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Replies to initial written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2015-16

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FHB(H)279	3975	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)280	3976	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)281	3977	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)282	3978	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)283	3979	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)284	3980	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)285	3981	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)286	3982	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)287	3983	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)288	3984	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)289	3985	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)290	3986	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)291	3987	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)292	3988	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)293	3989	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)294	3990	KWOK Ka-ki	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)295	4392	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)296	4393	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)297	4394	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)298	4395	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)299	4396	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)300	4397	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)301	4398	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)302	4399	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)303	4400	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)304	4401	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)305	4402	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)306	4403	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)307	4404	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)308	4405	KWOK Ka-ki	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)309	4406	KWOK Ka-ki	140	(1) Health
FHB(H)310	6097	KWOK Ka-ki	140	(1) Health
FHB(H)311	6098	KWOK Ka-ki	140	(1) Health
FHB(H)312	6099	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)313	6100	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)314	6101	KWOK Ka-ki	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)315	6179	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)316	6181	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)317	6182	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)318	6497	KWOK Ka-ki	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)319	6498	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)320	6499	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)321	6500	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)322	6501	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)323	6502	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)324	6503	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)325	6504	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)326	6505	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)327	6506	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)328	6507	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)329	6508	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)330	3416	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)331	3417	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)332	3418	LEE Kok-long, Joseph	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)333	4208	LEE Kok-long, Joseph	140	(1) Health
FHB(H)334	4209	LEE Kok-long, Joseph	140	(1) Health
FHB(H)335	3598	LEONG Kah-kit, Alan	140	(1) Health
FHB(H)336	3599	LEONG Kah-kit, Alan	140	(1) Health
FHB(H)337	3600	LEONG Kah-kit, Alan	140	(1) Health
FHB(H)338	3601	LEONG Kah-kit, Alan	140	(1) Health
FHB(H)339	3649	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)340	4263	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)341	5158	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)342	5159	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)343	3542	LEUNG Mei-fun, Priscilla	140	(1) Health
FHB(H)344	3543	LEUNG Mei-fun, Priscilla	140	(1) Health
FHB(H)345	3825	MA Fung-kwok	140	(2) Subvention : Hospital Authority
FHB(H)346	4334	MA Fung-kwok	140	(2) Subvention : Hospital Authority
FHB(H)347	3959	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)348	3962	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)349	3841	MOK Charles Peter	140	(1) Health
FHB(H)350	4359	MOK Charles Peter	140	N/A
FHB(H)351	4360	MOK Charles Peter	140	N/A
FHB(H)352	4835	MOK Charles Peter	140	N/A
FHB(H)353	4146	POON Siu-ping	140	(2) Subvention : Hospital Authority
FHB(H)354	4147	POON Siu-ping	140	(2) Subvention : Hospital Authority
FHB(H)355	4148	POON Siu-ping	140	(2) Subvention : Hospital Authority
FHB(H)356	4179	SHEK Lai-him, Abraham	140	(1) Health
FHB(H)357	4065	WONG Pik-wan, Helena	140	N/A
FHB(H)358	4302	WONG Yuk-man	140	(2) Subvention : Hospital Authority
FHB(H)359	4303	WONG Yuk-man	140	(2) Subvention : Hospital Authority
FHB(H)360	4304	WONG Yuk-man	140	(2) Subvention : Hospital Authority
FHB(H)361	3781	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)362	3782	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)363	3861	CHAN Chi-chuen	37	(1) Statutory Functions
FHB(H)364	4713	CHAN Wai-yip, Albert	37	N/A
FHB(H)365	5821	CHEUNG Chiu-hung, Fernando	37	(2) Disease Prevention

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)366	5822	CHEUNG Chiu-hung, Fernando	37	(2) Disease Prevention
FHB(H)367	3544	CHEUNG Kwok-che	37	(5) Rehabilitation
FHB(H)368	6964	CHEUNG Kwok-che	37	(2) Disease Prevention
FHB(H)369	5352	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)370	5353	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)371	5354	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)372	5355	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)373	5356	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)374	5357	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)375	5358	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)376	5359	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)377	5360	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)378	5361	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)379	5362	KWOK Ka-ki	37	(4) Curative Care
FHB(H)380	5363	KWOK Ka-ki	37	(5) Rehabilitation
FHB(H)381	6178	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)382	6189	KWOK Ka-ki	37	(5) Rehabilitation
FHB(H)383	3428	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)384	3429	LEE Kok-long, Joseph	37	(5) Rehabilitation
FHB(H)385	3612	LEONG Kah-kit, Alan	37	(2) Disease Prevention
FHB(H)386	3813	MA Fung-kwok	37	(2) Disease Prevention
FHB(H)387	3814	MA Fung-kwok	37	(3) Health Promotion
FHB(H)388	4337	MA Fung-kwok	37	(3) Health Promotion
FHB(H)389	4149	POON Siu-ping	37	(4) Curative Care
FHB(H)390	4152	POON Siu-ping	37	(1) Statutory Functions
FHB(H)391	4126	QUAT Elizabeth	37	(2) Disease Prevention
FHB(H)392	4127	QUAT Elizabeth	37	(2) Disease Prevention
FHB(H)393	3588	TSE Wai-chun, Paul	37	(2) Disease Prevention
FHB(H)394	3589	TSE Wai-chun, Paul	37	(2) Disease Prevention
FHB(H)395	3591	TSE Wai-chun, Paul	37	(2) Disease Prevention
FHB(H)396	3592	TSE Wai-chun, Paul	37	(2) Disease Prevention
FHB(H)397	3409	WONG Kwok-hing	37	N/A
FHB(H)398	3410	WONG Kwok-hing	37	N/A
FHB(H)399	3411	WONG Kwok-hing	37	N/A
FHB(H)400	3676	WONG Yuk-man	37	(2) Disease Prevention

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)401	3677	WONG Yuk-man	37	(4) Curative Care
FHB(H)402	3678	WONG Yuk-man	37	(2) Disease Prevention
FHB(H)403	3679	WONG Yuk-man	37	(2) Disease Prevention
FHB(H)404	3319	TO Kun-sun, James	708	N/A

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)001**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3238)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of babies born in Hong Kong in the past 3 years who were found to have sexual characteristics of both genders. Does the Government provide any guidelines and manpower for rendering follow-up service to these babies?

Asked by: Hon CHAN Chi-chuen (Member Question No. 206)

Reply:

Ambiguous genitalia are appearances caused by many different underlying conditions, such as genetic or metabolic diseases. Hospital Authority (HA) healthcare professionals adopt a multi-disciplinary approach in providing appropriate investigation, treatment and management based on the clinical condition of individual patients. The management of such patients includes, but is not limited to, early assessment by paediatrician and paediatric endocrinologist, consultation with clinical geneticist, referral to paediatric surgeon if surgical intervention is anticipated; and referral to clinical psychologist and / or social worker for psychosocial support.

HA does not have statistics on the number of babies born in Hong Kong with ambiguous external genitalia.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)002

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2038)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development and regulation of Chinese medicine, please provide the following information:

(a) The research programme on the Hong Kong Chinese Materia Medica Standards (HKCMMS) was launched in 2002 to provide a record of the research results and standards of Chinese Materia Medica (CMM) in separate volumes. Please provide a breakdown of the number of CMM covered in the HKCMMS, the research duration, the date of result announcement and the expenditure involved by volume. Please also provide details of the number of CMM pending and/or requiring research under the programme, as well as the performance target, future arrangement and effectiveness of the programme.

	Number (Type) of CMM covered	Research Duration	Date of Result Announcement	Expenditure Involved
Volume I				
Volume II				
Volume III				
Volume IV				
Volume V				
Volume VI				

(b) Please advise on the number of reported medical cases in association with the intake of registered proprietary Chinese medicine in each of the past 5 years.

Asked by: Hon CHAN Han-pan (Member Question No. 41)

Reply:

(a)

Publication of Hong Kong Chinese Materia Medica Standards	*Number of Chinese Materia Medica included*	*Time taken for research*	*Date of publication*	*Expenditure ($ million)*
Volume 1	9	17 months	July 2005	13.9
Volume 2	24	22 months	July 2008	10.0
Volume 3	29	32 months	February 2011	20.1
Volume 4	36	21 months	February 2012	25.1
Volume 5	42	12 months	December 2012	28.2
Volume 6	60	12 months	December 2013	43.3

We have completed the research work of 200 Chinese Materia Medica (CMM) as pledged in 2009-10 Policy Address, and will continue the research project with a target of around 28 CMM every year.

Research work for another 33 CMM will be published by the end of 2015.

The Chinese Medicine Development Committee (CMDC) established by the Government in February 2013 has also discussed, among others, the development of the Hong Kong Chinese Materia Medica Standards (HKCMMS) project. The CMDC supports continuing the HKCMMS project and further exploring the feasibility of developing standards for decoction pieces under the project.

(b) During the period from 2010 to 2014, the Department of Health received two notifications (one in 2010 and the other in 2011) from the Hospital Authority related to adverse events after consumption of local proprietary Chinese medicines.

- End -

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FHB(H)003

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2039)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development of Chinese medicine, please:

(a) list the numbers of attendances of all the public Chinese medicine clinics (CMC) operating on a tripartite collaboration model in the past three years in table form.

	2012	2013	2014
Central and Western - Tung Wah CMC			
Tsuen Wan - Yan Chai CMC			
Tai Po - Tai Po Nethersole CMC			
Wan Chai - Tang Shiu Kin CMC			
Sai Kung - Tseung Kwan O CMC			
Yuen Long - Yuen Long (YFS) CMC			
Tuen Mun - Yan Oi CMC			
Kwun Tong - Ngau Tau Kok CMC			
Kwai Tsing - Ha Kwai Chung CMC			
Eastern - Eastern CMC			
North - Fanling CMC			
Wong Tai Sin - Buddhist Hospital CMC			
Sha Tin - Shatin (Tai Wai) CMC			
Sham Shui Po - West Kowloon CMC			
Southern - Aberdeen CMC			
Kowloon City - Ho Man Tin CMC			
Yau Tsim Mong - Yau Tsim Mong CMC			
Islands - Tung Chung CMC			

(b) advise on the number of patients, the integrated treatments undertaken and their results, and the expenditure involved since the introduction of integrated Chinese and Western medicine treatment.

Asked by: Hon CHAN Han-pan (Member Question No. 42)

Reply:

(a) The attendances at the 18 public Chinese Medicine Clinics in the past three years are as follows:

District [Date of opening]	**2012**	**2013**	**2014**
Central and Western [December 2003]	60 222	46 603	43 674
Tsuen Wan [December 2003]	61 901	65 449	64 632
Tai Po [December 2003]	69 875	71 500	72 182
Wan Chai [April 2006]	67 052	70 187	63 022
Sai Kung [April 2006]	51 398	60 846	65 681
Yuen Long [April 2006]	75 861	75 622	77 430
Tuen Mun [November 2006]	65 830	64 095	65 895
Kwun Tong [November 2006]	54 117	63 203	66 941
Kwai Tsing [January 2007]	53 065	53 867	61 893
Eastern [March 2008]	50 083	55 259	52 961
North [March 2008]	68 155	68 635	70 226
Wong Tai Sin [December 2008]	67 745	68 188	71 663
Sha Tin [February 2009]	63 321	63 848	62 666
Sham Shui Po [March 2009]	60 907	66 197	72 398
Southern [March 2011]	24 621	34 734	44 982
Kowloon City [December 2011]	21 863	36 702	33 750
Yau Tsim Mong [December 2012]	292	20 988	46 866

Islands [July 2014]	-	-	15 248
Total:	**916 308**	**985 923**	**1 052 110**

Note: The above attendances cover all kinds of Chinese medicine services provided in the clinics (i.e. Chinese medicine general consultation services, acupuncture, bone-setting, tui-na, etc).

