
Date	:	22 February 2012

Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)293

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3476

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

How many telephone requests for the services provided by Easy-Access Transport Services Ltd. were unsuccessful in 2010-11 and 2011-12 respectively? Have resources been allocated to implement any improvement measures? What are the anticipated results?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation. It provides transfer services between homes and public hospitals or clinics for patients aged 60 or above with minor mobility-disability. Eligible patients can make booking for using the service on a first-come-first-served basis, subject to the availability of quotas. The number of patients served by ETS in 2011-12 is projected to be around 147 000.

In order to enhance the services of the ETS, HA plans to replace 22 ageing ETS buses in 2012-13. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

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Examination of Estimates of Expenditure 2012-13

Reply Serial No.

FHB(H)294

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3477

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

How many telephone requests for the non-emergency ambulance transfer service were unsuccessful in 2010-11 and 2011-12 respectively? Have resources been allocated to implement any improvement measures? What are the anticipated results?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The Non-emergency Ambulance Transfer Service (NEATS) of Hospital Authority (HA) provides point-to-point transfer service primarily for mobility-handicapped patients who are unable to use public transport such as bus, taxi and Rehabus. Eligible patients can make booking for NETAS on a first-come-first-served basis and HA will endeavour to schedule the routes of vehicles to meet patients' need as far as possible. The number of patients served by NEATS in 2011-12 is projected to be about 405 000.

HA has a long-term plan to improve the NEATS. In 2012-13, HA plans to replace eight ageing vehicles and expand the fleet of NEATS to 153 by adding 20 new vehicles. HA also targets to reduce the waiting time of 75% of patients who are ready for discharge and have made bookings for NEATS from the current standard of 90 minutes or less to 60 minutes or less. HA will continue to monitor the provision of NEATS and explore other improvement measures having regard to service demand.

Signature _____

Name in block letters Richard YUEN

Post Title Permanent Secretary for Food and Health (Health)

Date 28.2.2012

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