(b) To help gather experiences in the operation of integrated Chinese-Western medicine (ICWM) and Chinese medicine in-patient services, the Hospital Authority (HA) has been tasked to carry out a two-year ICWM pilot project (pilot project). Phase I of the pilot project provides ICWM treatment for HA in-patients of selective disease areas, namely stroke care, cancer palliative care and acute low back pain care implemented at Tung Wah Hospital, Tuen Mun Hospital and Pamela Youde Nethersole Eastern Hospital respectively. Up to 31 December 2014, 41 patients have joined the pilot project on a voluntary basis since the commencement of the pilot project in September 2014.

An interim review on the pilot project will be conducted to determine the rollout plan for Phase II implementation which will involve another three hospitals of the HA. After completion of the pilot project, an evaluation report will be submitted to the Chinese Medicine Development Committee. As the pilot project has only been launched for a few months, actual expenditure is not yet available.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)004

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2040)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Regarding the healthcare staff in hospitals of each cluster, please advise on:

a. the required manpower, attrition number and number of retirees of healthcare staff in hospitals of each cluster in the past 3 years in table form.

	2012						2013						2014					
	Required manpower		Attrition number		No. of Retirees		Required manpower		Attrition number		No. of Retirees		Required manpower		Attrition number		No. of Retirees	
	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N
Cheshire Home (Chung Hom Kok)																		
Pamela Youde Nethersole Eastern Hospital																		
Ruttonjee Hospital																		
St John Hospital																		
Tang Shiu Kin Hospital																		

Tung Wah Eastern Hospital																		
Wong Chuk Hang Hospital																		
Grantham Hospital																		
MacLehose Medical Rehabilitation Centre																		
Queen Mary Hospital																		
Duchess of Kent Children's Hospital																		
Tsan Yuk Hospital																		
Tung Wah Group of Hospitals Fung Yiu King Hospital																		
Tung Wah Hospital																		
Hong Kong Buddhist Hospital																		
Hong Kong Eye Hospital																		
Kowloon Hospital																		
Queen Elizabeth Hospital																		

Haven of Hope Hospital																		
Tseung Kwan O Hospital																		
United Christian Hospital																		
Caritas Medical Centre																		
Kwai Chung Hospital																		
Kwong Wah Hospital																		
North Lantau Hospital																		
Our Lady of Maryknoll Hospital																		
Princess Margaret Hospital																		
Tung Wah Group of Hospitals Wong Tai Sin Hospital																		
Yan Chai Hospital																		
Alice Ho Miu Ling Nethersole Hospital																		
Bradbury Hospice																		
Cheshire Home (Sha Tin)																		

North District Hospital																		
Prince of Wales Hospital																		
Shatin Hospital																		
Tai Po Hospital																		
Castle Peak Hospital																		
Pok Oi Hospital																		
Siu Lam Hospital																		
Tuen Mun Hospital																		

Note: D - Doctor; N - Nurse

b. the measures of the Hospital Authority (HA) to attract, motivate and retain staff. What are the effects and expenditure involved?

c. the measures to ensure sufficient healthcare staff in hospitals of each cluster to meet service demand during peak periods, such as major outbreaks of influenza and holidays.

Asked by: Hon CHAN Han-pan (Member Question No. 43)

Reply:

(a)

The tables below sets out the intake number, attrition number and number of retirees of healthcare staff in each cluster in 2012-13, 2013-14 and 2014-15.

Cluster	2012-13						2013-14						2014-15 (1 April 2014 - 31 December 2014)					
	Intake No.		Attrition No.		No. of Retirees		Intake No.		Attrition No.		No. of Retirees		Intake No.		Attrition No.		No. of Retirees	
	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N
HKE	56	302	28	127	3	19	34	228	32	116	5	17	36	205	23	108	3	13
HKW	41	242	32	154	6	28	40	304	30	136	4	31	43	193	27	100	2	30
KC	49	263	25	147	7	35	41	273	34	163	5	36	49	223	30	99	9	28
KE	49	229	38	111	4	22	45	276	29	127	1	18	42	188	16	105	1	16
KW	110	414	66	199	8	44	87	426	42	211	8	47	71	368	48	169	3	33
NTE	56	264	35	146	3	34	58	281	41	135	2	22	58	253	40	123	2	20
NTW	58	236	46	126	6	21	74	309	35	136	4	18	53	227	24	110	1	19

Notes:

(1) Intake refers to total number of permanent & contract staff joining Hospital Authority (HA) on headcount basis during the period. Transfer, promotion & staff movement within HA will not be regarded as Intake.

(2) Intake number of Doctors included number of Interns appointed as Residents.

(3) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.

(b)

HA has deployed additional resources over the past few years to retain healthcare professionals. This includes enhancing training opportunities by offering corporate scholarships for overseas training, strengthening manpower support, recruitment of additional supporting staff and re-engineering work processes. In 2015-16, HA plans to recruit around 400 doctors and 1 830 nursing staff to further increase manpower strength and improve staff retention.

In 2014-15, HA has earmarked around $321 million for recruitment and retention of healthcare staff. The same level of funding has been earmarked in 2015-16 for the purpose to continue to implement a series of measures to retain staff in medical and nursing.

For the medical grade, HA will continue to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors and recruit non-local doctors under limited registration to supplement local recruitment drive.

For the nursing grade, HA will continue to enhance career advancement opportunities of experienced nurses and provide training to registered nursing students and enrolled nursing students at HA's nursing schools.

(c)
HA will strive to mobilise manpower as far as possible through different means. For 2014-15 winter surge, HA has continued central recruitment of full-time and part-time clinical and supporting staff as well as recruiting retired and resigned supporting staff to take up part-time jobs.

Hospitals also encouraged staff to increase work hours to handle extra workload (including more frequent ward rounds during weekends and holidays to facilitate discharge of suitable patients and transfer of stable patients staying in acute hospitals to convalescence units or hospitals within the cluster) by providing special allowances and leave encashment.

HA delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health staff and supporting healthcare workers. HA constantly assesses its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. Additional manpower is also mobilised through temporary employment of Auxiliary Medical Services staff and Undergraduate Nursing Student to alleviate workload of frontline staff during peak periods.

Abbreviations

D – Doctor
N – Nurse

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2041)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

For cluster hospitals with Accident and Emergency (A&E) departments, please advise on the following:

(a) The respective number of patients assessed as "critical", "emergency", "urgent", "semi-urgent" and non-urgent" by each of these A&E departments in 2012-13 and 2013-14.

(b) The respective median waiting time of patients in the above 5 categories in each of these A&E departments.

(c) The respective number of doctors and nurses in each of these A&E departments, their attrition number and actual working hours in 2012-13 and 2013-14.

(d) Measures taken by the Hospital Authority (HA) to attract, motivate and retain staff for A&E services in the past and the effectiveness of such measures.

(e) The A&E departments which showed the greatest service demand for the past 3 years and the reasons for that, as well as the measures HA will take to alleviate the problem of having an excessive number of patients waiting for service.

Asked by: Hon CHAN Han-pan (Member Question No. 44)

Reply:

(a)

The tables below set out the number of Accident and Emergency (A&E) first attendances in various triage categories by hospital in 2012-13 and 2013-14.

2012-13

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 627	2 177	37 600	96 853	9 404
	RH	533	1 547	13 790	58 114	7 250
	SJH	43	49	1 546	7 747	1 587
HKWC	QMH	915	2 137	33 626	85 154	6 759
KCC	QEH	3 902	4 334	93 607	85 321	7 104
KEC	TKOH	459	910	30 164	86 970	8 800
	UCH	2 128	4 725	64 812	94 247	13 577
KWC	CMC	1 302	1 362	32 164	85 580	16 521
	KWH	1 752	2 691	55 607	66 513	6 534
	PMH	1 442	2 601	64 643	70 812	10 809
	YCH	1 371	2 048	39 823	89 478	4 888
NTEC	AHNH	407	1 342	21 768	99 681	12 569
	NDH	786	1 589	38 165	66 482	8 074
	PWH	1 469	4 708	36 909	110 415	2 854
NTWC	POH	448	2 039	30 312	74 613	19 520
	TMH	1 009	4 573	65 550	129 738	20 149
Overall HA		**19 593**	**38 832**	**660 086**	**1 307 718**	**156 399**

2013-14

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 580	2 504	37 537	94 172	9 114
	RH	664	1 626	14 260	56 448	6 610
	SJH	35	44	1 691	7 587	1 355
HKWC	QMH	957	2 380	33 238	85 453	6 263
KCC	QEH	3 373	4 614	92 529	76 490	5 753
KEC	TKOH	449	932	31 256	89 277	8 029
	UCH	2 366	4 684	65 605	95 017	16 319
KWC	CMC	1 268	1 581	34 439	80 348	15 907
	KWH	1 854	2 331	55 214	67 234	5 762
	NLTH^	68	127	3 983	18 630	3 359
	PMH	1 269	2 632	65 662	65 973	9 275
	YCH	1 290	2 411	42 671	84 863	4 356
NTEC	AHNH	413	1 253	22 186	99 258	13 446
	NDH	845	1 669	39 117	63 617	6 819
	PWH	1 380	4 927	35 755	98 923	1 972
NTWC	POH	505	2 229	32 483	75 320	15 702
	TMH	1 042	5 192	67 215	129 749	15 365
Overall HA		**19 358**	**41 136**	**674 841**	**1 288 359**	**145 406**

^ NLTH has commenced its A&E services since September 2013.

(b)

The tables below set out the median waiting time for A&E services in various triage categories by hospital in 2012-13 and 2013-14.

2012-13

Cluster	Hospital	Median waiting time (minute) for A&E services				
		Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	PYNEH	0	5	12	60	101
	RH	0	6	12	36	88
	SJH	0	6	11	15	21
HKWC	QMH	0	5	19	73	139
KCC	QEH	0	5	19	122	164
KEC	TKOH	0	4	11	47	53
	UCH	0	6	12	101	210
KWC	CMC	0	6	14	38	41
	KWH	0	7	14	119	158
	PMH	0	6	16	88	137
	YCH	0	5	15	86	119
NTEC	AHNH	0	5	6	17	19
	NDH	0	6	16	64	124
	PWH	0	10	26	104	97
NTWC	POH	0	3	13	72	94
	TMH	0	1	19	101	117
Overall HA		**0**	**5**	**15**	**67**	**94**

2013-14

Cluster	Hospital	Median waiting time (minute) for A&E services				
		Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	PYNEH	0	5	13	68	116
	RH	0	6	14	55	113
	SJH	0	5	11	16	22
HKWC	QMH	0	6	20	83	152
KCC	QEH	0	7	28	146	190
KEC	TKOH	0	5	12	56	66
	UCH	0	9	17	106	175
KWC	CMC	0	7	17	57	53
	KWH	0	9	27	130	168
	NLTH^	0	7	12	16	17

Cluster	Hospital	Median waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
	PMH	0	7	16	84	143
	YCH	0	5	17	116	149
NTEC	AHNH	0	5	7	20	23
	NDH	0	6	19	83	149
	PWH	0	11	33	131	133
NTWC	POH	0	4	18	94	106
	TMH	0	3	27	131	143
Overall HA		**0**	**6**	**19**	**80**	**105**

^ NLTH has commenced its A&E services since September 2013.

(c)

The table below sets out the full-time doctors and nurses manpower and attrition numbers in the A&E specialty by hospitals in 2012-13 and 2013-14.

Doctors and nurses in A&E departments are generally rostered to work on shift with average weekly working hours of 44 hours.

A&E Specialty		Number of Staff				Attrition Number			
		Doctors		Nurses		Doctors		Nurses	
Cluster	Hospital	2012-13 (as at 31 March 2013)	2013-14 (as at 31 March 2014)	2012-13 (as at 31 March 2013)	2013-14 (as at 31 March 2014)	2012-13	2013-14	2012-13	2013-14
HKEC	PYNEH	33	34	47	73	1	1	4	2
	RH	17	17	32	33	0	1	2	0
	SJH	4	4	0	0	0	1	0	0
HKWC	QMH	30	29	53	52	0	0	2	8
KCC	QEH	39	40	71	80	4	3	18	6
KEC	TKOH	20	23	46	47	0	0	2	8
	UCH	35	36	78	78	3	4	10	4
KWC	CMC	26	23	58	59	1	2	6	10
	KWH	28	27	36	39	1	0	4	4
	NLTH^	0	15	0	35	0	0	0	0

A&E Specialty		Number of Staff				Attrition Number			
		Doctors		Nurses		Doctors		Nurses	
Cluster	Hospital	2012-13 (as at 31 March 2013)	2013-14 (as at 31 March 2014)	2012-13 (as at 31 March 2013)	2013-14 (as at 31 March 2014)	2012-13	2013-14	2012-13	2013-14
	PMH	28	30	51	62	3	0	2	2
	YCH	26	31	52	60	4	2	4	10
NTEC	AHNH	22	24	53	53	0	0	6	8
	NDH	19	20	54	55	0	1	0	4
	PWH	24	23	81	84	4	2	10	4
NTWC	POH	23	24	57	63	4	0	6	0
	TMH	36	39	85	87	2	0	8	4

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^ NLTH has commenced A&E services since September 2013.

Notes

(1) The manpower figures above are calculated on a full-time equivalent (FTE) basis including permanent, contract and temporary staff, but excluding Interns, Dental Officers, and staff working for Hospital Authority (HA) Head Office.
(2) Individual figures may not add up to the total due to rounding.
(3) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
(4) Attrition number excludes Interns and Dental Officers.

(d)

HA has introduced the following measures to strengthen healthcare support at A&E departments:

(1) Augmenting doctor manpower through the following:

(i) extra financial incentives, such as introducing special honorarium scheme, enhancing the fixed-rate honorarium and providing leave encashment;

(ii) additional mechanism for promoting frontline doctors with more than five years of post-fellowship experience in the specialty and consistently good performance to

Associate Consultant. Since 2011-12, 31 A&E doctors have been promoted under this mechanism;

(iii) appointment of part-time doctors through proactively approaching leaving and retiring doctors for working part-time in A&E departments with enhanced package. As at 31 March 2014, 31 part time doctors were recruited to the A&E specialty; and

(iv) recruitment of non-local doctors under limited registration for pressurised specialties, including the A&E specialty, since 2012.

(2) Strengthening manpower of nurses and supporting staff through the following:

(i) provision of short term employment of retired nursing staff, undergraduate nurses and other healthcare workers;

(ii) enhancement of recruitment and retention, promotion opportunities, improvement of working conditions and training opportunities for nurses;

(iii) strengthening of phlebotomist services and clerical support; and

(iv) deployment of additional staff to streamline patient flow and perform crowd control during prolonged waiting.

With the above measures, HA has strengthened the manpower of nurses and supporting staff in A&E departments. Notably, from March 2013 to March 2014, on an FTE basis, the number of nurses in the A&E specialty has increased from 853 to 961, and the number of supporting staff (care related) from 379 to 430.

(e)

Tuen Mun Hospital recorded the highest number of A&E attendances in HA in the past three years mainly due to population growth and demographics change.

To cope with the elevated demand for A&E services in general, HA adopts a triage system which classifies patients attending A&E Departments into five categories according to their clinical conditions, to ensure that patients with more serious conditions are accorded higher priority in medical treatment.

To further improve the services, HA has implemented, on top of measures in part (d), a scheme since February 2013 to recruit additional medical and nursing staff to handle semi-urgent and non-urgent cases. A total of about 280 doctors and 700 nurses, on a headcount basis, had joined the scheme (as at end December 2014) and around 5 300 additional sessions were provided from February 2013 to December 2014. HA will also continue to call on the public to avoid using A&E services in non-emergency situation.

Abbreviations

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

Hospital:
PYNEH - Pamela Youde Nethersole Eastern Hospital
RH - Ruttonjee Hospital
SJH - St. John Hospital
QMH - Queen Mary Hospital
QEH - Queen Elizabeth Hospital
TKOH - Tseung Kwan O Hospital
UCH - United Christian Hospital
CMC - Caritas Medical Centre
KWH - Kwong Wah Hospital
NLTH - North Lantau Hospital
PMH - Princess Margaret Hospital
YCH - Yan Chai Hospital
AHNH - Alice Ho Miu Ling Nethersole Hospital
NDH - North District Hospital
PWH - Prince of Wales Hospital
POH - Pok Oi Hospital
TMH - Tuen Mun Hospital

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)006

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3239)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development and regulation of Chinese medicine, please provide the following information:

Please tabulate the respective numbers of applications for registration of proprietary Chinese medicines received, successful applications, and unsuccessful applications in each year since the establishment of the Chinese Medicine Council of Hong Kong in 1999, and the average time needed from submission of an application to successful registration and the reasons for applications being unsuccessful.

	Number of applications	Number of successful applications	Number of unsuccessful applications
2000			
2001			
2002			
2003			
2004			
2005			
2006			
2007			
2008			

2009			
2010			
2011			
2012			
2013			
2014			

Asked by: Hon CHAN Han-pan (Member Question No. 41)

Reply:

The registration regime for proprietary Chinese medicines (pCm) is established under the Chinese Medicine Ordinance (Cap. 549) (CMO). Under the CMO, where a pCm was manufactured or sold in Hong Kong on 1 March 1999, the relevant manufacturer, importer or local agent/representative of a manufacturer outside Hong Kong may apply for transitional registration of the pCms before 30 June 2004. The Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong has started to accept applications for registration of pCm since 19 December 2003. In 2008, the CMB finished assessing all the applications for transitional registration. "Notice of confirmation of transitional registration of pCm" (i.e. HKP) has been issued to those applications which contain three acceptable basic test reports (i.e. on heavy metals and toxic element, pesticide residues and microbial limit). For applications which contain the aforementioned three basic test reports but are yet to meet the requirements for the transitional registration, "Notice of confirmation of (non-transitional) registration of pCm" (i.e. HKNT) has been issued to them. "Certificate of registration of pCm" (i.e. HKC) will be issued to those pCms that have fulfilled the registration requirements in respect of safety, quality and efficacy.

As of 1 March 2015, the CMB has received a total of 17 980 applications for registration of pCms, of which 14 172 applications have also applied for transitional registration. The CMB have completed processing all the applications for transitional registration and issued 8 548 HKP and 500 HKNT. A total of 455 pCm have been issued with HKC. A total of 7 504 applications were rejected for registration (including cases of withdrawal, etc) as they had failed either to meet with the definition of pCm under CMO or submit the required documents and reports. As the above statistics have been kept on a cumulative basis under the Department of Health (DH), they are not separately identifiable as annual figures.

By virtue of the CMO, the CMB is tasked with the approving authority for pCm registration applications with professional support by the DH. To protect public health, the CMB has to process each application prudently. The time taken for processing each and every application varies as it would depend on the complexity of the application, the timeliness of the applicant to submit the supporting test reports and the time given by CMB to applicant to resubmit reports during appeal process, etc.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)007**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0721)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In the Matters Requiring Special Attention in 2015-16 under Programme (1) Health, it is mentioned that the Administration will prepare for the implementation of the Voluntary Health Insurance Scheme taking into account the outcome of the public consultation. In this connection, please explain the relevant work details after the public consultation, including the publication date of the consultation outcome, the follow-up work, the timetable of work, and the estimated expenditures and manpower involved. If the consultation outcome shows that a community consensus is not forged on the details of the Voluntary Health Insurance Scheme, what is the Administration's backup proposal?

Asked by: Hon CHAN Kin-por (Member Question No. 1)

Reply:

We have extended the public consultation period on the Voluntary Health Insurance Scheme (VHIS) till 16 April 2015. We will consolidate and analyze views received, and will set out the consultation outcome and way forward in the consultation report. Subject to the consultation outcome, we plan to implement the VHIS by enacting a new legislation. Both the expenditure and manpower involved are absorbed within the existing resources of the Bureau and cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)008

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0722)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in the Budget Speech, the Government has earmarked $50 billion for healthcare reform. It is reported that this year the Government will deploy $10 billion on setting up a fund for the Hospital Authority to make use of investment returns for public-private partnership initiatives. In 2018-19, the Government will further allocate $10 billion to inject funds into the high risk pool under the Voluntary Health Insurance Scheme (the Scheme); $10 billion as loans to non-profit-making organisations for private hospital development and tax refunds under the Scheme; and the remaining $20 billion for general use of public hospitals, including construction projects. In this connection, will the Government inform this Committee of the following:

A. Has the Government confirmed the detailed allocation and use of the sum of $50 billion? If so, what are the details?

B. In the 2012-13 Budget, the Government pledged to earmark $50 billion for providing the funding and appropriate financial incentives needed to support the healthcare financing arrangements. If the aforementioned allocation is true, what are the reasons for the Government to modify the use of the sum?

C. If the public consultation of the Scheme reflects that there are insufficient financial incentives at present, will the Government re-allocate the $50 billion of reserves and provide incentives other than tax concessions, such as discounts on premium for first-timers to attract low-risk persons to take out insurance, so as to facilitate the sustainable development of the Scheme?

Asked by: Hon CHAN Kin-por (Member Question No. 2)

Reply:

A. & B.

In the 2008-09 Budget, the Government pledged to draw $50 billion from the fiscal reserves to support healthcare reform. Subject to public views received during the public consultation on the Voluntary Health Insurance Scheme (VHIS), which has been extended till 16 April 2015, the Government would allocate resources to support the implementation of the VHIS, mainly for injecting funds into the High Risk Pool and for providing tax concession for subscribers to regulated insurance products. We will also make use of part of the $50 billion for supporting other healthcare reform measures, including –

(a) setting up a fund of $10 billion for Hospital Authority to make use of investment returns for public-private partnership initiatives, so as to alleviate pressure on the public healthcare system due to manpower shortages and surge in demand; and

(b) offering loans to non-profit-making organisations for private hospital development to address the acute shortage of private hospital beds. The total amount involved would be around $4 billion.

The remaining sum of the $50 billion will be reserved for general use, including provision of support for public hospital projects.

We will seek approval from the Finance Committee of the Legislative Council in accordance with procedure when the detailed proposals are ready.

C.

In the VHIS public consultation document, we examined the implications of various forms of financial incentives to encourage take out of private health insurance under the VHIS, such as tax deduction, premium subsidy or discount, and incentives for savings. After carefully considering the feasibility and desirability of these financial incentives, we propose to introduce tax deduction for individual indemnity hospital insurance policies complying with the VHIS Minimum Requirements.

We will consolidate and analyze views received during the public consultation on the VHIS, including those on the proposed tax deduction. Subject to the consultation outcome, we will develop detailed proposals and reserve sufficient funding from the $50 billion fiscal reserve for the provision of financial incentives.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)009

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0723)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government has earmarked $50 billion to support healthcare reform, part of which will be used to set up a fund for the Hospital Authority (HA) to make use of investment returns for public-private partnership initiatives to alleviate pressure on the public healthcare system due to manpower shortages and surge in demand; part of which will be reserved for general use, including provision of support for public hospital projects. In this connection, in view of the Government's abundant reserves, why does the Government not allocate a separate provision for the HA or deploy HA's existing reserves instead, such that the Government will not have to deploy the $50 billion of reserves on backing the aforementioned measures to support the healthcare system, and will be able to spend the sum solely on supporting the Voluntary Health Insurance Scheme and other measures to improve private hospitals with a view to optimising the private healthcare system?

Asked by: Hon CHAN Kin-por (Member Question No. 3)

Reply:

In the 2008-09 Budget, the Government pledged to draw $50 billion from the fiscal reserves to support healthcare reform. Subject to public views received in the public consultation on the Voluntary Health Insurance Scheme (VHIS), the Government would allocate resources to support the implementation of the VHIS, mainly for injecting funds into the High Risk Pool and providing tax concession for subscribers to regulated insurance products. We will also make use of part of the $50 billion for supporting other healthcare reform measures, including –

(a) setting up a fund of $10 billion for Hospital Authority to make use of investment returns for public-private partnership initiatives, so as to alleviate pressure on the public healthcare system due to manpower shortages and surge in demand; and

(b) offering loans to non-profit-making organisations for private hospital development to address the acute shortage of private hospital beds. The total amount involved would be around $4 billion.

The remaining sum of the $50 billion will be reserved for general use, including provision of support for public hospital projects.

All of the aforesaid proposed uses are part and parcel of the healthcare reform effort in readjusting the balance of the public-private healthcare sectors. We therefore consider it justified to allocate funding from the $50 billion for implementing these measures.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)010

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0724)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government has earmarked $50 billion to support healthcare reform and that it will inject funds into the high risk pool under the Voluntary Health Insurance Scheme (VHIS) and provide tax concession for subscribers to regulated insurance products. There is a view that the current $50 billion subsidy initiative, being unattractive to the public, especially the young and the healthy, cannot serve the purpose of risk pooling and will render the VHIS unsustainable. The former Secretary for Food and Health has proposed to offer a discount to people such as the young and the healthy as an increased incentive to subscribe. Why has the discount concession become tax rebates? Has the Government re-examined and reconsidered the discount proposal put forward by the previous-term Government? If yes, has the Government embarked on a study of the feasibility and details of the related measures? If the offer of a discount is considered not feasible, what are the detailed reasons?

Asked by: Hon CHAN Kin-por (Member Question No. 4)

Reply:

In the Voluntary Health Insurance Scheme (VHIS) public consultation document, we examined the implications of various forms of financial incentives to encourage take out of private health insurance under the VHIS, such as tax deduction, premium subsidy or discount, and incentives for savings. We propose to introduce tax deduction for premiums paid for individual indemnity hospital insurance policies complying with the VHIS Minimum Requirements having regard to the following reasons –

(a) from the perspective of the consumer, tax deduction is simple and easy to understand. Continuous in nature, tax deduction has the merit of attracting people to stay insured over a long period of time;

(b) compared with other forms of financial incentives, such as direct premium subsidy or discount, tax deduction is less susceptible to abuse. Direct premium subsidy or discount, especially when made available on a continuous basis, may provide an incentive for some insurers to mark up the premiums of VHIS plans. In comparison, tax deduction would be less easily subject to abuse because the exact amount of tax deduction claimable by individual taxpayers would depend on their net chargeable income, which insurers would have insufficient knowledge or control over; and

(c) tax deduction is relatively simple and easy to implement as there is already an established mechanism to do so. It is a common form of encouraging purchase of private health insurance in overseas countries. In comparison, the option of providing direct premium discount or subsidy to encourage purchase of VHIS plans would be more difficult to implement in practice. Considerable debate in the community would be needed to determine the eligibility for and rate of the premium discount or subsidy, such as whether the discount or rebate rate should be means-tested, or determined by entry age or length of subscription; whether breaks in-between subscriptions are allowed, etc. Moreover, unlike tax deduction where there is already an established mechanism, direct premium discount or subsidy requires a new administration system to deal with reporting, verification, release of subsidy, monitoring and investigation against fraudulence, etc, and hence resulting in a higher administration cost that will undermine the cost-effectiveness of the incentive measure.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0725)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
In the Matters Requiring Special Attention in 2015-16 under Programme (1): Health, it is stated that the Government will prepare for the implementation of the Voluntary Health Insurance Scheme taking into account the outcome of the public consultation. The Consultation Document on Voluntary Health Insurance Scheme mentions that the average tax benefit per eligible taxpayer would be about $450. When will the Government announce the details of the tax benefit? Will the Government conduct an opinion poll to find out whether tax deduction alone can adequately encourage the public to purchase health insurance? If the findings of the opinion poll reveal that the above tax benefit is not attractive to the public, will the Government increase the rate of the tax benefit? If yes, what are the details? Will the Government consider withdrawing the proposed tax rebate benefit directly and maintain the $50 billion subsidy in order to implement the discount offer as proposed by the last-term government?

Asked by: Hon CHAN Kin-por (Member Question No. 5)

Reply:
In the Voluntary Health Insurance Scheme (VHIS) public consultation document, we examined the implications of various forms of financial incentives to encourage take out of private health insurance under the VHIS, such as tax deduction, premium subsidy or discount, and incentives for savings. After carefully considering the feasibility and desirability of these financial incentives, we propose to introduce tax deduction for premiums paid for individual indemnity hospital insurance policies complying with the VHIS Minimum Requirements.

Subject to the outcome of the public consultation on VHIS, we will develop detailed proposals and reserve necessary funding for the provision of financial incentives.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0726)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
It is mentioned in the Budget Speech that the Government will provide tax concession for subscribers to regulated insurance products. By the Government's estimation, the average tax benefit per eligible taxpayer would be around $450, which is not particularly attractive to the general public, and is utterly meaningless to some of those who do not have to pay tax. In this connection, what is the estimated number of Voluntary Health Insurance Scheme participants who will not be able to benefit from tax concession? How will the Government make use of the $50 billion earmarked for healthcare reform to introduce support measures to ensure that these people have access to discount offers when taking out insurance?

Asked by: Hon CHAN Kin-por (Member Question No. 6)

Reply:
In the Voluntary Health Insurance Scheme (VHIS) public consultation document, we examined the implications of various forms of financial incentives to encourage take out of private health insurance under the VHIS, such as tax deduction, premium subsidy or discount, and incentives for savings. After carefully considering the feasibility and desirability of these financial incentives, we propose to introduce tax deduction for premiums paid for individual indemnity hospital insurance policies complying with the VHIS Minimum Requirements. Based on the market profile in 2016, and assuming the annual ceiling of claimable premiums is set at $3,600 (in 2012 constant prices) per person insured, it is estimated that about 570 000 taxpayers and 360 000 dependants would be eligible for tax deduction.

Subject to the outcome of the public consultation on VHIS, we will develop detailed proposals and reserve necessary funding for the provision of financial incentives.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)013

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0727)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government earmarked $50 billion to support healthcare reform. Part of the funds will be injected into the high risk pool under the Voluntary Health Insurance Scheme (VHIS), and be used to provide tax concession for subscribers to regulated insurance products, while the remaining sum will be reserved for general use of public hospitals. In this connection, will the Government advise this Committee of:

A. the estimated number and amount of injections for the high risk pool and tax concession; and

B. how to sustain the two incentives of the VHIS upon depletion of the funds.

Asked by: Hon CHAN Kin-por (Member Question No. 7)

Reply:

In the 2008-09 Budget, the Government pledged to draw $50 billion from the fiscal reserves to support healthcare reform. Subject to public views received during the public consultation on the Voluntary Health Insurance Scheme (VHIS), which has been extended till 16 April 2015, the Government would allocate resources to support the implementation of the VHIS, mainly for injecting funds into the High Risk Pool and providing tax concession for subscribers to regulated insurance products. Subject to the outcome of the public consultation on the VHIS, we will develop detailed proposals for the High Risk Pool and the tax concession and reserve sufficient funding for these two measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0730)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in Matters Requiring Special Attention in 2015-16 under Programme (1) Health that the Government will continue to facilitate healthcare service development, including encouraging private hospital development and revamping private healthcare facilities regulatory regime taking into account the outcome of the public consultation. In this connection, what concrete measures will be taken by the Government to encourage private hospital development in the coming year? Please provide details of the relevant measures, timeframe and estimated expenditure involved. Please also advise whether the Government knows about the estimated numbers of additional beds to be provided by different private hospitals in the coming year. Does the Government closely monitor the supply of private hospital beds? In case the supply falls short of demand, what measures will be taken to ensure an adequate supply of private hospital beds?

Asked by: Hon CHAN Kin-por (Member Question No. 10)

Reply:

For encouraging the development of private hospitals, the Food and Health Bureau (FHB) supports the proposal of the Chinese University of Hong Kong (CUHK) to develop the Chinese University of Hong Kong Medical Centre (CUHKMC) within its campus, and will adopt measures to facilitate the development of this non-profit making private teaching hospital. The measures include approving modification of the Conditions of Grant (Land Lease) at a nominal premium, and the creation of a loan of about $4 billion for the development of CUHKMC.

Apart from a new private hospital to be developed at the Wong Chuk Hang site which was awarded through open tender (which will provide 500 beds upon full commissioning) and the CUHKMC (which will provide 516 beds upon full commissioning), a number of

existing private hospitals are undergoing or have plans to undergo redevelopment or expansion. It is expected that upon the completion of the redevelopment or expansion, these existing private hospitals will provide around 1000 additional hospital beds.

To ensure the sustainable development of the dual-track healthcare system comprising both public and private sectors, we are considering various proposals from different organizations to develop new private hospitals. We will assess the needs of the community in formulating the overall direction of the development of private hospitals.

A three-month public consultation on Regulation of Private Healthcare Facilities (PHFs) ended on 16 March 2015. We propose to introduce a new regulatory regime to cover three classes of PHFs, namely (a) hospitals, (b) facilities providing high-risk medical procedures in ambulatory setting; and (c) facilities providing medical services under the management of incorporated bodies. We are now consolidating and analyzing views received during the public consultation and will implement the proposal by legislation. Related expenditure will be absorbed within the existing resources of FHB.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)015

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0731)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In the Matters Requiring Special Attention in 2015-16 under Programme (1): Health, it is mentioned that the Government will 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. Earlier on, the Hong Kong Council on Smoking and Health recommended the Government to double the tobacco duty from the current $38 to $76, bringing the retail price of a pack of cigarettes up to around $93 from the current $55. Does the Government consider the recommendation feasible? If yes, has the Government embarked on any studies on the recommendation? If no, what are the reasons? Has the Government drawn up a timetable for the review of tobacco duty?

Asked by: Hon CHAN Kin-por (Member Question No. 11)

Reply:

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. Over the years, we have strengthened our tobacco control efforts progressively through a multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation. With the gradual strengthening of tobacco control measures (including increasing tobacco duty) since the early 1980s, the smoking prevalence has dropped from over 23% in early 1982 to 10.7% in 2012.

Article 6 of the World Health Organization (WHO) Framework Convention on Tobacco Control states that price and tax are effective and important means of reducing tobacco consumption. WHO considers that when prices of tobacco products increase, fewer people use tobacco; those who continue to smoke consume less; those who have quit

smoking are less likely to start again; and the young are less likely to start smoking. In this regard, WHO encourages its members to raise taxes on tobacco products periodically, and recommends raising tobacco taxes to accounting for at least 70% of retail prices.

To sustain the effectiveness of tobacco duty tax as a tobacco control measure, we increased the tobacco duty by 11.7% in February 2014, or an increase in the duty on cigarettes by $0.2 per stick, bringing the proportion of duty to retail price of cigarettes to about 70%, which reaches the minimum level recommended by the World Health Organisation. In February and March 2014, the Department of Health (DH)'s Smoking Cessation Hotline received 3 620 calls, representing an increase of 38% over the same period in 2013. We also observed an increase in the number of users of the smoking cessation services provided by non-governmental organisations with the funding support of the DH. We will continue to monitor closely the effectiveness of the tobacco control measures on various fronts and changes in the smoking prevalence and related statistics and consider strengthening these measures as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0133)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding this Programme, would the Government please tabulate the expenditure and number of inpatient attendances of each public hospital in the past year, as well as the estimated expenditure for the year ahead?

Asked by: Hon CHAN Wai-yip, Albert (Member Question No. 8)

Reply:

The table below sets out the projected total expenditure for 2014-15 (based on expenditure as at 31 December 2014) as well as the number of inpatient discharges and deaths (IP D&D) and day inpatient discharges and deaths (DP D&D) (based on provisional figures up to 31 December 2014) of each hospital / institution managed by the Hospital Authority (HA) in 2014-15.

The budget allocation to individual hospitals for 2015-16 is being worked out and hence is not yet available.

Cluster	Hospital / Institution	2014-15		
		Projected total expenditure ($ million)	**Number of IP D&D**	**Number of DP D&D**
HKEC	Cheshire Home, Chung Hom Kok	93.8	333	1
	Pamela Youde Nethersole Eastern Hospital	3,675.8	62 599	46 271
	Ruttonjee Hospital and Tang Shiu Kin Hospital	1,098.7	17 363	1 890

Cluster	Hospital / Institution	2014-15		
		Projected total expenditure ($ million)	Number of IP D&D	Number of DP D&D
	St. John Hospital	74.2	444	1 893
	Tung Wah Eastern Hospital	367.7	3 966	2 498
	Wong Chuk Hang Hospital	87.4	123	0

Cluster	Hospital / Institution	2014-15		
		Projected total expenditure ($ million)	Number of IP D&D	Number of DP D&D
HKWC	The Duchess of Kent Children's Hospital at Sandy Bay	162.3	1 270	479
	Tung Wah Group of Hospitals Fung Yiu King Hospital	156.1	2 299	3
	Grantham Hospital	404.7	5 371	2 721
	MacLehose Medical Rehabilitation Centre	84.5	852	4
	Queen Mary Hospital and Tsan Yuk Hospital (Note 1)	4,699.0	68 629	45 473
	Tung Wah Hospital	519.8	6 508	13 794
KCC	Hong Kong Buddhist Hospital	223.1	3 300	1 991
	Hong Kong Eye Hospital	243.6	636	5 823
	Hong Kong Red Cross Blood Transfusion Service	294.4	- (Note 2)	
	Kowloon Hospital	1,140.6	11 317	496
	Queen Elizabeth Hospital	4,818.1	80 938	52 619
	Rehabaid Centre	19.1	- (Note 3)	
KEC	Haven of Hope Hospital	392.1	5 432	78
	Tseung Kwan O Hospital	1,367.2	27 368	11 873
	United Christian Hospital	3,410.0	60 469	26 235
KWC	Caritas Medical Centre	1,754.8	31 899	9 707
	Kwai Chung Hospital	985.1	3 177	29
	Kwong Wah Hospital	2,323.5	52 186	21 351
	North Lantau Hospital	268.5	618	157
	Our Lady of Maryknoll Hospital	473.0	5 216	2 793
	Princess Margaret Hospital	3,646.6	69 393	42 089
	Tung Wah Group of Hospitals Wong Tai Sin Hospital	363.2	4 967	1 065
	Yan Chai Hospital	1,384.7	35 201	5 963
NTEC	Alice Ho Miu Ling Nethersole Hospital	1,267.4	21 364	17 958

Cluster	Hospital / Institution	2014-15		
		Projected total expenditure ($ million)	Number of IP D&D	Number of DP D&D
	Bradbury Hospice	39.9	458	2
	Cheshire Home, Shatin	107.8	163	2
	North District Hospital	1,389.5	26 985	6 070
	Prince of Wales Hospital	4,202.7	63 105	51 580
	Shatin Hospital	497.9	6 407	42
	Tai Po Hospital	528.8	7 195	29
NTWC	Castle Peak Hospital	903.7	2 065	12
	Pok Oi Hospital	907.5	17 703	13 016
	Siu Lam Hospital	185.3	379	4
	Tuen Mun Hospital	4,376.4	80 986	42 962

It should be noted that HA hospitals and clinics are organised into seven clusters to form networks of services and facilities, with individual hospitals having different roles (e.g. acute hospitals and general hospitals) in supporting their respective clusters. The total expenditure of individual hospitals reflecting their respective roles and scope of services is not directly comparable.

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency Department or stayed for more than one day. The calculation of the number of discharges and deaths includes that of both inpatients and day inpatients.

Note 1 : Tsan Yuk Hospital is now a day centre mainly offering ambulatory care for antenatal and postnatal patients and therefore has no inpatient beds.

Note 2 : Hong Kong Red Cross Blood Transfusion Service is mainly responsible for ensuring that sufficient supplies of safe and high-quality blood and blood components are available for local transfusion therapy patients and therefore has no inpatient beds.

Note 3 : Rehabaid Centre mainly provides a wide range of rehabilitation services to people with special needs and therefore has no inpatient beds.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2985)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:

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

a. Please provide details of the public policy studies and strategic public policy studies commissioned with funds allocated from 2011-12 to 2014-15.

Name of consultant	Mode of award (open auction/tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?

b. Regarding the consultancy studies commissioned by the Food and Health Bureau (Health Branch) and the departments under its purview for the purpose of formulating and assessing policies, are there any such projects for which funds have been reserved in 2015-16? If yes, what are the details?

Name of consultant	Mode of award (open auction/tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 13)

Reply:

The information requested is provided at the Annex.

- End -

Annex

(a) Studies on public policy and strategic public policy for which funds had been allocated from 2011-12 to 2014-15

Name of consultant	Mode of award (open auction/ tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/ completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?
PricewaterhouseCoopers Advisory Services Limited	By invitation of quotations	Provision of consultancy service for business impact assessment on statutory regulation of medical devices	1,299,800	May 2011	Completed in January 2013	The legislative proposal is being revised in response to, inter alia, the recommendations made by the consultant.	The results of the study and the revised legislative proposal have been reported to the Legislative Council Panel on Health Services in Jun 2014.
Consumer Search HK Limited	By invitation of quotations	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 in January 2012	Findings have been considered by the Food and Health Bureau for the planning of the Health Protection Scheme.	Study report has been uploaded onto the website of Second Stage Public Consultation of Health Protection Scheme through the Food and Health Bureau homepage.
The University of Hong Kong	By invitation of quotations	Consultancy service to update Hong Kong's Domestic Health Accounts (DHA) to 2009-10 and provide technical support in other research projects	1,302,756	Oct. 2011	Completed in May 2013	Findings have been considered by the Food and Health Bureau for the planning of healthcare policies.	Results of DHA for 2009-10 have been released though the website of Food and Health Bureau.
IBM China/ Hong Kong Limited	By invitation of quotations	Consultancy Review of Prince Philip Dental Hospital (PPDH): to review the structure and working arrangement for managing PPDH, and make recommendations	1,429,900	Nov. 2011	Completed in March 2013	Findings have been considered by the Food and Health Bureau and the Board of Governors of PPDH for enhancing the management of the Hospital.	No. This review is mainly concerned with the internal management of PPDH.

Name of consultant	Mode of award (open auction/ tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/ completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?
		for enhancing the management of the Hospital					
Pricewaterhouse Coopers Advisory Services Ltd	By invitation of proposals	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	8,763,855	May 2012	Completed in January 2014	Findings have been considered by the Food and Health Bureau for the planning of the Voluntary Health Insurance Scheme.	Consultancy report has been released through the website of the Voluntary Health Insurance Scheme.
The University of Hong Kong	By invitation of quotations	School-based survey on smoking among students 2012/13: 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	1,429,475	July 2012	Completed in December 2013	Results of this study have been considered by the Food and Health Bureau for formulation of tobacco control policy.	Results of the survey have been published in Appendix 2 to Thematic Household Survey Report No. 53 of Census and Statistics Department.
PharmOut Pty Limited	By invitation of proposals	Consultancy Services for the upgrade of Good Manufacturing Practice (GMP) Licensing Standards for Drug Office, Department of Health	9,976,400	Aug. 2012	Completed in August 2014	The consultancy expert advice and training programs have been used to upgrade the GMP licensing standards for Drug Office, Department of Health.	The consultancy deliverables have not been made public as they are for DH internal training purpose only.

Name of consultant	Mode of award (open auction/ tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/ completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?
The University of Hong Kong	By invitation of quotations	Project to update the DHA to 2010-11 and 2011-12: to further update the estimates of Hong Kong's domestic health expenditure, and to appraise the applications of DHA	1,420,588	Sept. 2012	Results produced and project being wrapped up	Findings have been considered by the Food and Health Bureau for the planning of healthcare policies.	The updating of DHA to 2010-11 and 2011-12 has been completed with results released through FHB website.
The University of Hong Kong	By invitation of quotations	School-based survey on smoking among students 2014/15: 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	1,429,664	July 2014	In progress	The survey is still in progress.	The survey is still in progress and survey results are expected to be released in late 2015/early 2016.
The Chinese University of Hong Kong	By invitation of proposals	Provision of Consultancy Services for the Study on Health and Medical Advertisements in Hong Kong and their Regulation by the Undesirable Medical Advertisements Ordinance (Cap. 231)	1,381,585	Oct. 2014	In progress	The study is still on-going.	The project result will not be publicised as it is for internal reference for reviewing the legislative regime.

(b) Projects for which funds have been reserved for conducting consultancy study in 2015-16

Name of consultant	Mode of award (open auction/ tender/ quotation/ others (please specify))	Title, content and objective of project	Consultancy fee ($)	Start date	Progress of study (under planning/in progress/completed (completion month and year))	The Administration's follow-ups to the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?
To be selected	By invitation of quotations	Project to update the DHA to 2012-13 and provision of professional support services: to further update the estimates of Hong Kong's domestic health expenditure, and to appraise the applications of DHA	1,430,000 (estimate)	April 2015	Under planning	Contract not yet awarded	The project is yet to commence and it is expected to be completed in 2016 and the results will be released through the website of Food and Health Bureau.
To be selected	By invitation of proposals	Consultancy Services for the Study on the Control of Use of Selected Medical Devices in Hong Kong	Contract not yet awarded	2015	Under planning	Contract not yet awarded	The outcome of the study will be reported to the LegCo Panel on Health Services

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)018

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3028)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

According to the information provided by the Hospital Authority, the number of psychiatric inpatients in public hospitals has been on the rise in recent years, increasing from 14 200 in 2007-08 to 14 252 in 2011-12, and further to 15 209 in 2013-14. On the other hand, the number of psychiatric beds in public hospitals decreased from 4 714 in 2007 to 3 607 in 2014. In this connection, will the Government:

list by hospital cluster (Hong Kong East Cluster, Hong Kong West Cluster, Kowloon Central Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster) the numbers of psychiatric inpatients and psychiatric beds in 2014-15?

list by hospital cluster (Hong Kong East Cluster, Hong Kong West Cluster, Kowloon Central Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster) the changes in the number of psychiatric beds in each year from 2010 to 2015?

list by hospital cluster (Hong Kong East Cluster, Hong Kong West Cluster, Kowloon Central Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster) the waiting time (in weeks) for psychiatric beds in each year from 2010 to 2015 and, for each year in the same period, the average waiting time for psychiatric beds across the territory?

advise on the reasons for not having increased the number of psychiatric beds since the cut in 2009 despite the growing trend in the annual numbers of attendances and inpatients for psychiatric services in the territory? Is it because the Government does not foresee much change in the number of people in need of psychiatric services in the

future? Or is it because there is insufficient manpower to increase the number of psychiatric beds?

advise on its long-term planning for psychiatric rehabilitation? Does the Government have any plan to increase the number of psychiatric beds in each cluster? If yes, what are the details; if no, what are the reasons?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 45)

Reply:

The table below sets out the number of psychiatric beds and the number of psychiatric patients treated in inpatient settings in each cluster of the Hospital Authority (HA) in 2014-15:

Cluster	**No. of psychiatric beds** (as at 31 December 2014)	**No. of psychiatric patients treated in inpatient settings**[1 & 2] (Jan – Dec 2014 provisional figures)
HKEC	400	1 800
HKWC	82	700
KCC	425	2 600
KEC	80	500
KWC	920	3500
NTEC	524	3 300
NTWC	1 176	2 500
Overall	**3 607**	**14 600**

Notes:

1. Figures are rounded to the nearest hundred.
2. Individual figures may not add up to total due to rounding. Sums of clusters may not add up to total as a patient may be treated in more than one cluster.

In line with the international trend to focus on community and ambulatory services in the treatment of mental illness, HA has shifted the provision of mental health services towards a more community-based service in recent years. As a result, the number of total in-patient bed-days occupied decreased from around 1 007 600 in 2011-12 to 969 900 in 2013-14. In terms of in-patient bed occupancy rate, there was also a drop from 76.9% to 73.9% in the same time frame.

There is no waiting time issue for in-patient psychiatric services as patients in need will be arranged for admission in a timely manner. In general, in-patient care is applicable for patients who require symptom control, behavioural management or intervention for early recovery in acute psychiatric crisis.

Although there is no plan to increase the number of psychiatric beds, HA has enhanced the therapeutic components in psychiatric in-patient admission wards in all seven clusters from

2012-13 to facilitate early discharge and better community re-integration. Among other things, an additional 103 healthcare professionals have been recruited to enhance such services.

Meanwhile, HA has launched a Case Management Programme since 2010 to provide community support for discharged patients with severe mental illness. The Programme has been extended to cover 18 districts from 2014-15. In 2015-16, HA will further introduce a peer support element into the Programme to enhance community support for patients. It is estimated that five peer support workers will be recruited, involving an additional recurrent expenditure of around $1.5 million.

Over the years, HA has also taken measures to increase the use of new psychiatric drugs with less disabling side effects. In 2014-15, HA has further expanded the provision of new psychiatric drugs including new anti-psychotics and anti-dementia drugs to benefit around 10 700 patients under suitable clinical conditions.

HA will continue to review and monitor its services provision to ensure that they are in keeping with the needs of patients.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2052)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

(a) Under "Matters Requiring Special Attention", items pertaining to regulatory regimes (including revamping private healthcare facilities regulatory regime and developing a long-term regulatory framework for medical devices) are mentioned. In this connection, how many related pieces of legislation will the Government submit to the Legislative Council for consideration in the year ahead? What are the timetables for these two initiatives? Will the Government conduct regulatory impact assessments on the two regulatory regimes?

(b) It is mentioned under "Matters Requiring Special Attention" that the Government will "work out with the trade a timetable for mandatory compliance with the Good Manufacturing Practice for the manufacture of proprietary Chinese medicines". What progress has been made in this regard and what is the timetable for achieving compliance? Since most proprietary Chinese medicine manufacturers in Hong Kong are small-to-medium enterprises who have made known of their inability to comply with the Good Manufacturing Practice, will the Government help them achieve compliance or allow them to fail or leave the market through natural wastage?

(c) Regarding the Government's proposal to "plan and develop a testing centre for Chinese medicines", what are the details and timetable of the plan, the expenditure and staffing establishment involved, the expertise required, and service directions?

Asked by: Hon FANG Kang, Vincent (Member Question No. 9)

Reply:

(a) The public consultation on Regulation of Private Healthcare Facilities (PHFs) was launched on 15 December 2014. It is proposed to introduce a new regulatory regime to cover three classes of PHFs, namely (i) hospitals, (ii) facilities providing high-risk medical procedures in ambulatory setting; and (iii) facilities providing medical services under the

management of incorporated bodies. The three-month public consultation ended on 16 March 2015 and the Government is now studying and consolidating views and responses received from the public. The Government will implement the proposal by legislation. A territory-wide survey will be conducted to assess the number and types of PHFs that might be affected by the new regulatory regime, as well as the range of their services.

With regard to medical device, the Government has been taking steps to put in place statutory regulation of medical devices manufactured, sold and/or used in Hong Kong. To this end, a voluntary Medical Device Administrative Control System (MDACS) has been established by the Department of Health (DH) since 2004 to pave the way for implementing the long-term statutory control. In November 2010, the Administration consulted the Legislative Council (LegCo) Panel on Health Services (HS Panel) on the proposed regulatory framework for medical devices, which had taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, the DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal. The BIA was completed in 2013.

In the meantime, the Working Group on Differentiation between Medical Procedures and Beauty Services (WG) under the Steering Committee on Review of Regulation of Private Healthcare Facilities had examined, among others, the safety and health risks of devices commonly used in beauty procedures e.g. high-power medical lasers, intense pulsed light equipment, radiofrequency devices, etc. Given the heterogeneity of the devices involved, the WG considered that the control of their use (particularly energy-emitting devices) should be deliberated under the regulatory framework for medical devices.

Taking into consideration the results of the BIA and the views and recommendations of the WG, the Administration briefed the LegCo HS Panel in June 2014 on the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical device. The DH is now in the process of engaging an external consultant to conduct a detailed study to examine overseas experience and practices and the scope of control on the use of the selected medical devices. Upon completion of the study, the Government will report to the LegCo HS Panel on the outcome of the consultancy study and the details of the legislative proposal.

(b) In accordance with the Chinese Medicine Ordinance (Cap. 549), proprietary Chinese medicine (pCm) manufacturers must apply for licences issued by the Chinese Medicines Board under the Chinese Medicine Council of Hong Kong. As of 15 March 2015, 279 pCm manufacturers have been licensed in Hong Kong, most of which are small and medium enterprises

To ensure the safety of pCm and enhance its quality, and to keep up with international trends of developing Good Manufacturing Practice (GMP) for medicines, the Government would actively engage the industry to work out a timetable for mandatory compliance with the GMP for the manufacture of pCm. As of 15 March 2015, 14 pCm manufacturers have been awarded with Certificates for GMP.

Since 2011, the Chinese Medicine Division (CMD) under the DH has organised briefing sessions and meetings for members of the Chinese medicines trade from time to time, which provide a platform to enhance the trade's understanding of GMP requirements, as well as to collect their views and engage them in working out a timetable for the introduction of mandatory GMP requirements for pCms. Apart from the above, CMD will meet with manufacturers who are interested in the implementation of GMP and already have preliminary designs of their factory premises, and explain to them the requirements of the current GMP guidelines, so as to assist them to implement GMP.

As announced in the 2013 Policy Address, a Chinese Medicine Development Committee (the Committee) has been established to give recommendations to the Government concerning the direction and long-term strategy of the future development of Chinese medicine in Hong Kong. Chaired by the Secretary for Food and Health, the Committee focuses its study on personnel training and professional development, Chinese medicine services, scientific research and the development of the Chinese medicine industry for formulation of relevant policy initiatives. The Committee will also review the difficulties faced by the industry regarding GMP compliance and explore feasible measures for the Government to provide assistance to the industry.

Meanwhile, there are a number of non-governmental organisations providing technical support for pCm manufacturers. For instance, the Hong Kong Baptist University and the Hong Kong University of Science and Technology have each set up a research laboratory to provide the trade with technical support for Chinese medicine testing. The Hong Kong Institute of Biotechnology also provides the trade with various consultancy services, including those on pCm product registration. Moreover, the trade may apply for funding under various funding schemes and the Small and Medium Enterprise Funding Schemes currently administered respectively by the Innovation and Technology Fund and the Trade and Industry Department.

(c) The 2015 Policy Address announced that the Government would plan and develop a testing centre for Chinese medicines (CMTC) to be managed by DH. The CMTC will be positioned as a high-end research and development institution focusing on the scientific study of Chinese medicines. It aims –

(a) to develop authoritative reference standards for the safety and quality of Chinese medicines and their respective testing methods through deployment of advance technologies with a view to enhancing the quality and the capacity of Chinese medicines testing in Hong Kong;

(b) to ensure the quality and safety of Chinese medicines and thus protect public health through general adoption of the reference standards by the Chinese medicines industry; and

(c) to promote the Chinese medicines reference standards and the respective testing methods as authoritative international benchmark through various platforms and collaboration with the relevant international and Mainland organisations, which will in turn facilitate the internationalisation of Hong Kong's Chinese medicines industry and enhance the status of Hong Kong as an international hub of Chinese

medicines testing.

The Government is conducting a site search and working out the implementation details, including the resources requirements and arrangements for the CMTC.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)020

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2053)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(1) The revised provision for the Hospital Authority (HA) for 2014-15 has increased by 3.6% or more than $1.7 billion over the original estimate. Is the provision increased on a recurrent basis or need basis upon application? Will the additional funding affect the application next year?

(2) The provision for HA for 2015-16 is $49.876 billion, 4% higher than the original estimate for 2014-15, but only 0.3% higher than the revised estimate for 2014-15. What are the Government's principles for funding HA? Is it based on HA's actual development and expenditure needs or the proportion of health expenditure to overall expenditure? Among the mild increase of 0.3% in the revised estimate for 2015-16, how much will be spent on payroll and enhancement of hospital services and equipment?

(3) As indicated in paragraph 10 under this Programme, the median waiting times for first appointments at specialist clinics for first and second priority patients are 2 and 8 weeks respectively as at 31 March 2016, which are longer as compared with the 1 and 5 weeks as at 31 March 2014. As shown in page 429, however, the number of specialists will increase from 3 099 in 2013-14 to 3 557 in 2015-16. Please explain the reasons for longer waiting times for first appointments despite increase in the number of specialists. What is the current proportion of specialists, veteran doctors and junior specialists in HA?

(4) According to the current number of medical staff and services provided, how many major medical staff is HA short of? In what ways can the manpower shortage be eased or addressed?

Asked by: Hon FANG Kang, Vincent (Member Question No. 10)

Reply:

(1)
The increase of $1.73 billion in the 2014-15 revised estimate over the original estimate is mainly due to an increase of $1.79 billion in the recurrent subvention for the Hospital Authority (HA) resulted from 2014 pay adjustment, offset by the return of $0.04 billion for the Government's 50% share of the additional income arising from the non-obstetric services for non-eligible persons and private services at HA's hospitals for 2013-14 and other minor adjustments of $0.02 billion. The additional recurrent subvention was allocated to HA to meet operational needs.

(2)
In determining the level of provision to HA, the Government will take into account a basket of factors which include the overall government budgetary situation, the operating expenditure of HA for providing existing services, the cost of coping with new and improved services and the financial position of HA.

To meet the growing demand from population growth and ageing, HA will continue to strengthen its healthcare services to the public. The overall operating expenditure for 2015-16 is projected to reach $54 billion, representing an increase of over 3% as compared to the 2014-15 budget. With the financial provision of $49.9 billion for 2015-16 from the Government to HA, coupled with HA's own income and mobilisation of its internal resources, HA will implement various measures to meet the increasing demand for hospital services and to improve the quality of patient care.

The budget allocation including the additional financial provision for 2015-16 is being worked out by HA and hence breakdown is not yet available.

(3)
It has been the target of HA to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for Priority 1 cases (i.e. urgent cases) and Priority 2 cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. The corresponding figures indicated in the Estimates for 2014-15 and 2015-16 reflect this target. The corresponding figures for 2013-14, on the other hand, reflect HA's actual performance (with median waiting time less than one week for Priority 1 patients and five weeks for Priority 2 patients), indicating that HA's actual performance was better than the target.

In 2014-15, the ratio for doctors with fellowship to doctors without fellowship is 6 : 4.

(4)
The overall manpower shortfall of doctors, nurses and allied health professionals in HA is around 340, 500 and 200 respectively in 2014-15. In 2015-16, HA plans to recruit around 400 doctors, 1 830 nursing staff and 480 allied health staff to further increase manpower strength and improve staff retention.

HA has deployed additional resources over the past few years to attract, motivate and retain healthcare professionals. These include enhancing training opportunities by offering

corporate scholarships for overseas training, strengthening manpower support, recruitment of additional supporting staff and re-engineering work processes.

For the medical grade, HA will continue to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors, recruit part-time doctors as well as non-local doctors under limited registration to supplement local recruitment drive.

For the nursing grade, HA will continue to enhance career advancement opportunities of experienced nurses and provide training to registered nursing students and enrolled nursing students at HA's nursing schools.

For the allied health grade, HA will continue to offer overseas scholarship to allied health undergraduates for grades with no local or inadequate supply, recruit additional professional and supporting staff to relieve workload and enhance training opportunities for allied health staff.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)021**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2054)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(1) In paragraph 140 of the Budget Speech, the Financial Secretary mentioned that with ageing population, the Government will continue to increase the resources on healthcare. In 2015-16, the Government's recurrent allocation to the Hospital Authority (HA) will be $49 billion, up by nearly 50% over 5 years ago. However, according to the Budget, the allocation to the HA in 2015-16 has only increased by 0.3% compared with the revised expenditure last year. What was the annual increase in the Government's allocation to the HA in the past 5 years? How did it compare with the inflation rate and the civil service pay increase? How was the 50% increase in 5 years derived?

(2) It is pointed out in paragraph 160 of the Budget Speech that the recurrent expenditure on medical and health services will be $54 billion, accounting for 16.8% of the recurrent expenditure. Given that Hong Kong's recurrent expenditure on medical and health services is far much lower than that of other developed countries, please advise the ratio of the expenditure on medical and health services to the recurrent expenditure in the past 5 years. With the problem of ageing population becoming increasingly serious and the Government having a rather robust financial position, are there any plans to gradually increase the ratio of the expenditure on medical and health services to the recurrent expenditure? If yes, what is the progress? If not, what are the reasons?

Asked by: Hon FANG Kang, Vincent (Member Question No. 11)

Reply:

(1)
The table below sets out the Government's recurrent subvention to the Hospital Authority (HA) in the past five years.

	2010-11 (Actual)	**2011-12 (Actual)**	**2012-13 (Actual)**	**2013-14 (Actual)**	**2014-15 (Revised Estimate)**
Recurrent subvention to HA ($ billion)	33.52	37.91	42.13	45.67	48.96
Annual increase in recurrent subvention ($ billion) and the percentage of increase	1.36 (4.23%)	4.39 (13.10%)	4.22 (11.13%)	3.54 (8.40%)	3.29 (7.20%)
Inflation rate (N1)	2.6%	5.9%	4.4%	4.5%	3.9%
Civil service pay increase(N2)	0.86%	6.47%	5.64%	3.52%	5.07%

N1: Based on the recent 12-month average of the Consumer Price Index (A) issued by the Census and Statistics Department

N2: Being the weighted average rate of civil service pay increase

The recurrent subvention for HA in 2015-16 is $49.11 billion, which is $15.59 billion or 46.5% (rounded up to about 50%) more than the actual provision of $33.52 billion in 2010-11.

To meet the growing demand from population growth and ageing, HA will continue to strengthen its healthcare services to the public. The overall operating expenditure for 2015-16 is projected to reach $54 billion, representing an increase of over 3% as compared to the 2014-15 budget. With the recurrent subvention of $49.11 billion for 2015-16 from the Government to HA, coupled with HA's own income and mobilization of its internal resources, HA will implement various measures to meet the increasing demand for hospital services and to improve the quality of patient care.

(2)

Analysis of Government recurrent expenditure on health with total Government recurrent expenditure for the past five years is provided in the table below:

	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
	Actual				Revised Estimate	Estimate
Recurrent expenditure on health ($ billion)	36.77	41.49	46.23	49.89	54.08	54.50

Share of recurrent expenditure on health with total Government recurrent expenditure (%)	16.5%	17.1%	17.6%	17.5%	17.7%	16.8%

The Government's commitment to healthcare is set to continue to increase as we reform the healthcare systems. We will continue to uphold the public healthcare system as the safety net for the whole population and to meet the challenges of our aging population.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0778)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

1. In the Budget Speech, it is stated that the $50 billion earmarked to support reform will be allocated for the high risk pool under the Voluntary Health Insurance Scheme, tax concession, setting up a fund for the Hospital Authority (HA), offering loans to non-profit-making organisations for private hospital development, and general use. Please provide a detailed breakdown of the $50 billion for the above initiatives.

2. What are the details of setting up a fund for the HA? What is the timetable for extending in phases the Public-Private Partnership Programme to all 18 districts? To what extent are the manpower shortages of the public healthcare system expected to be alleviated after the Programme is implemented?

3. Regarding offering loans to non-profit-making organisations for private hospital development, what are the terms and conditions?

Asked by: Hon HO Chun-yan, Albert (Member Question No. 2)

Reply:

1. In the 2008-09 Budget, the Government pledged to draw $50 billion from the fiscal reserves to support healthcare reform. Subject to public views received in the public consultation on the Voluntary Health Insurance Scheme (VHIS), the Government would allocate resources to support the implementation of the VHIS, mainly for injecting funds into the High Risk Pool and providing tax concession for subscribers to regulated insurance products. We will also make use of part of the $50 billion for supporting other healthcare reform measures, including –

   (a) setting up a fund of $10 billion for Hospital Authority (HA) to make use of investment returns for public-private partnership initiatives, so as to alleviate

pressure on the public healthcare system due to manpower shortages and surge in demand; and

(b) offering loans to non-profit-making organisations for private hospital development to address the acute shortage of private hospital beds. The total amount involved would be around $4 billion.

The remaining sum of the $50 billion will be reserved for general use, including provision of support for public hospital projects.

We will seek approval from the Finance Committee of the Legislative Council in accordance with procedure when the detailed proposals are ready.

2. The Financial Secretary has pledged in the 2015-16 Budget to allocate to the HA a sum of $10 billion as endowment to generate investment return for funding HA's public-private partnership (PPP) initiatives, including the General Outpatient Clinic (GOPC) Partnership Programme. The HA is now drawing up detailed plans to extend the Programme to the remaining 15 districts in the coming few years, including the scope of chronic diseases, number of patients, level of payment to participating private doctors, and the implementation timeframe for individual districts. We will seek funding approval of the Finance Committee of the Legislative Council within the 2015-16 financial year.

3. We propose providing a loan of around $4 billion to the Chinese University of Hong Kong (CUHK) for the development of a non-profit making private teaching hospital to be named as the CUHK Medical Centre (CUHKMC).

Subject to the approval of the Finance Committee of the Legislative Council, the proposed loan to CUHK will be of a term of 15 years, and will be interest-free in the first five years since the first drawdown of loan (tentatively in 2016). The loan will be repaid in 10 annual instalments from the sixth year onwards. The outstanding amount of the loan will be charged at a floating interest rate equivalent to the interest rate of the Government's fiscal reserves placed with the Exchange Fund.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0799)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong, what are the details and the expenditure involved?

Asked by: Hon HO Chun-yan, Albert (Member Question No. 23)

Reply:

The Review Committee on the Regulation of Pharmaceutical Products in Hong Kong (the Review Committee) put forward 75 recommendations to strengthen the regulatory control of pharmaceutical products in Hong Kong. The Food and Health Bureau (FHB) and departments concerned have been taking forward the recommendations made by the Review Committee progressively.

Among the 75 recommendations, certain recommendations require amendments to the Pharmacy and Poisons Ordinance (Cap. 138) and its subsidiary legislation. Having consulted the Panel on Health Services, the Administration introduced the legislative proposals, i.e. the Pharmacy and Poisons (Amendment) Bill 2014 (the Bill), into the Legislative Council on 26 March 2014. The Bill was passed on 21 January 2015 and has come into effect on 6 February 2015 (except sections 21, 37 and 68, which are related to the requirement for texts to be displayed on the container of any poison, shall come into effect on 5 August 2016). With the enactment of the legislative amendments, 10 of the 75 recommendations have been implemented.

Taking into consideration the findings of the Regulatory Impact Assessment Consultancy

study, the recommendation relating to licensing of retailers of non-poisons pharmaceutical products would not be implemented.

In addition to the 10 recommendations implemented through legislative amendments, 46 recommendations have been implemented, including six recommendations relating to Hospital Authority's measures to ensure the continuity of supply, safety and quality of drugs procured and to improve the storage and inventory monitoring system.

The remaining 18 recommendations are being implemented, including seven recommendations relating to the promulgation of Code of Practice for various traders. The rest are related to the upgrade of the Hong Kong Good Manufacturing Practice standard to PIC/S standard, enhancement of the drug database on Department of Health's website, and promotion of pharmacovigilance activities.

Between 2011 and 2013, a total of 63 additional posts (an Assistant Director of Health, a Chief Pharmacist, four Senior Pharmacists, 37 Pharmacists, five Scientific Officers (Medical) and 15 general grade posts) were created in the Department of Health to carry out relevant regulatory duties. The full year additional provision amounts to $46.8 million.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)024

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0800)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

1. What are the actual, revised and estimated expenditures on primary, secondary and tertiary care services in 2013-14, 2014-15 and 2015-16 respectively?

2. What measures will be implemented to improve patients' access to service? What is the expenditure involved?

Asked by: Hon HO Chun-yan, Albert (Member Question No. 24)

Reply:
1.

The secondary and tertiary care services of the Hospital Authority (HA) are mainly provided in the form of inpatient, specialist outpatient (including allied health) and Accident & Emergency (A&E) services. The table below sets out the actual and estimated costs of these services in 2013-14, 2014-15 and 2015-16 respectively.

Services	**Total Service Costs ($ million)**		
	2013-14 (Actual)	**2014-15 (Revised Estimate)**	**2015-16 (Estimate)**
Inpatient	30,594	33,849	35,125
Specialist outpatient	9,888	10,826	11,231
A&E	2,328	2,530	2,626

The table below sets out the actual and estimated costs of the primary care services of HA in 2013-14, 2014-15 and 2015-16 respectively.

Services	Total Service Costs ($ million)		
	2013-14 (Actual)	2014-15 (Revised Estimate)	2015-16 (Estimate)
General outpatient	2,236	2,475	2,568
Family medicine specialist outpatient	290	318	330

HA's service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment), as appropriate.

2.

To meet the growing demand from population growth and ageing, HA will continue to strengthen its healthcare services to the public. The overall operating expenditure for 2015-16 is projected to reach $54 billion, representing an increase of over 3% as compared to the 2014-15 budget. With the financial provision of $49.9 billion for 2015-16 from the Government to HA, coupled with HA's own income and mobilisation of its internal resources, HA will implement various measures to meet the increasing demand for hospital services and to improve the quality of patient care. Examples of such measures are:

(a) increasing a total of 250 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Tseung Kwan O Hospital, Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital to enhance the capacity of inpatient services, including additional emergency beds;

(b) providing additional operating theatre sessions to allay the waiting list for surgeries;

(c) widening the indications of Special Drug for Multiple Sclerosis and introducing new drugs of proven safety and efficacy to the Drug Formulary for cancer treatment, chronic Hepatitis C and Crohn's disease to benefit around 4 000 patients annually;

(d) enhancing endoscopy service by performing around 5 300 additional endoscopic procedures;

(e) increasing the episodic quota for general outpatient clinics in five Clusters (namely Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West) by 55 000 attendances for 2015-16;

(f) setting up Hong Kong's fourth Joint Replacement Centre in the New Territories East Cluster[(1)] for performing 90 additional operations for 2015-16 and 250 additional operations per year thereafter;

(g) augmenting mental health services by strengthening manpower of the psychiatric teams and introducing a peer support element to the Case Management Programme for patients with severe mental illness;

(h) relocating the Geriatric Day Rehabilitation Centre of Yan Chai Hospital to the hospital's new wellness centre and expanding the geriatric day places from 20 to 40 places; and

(i) strengthening the Community Geriatric Assessment Team service by conducting 3 000 additional visits to residential care homes for the elderly.

Note [(1)] – The other three existing Joint Replacement Centres are located at the Buddhist Hospital, Yan Chai Hospital and Pok Oi Hospital.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0801)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

1. It is expected that the number of general inpatient beds in 2015-16 will increase by 250 as compared to that in 2014-15. Please list the breakdown of the 250 additional beds in different hospitals.

2. The waiting time for first appointment at specialist outpatient clinics (including first and second priority patients) in 2015 and 2016 are longer than that in 2014. What are the reasons?

Asked by: Hon HO Chun-yan, Albert (Member Question No. 24)

Reply:

(1)
The table below sets out the breakdown of the 250 hospital beds to be opened in 2015-16 in the Hospital Authority (HA) by clusters and hospitals:

Cluster	**Number of hospital beds to be opened in 2015-16**		
	Acute General	Convalescent	Total
HKEC	**21**	**0**	**21**
PYNEH	*11*	*0*	*11*
RH	*10*	*0*	*10*
KEC	**36**	**0**	**36**
TKOH	*36*	***0***	**36**
NTEC	**71**	**0**	**71**
PWH	*71*	**0**	*71*
NTWC	**82**	**40**	**122**
POH	*76*	*38*	*114*
TMH	*6*	*2*	*8*
HA Overall	**210**	**40**	**250**

(2)

It has been the target of HA to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for Priority 1 cases (i.e. urgent cases) and Priority 2 cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. The corresponding figures indicated in the Estimates for 2014-15 and 2015-16 reflect this target. The corresponding figures for 2013-14, on the other hand, reflect HA's actual performance (with median waiting time less than one week for Priority 1 patients and five weeks for Priority 2 patients), indicating that HA's actual performance was better than the target.

Abbreviations

Cluster:
HKEC – Hong Kong East Cluster
KEC – Kowloon East Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

Hospital:
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
TKOH – Tseung Kwan O Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)026**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0802)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

The Prince Philip Dental Hospital will continue to explore ways to improve the completion rates of the para-dental training courses. What are the proposals for improvement?

Asked by: Hon HO Chun-yan, Albert (Member Question No. 25)

Reply:

Starting from the 2015/16 academic year, the Prince Philip Dental Hospital will make arrangements for graduates and current students of the para-dental training courses to share their learning experience and information about job opportunities with the prospective students during interview days and admission seminars. This will enable the potential applicants to have a better understanding of the courses before enrolment. In addition, the course instructors/tutors will enhance their communication with the students and offer timely guidance to them during their study. With these measures, it is expected that there will be an improvement in the completion rates of these courses.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0803)

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

Subhead (No. & title): (000) Operational expenses

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
With regard to the net increase of 8 posts in 2015-16, please provide the post title, responsibilities and estimated expenditure of each of these posts.

Asked by: Hon HO Chun-yan, Albert (Member Question No. 26)

Reply:
Details of the 8 posts to be created in 2015-16 are as follows –

Rank	No. of Post	Expenditure* ($)	Duration of Post	Work involved
Executive Officer II	1	431,160	5-year	Supporting the Healthcare Planning and Development Office in taking forward the Voluntary Health Insurance Scheme and regulation of private healthcare facilities.
Executive Officer II	1	431,160	4-year	
Assistant Clerical Officer	1	232,920	4-year	
Analyst/Programmer I	1	651,180	Permanent	Supporting the eHealth Record Office in the development and maintenance of eHealth Record Sharing System.
Analyst/Programmer II	2	862,320		

Rank	No. of Post	Expenditure* ($)	Duration of Post	Work involved
Executive Officer II	1	431,160	Permanent	Supporting the planning and implementation of hospital capital works projects and handling of public complaints and enquiries in relation to the Hospital Authority.
Executive Officer II	1	431,160	Permanent	Strengthening the executive support in taking forward health-related policies and projects.
Total	**8**			

* Calculated based on Notional Annual Mid-point Salary.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0804)

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

Subhead (No. & title): (700) General non-recurrent

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Health and Medical Research Fund under Item 823, please set out the names of research projects, the responsible institutions and the expenditure involved for the past 3 years respectively.

Asked by: Hon HO Chun-yan, Albert (Member Question No. 27)

Reply:

On 9 December 2011, LegCo Finance Committee approved a new commitment of $1,415 million for setting up the Health and Medical Research Fund (HMRF), by consolidating the former Health and Health Services Research Fund (HHSRF) and the Research Fund for the Control of Infectious Diseases (RFCID), with a broadened scope for funding health and medical research in Hong Kong. Research projects funded under the former HHSRF and the RFCID have been subsumed under the HMRF.

The 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 and government-commissioned research programmes.

The number of research projects approved under the HMRF for the past 3 years are as follows:

	Number of research projects approved	Total amount of approved funding (in $million)
2012-13#	120	84.6
2013-14	252	285.6
2014-15	264	304.4

 # funded under the former HHSRF and RFCID.

Details of these approved projects, including the project titles, responsible research institutions, approved funding and latest position, are available from the Research Fund Secretariat website at http://rfs.fhb.gov.hk.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1603)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:
During 2015-16, Prince Philip Dental Hospital will continue to explore ways to improve the completion rates of the para-dental training courses.

a. Will the Administration provide information on the estimated educational, administrative and manpower expenditure of the training courses in 2015?

b. Will the Administration explain why the number of training places for student dental surgery assistants and the capacity utilisation rate have declined progressively since 2013-14?

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. 60)

Reply:

a. The estimated expenditure of the para-dental training courses in the 2015-16 financial year is as follows:

	Amount ($)
Education	348,500
Administration	181,700
Manpower	5,335,000
Total	5,865,200

b. The student intake for the Certificate Course of Proficiency in Dental Surgery Assisting in the 2013/14 academic year was on the high side due to the favourable response. Enrolments in the 2014/15 academic year have returned to the normal level and the situation is expected to persist in 2015/16. To ensure that teaching resources would be gainfully deployed, the number of training places for this course is adjusted downwards in both 2014/15 and 2015/16. The capacity utilisation rate is estimated with reference to the student intake in the past few years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2247)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Government advise on the annual total expenditure on local healthcare 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 the Estimates of Expenditure in the past 5 years? What is the computation of the said figures and what items are included in the computation?

Asked by: Hon KWOK Ka-ki (Member Question No. 44)

Reply:

Statistics on the overall health expenditures in Hong Kong are derived from the Domestic Health Accounts of Hong Kong (HKDHA), which are compiled in accordance with the framework of the International Classification for Health Accounts promulgated by the Organisation for Economic Co-operation and Development (OECD). The HKDHA aim to 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. Due to the complexity of gathering, compiling, verifying and analyzing health expenditure data from various sources, HKDHA take time to compile and are available up to 2011-12 only.

On the other hand, the health policy area group (PAG) in the Government Estimates of Expenditure covers the estimated expenditures by government departments and agencies for the relevant functions and activities. Hence HKDHA capture a broader scope of public health expenditures than those under the Government Estimates. Annex 1 sets out the major differences and the respective statistics for the period from 2007-08 to 2011-12. The estimated expenditure under the health PAG in the Government Estimates for 2015-16 is

$70,558 million, or about 3.0% of the projected GDP, representing an increase of 56% or $25,261 million over four years ago. The government recurrent expenditure on health is estimated at about $54,502 million in 2015-16, taking up 16.8% of the total government recurrent expenditure and representing a 31% increase over the expenditure in 2011-12.

Annex 2 shows the total health expenditure, public health expenditure and private health expenditure under HKDHA for the period from 2007-08 to 2011-12. Expenditure under the health PAG in the Government Estimates for the period from 2011-12 to 2015-16 is at Annex 3.

- End -

Annex 1

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

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

Under the health PAG of the Government Estimates, 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 the Government Laboratory are counted as government expenditure under the health policy area.

Apart from the above, public health expenditures under the HKDHA cover related functions performed by other government departments such as nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance service under the Fire Services Department and Auxiliary Medical Services.

As a result of the above, the HKDHA statistics on public health expenditure are generally higher than those on health PAG under the Government Estimates.

Expenditure (in HK$ million)	2007-08	2008-09	2009-10	2010-11	2011-12
(A) Public health expenditure under HKDHA	38,824	41,254	43,865	45,487	49,262
(B) Expenditure on health PAG under Government Estimates	33,623	36,706	38,387	39,890	45,297
Difference [percentage of (A – B) / (A)]	*5,201 (13.4%)*	*4,548 (11.0%)*	*5,478 (12.5%)*	*5,597 (12.3%)*	*3,965 (8.0%)*

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

Annex 2

Major Statistics under the Domestic Health Accounts of Hong Kong (HKDHA), 2007-08 to 2011-12

	2007-08	2008-09	2009-10	2010-11	2011-12
Total Health Expenditure					
At current prices (HK$ million)	78,926	83,716	88,069	93,405	101,985
At constant 2012 prices (HK$ million)	85,575	89,960	95,003	100,171	104,853
Annual change (at constant 2012 prices)		5.1%	5.6%	5.4%	4.7%
Cumulative change since 2007-08 (at constant 2012 prices)		5.1%	11.0%	17.1%	22.5%
As % of GDP	4.7%	5.0%	5.2%	5.1%	5.2%
Per capita (HK$) (at constant 2012 prices)	12,373	12,929	13,625	14,261	14,827
Public Health Expenditure					
At current prices (HK$ million)	38,824	41,254	43,865	45,487	49,262
At constant 2012 prices (HK$ million)	42,095	44,331	47,319	48,782	50,647
Annual change (at constant 2012 prices)		5.3%	6.7%	3.1%	3.8%
Cumulative change since 2007-08 (at constant 2012 prices)		5.3%	12.4%	15.9%	20.3%
As % of GDP	2.3%	2.5%	2.6%	2.5%	2.5%
As % of Total Health Expenditure	49.2%	49.3%	49.8%	48.7%	48.3%
Per capita (HK$) (at constant 2012 prices)	6,086	6,371	6,786	6,945	7,162
Private Health Expenditure					
At current prices (HK$ million)	40,102	42,462	44,203	47,918	52,723
At constant 2012 prices (HK$ million)	43,480	45,630	47,684	51,389	54,205
Annual change (at constant 2012 prices)		4.9%	4.5%	7.8%	5.5%
Cumulative change since 2007-08 (at constant 2012 prices)		4.9%	9.7%	18.2%	24.7%
As % of GDP	2.4%	2.5%	2.6%	2.6%	2.7%
As % of Total Health Expenditure	50.8%	50.7%	50.2%	51.3%	51.7%
Per capita (HK$) (at constant 2012 prices)	6,287	6,558	6,839	7,316	7,665

Note: Health expenditure estimates with adjustment for inflation are computed at constant 2012 prices which are as released in the latest set of HKDHA, 2007-08 to 2011-12.

Annex 3

Total Public Expenditure under the Health Policy Area Group in the Government Estimates for the Period from 2011-12 to 2015-16

	2011-12	2012-13	2013-14	2014-15*	2015-16**
At current prices (HK$ million)	45,297	59,572#	67,602@	57,526	70,558^
At constant 2012 prices (HK$ million)	46,571	59,321	66,348	54,841	66,271
Annual change (at constant 2012 prices)		27.4%	11.8%	-17.3%	20.8%
Cumulative change since 2011-12 (at constant 2012 prices)		27.4%	42.5%	17.8%	42.3%
As % of GDP	2.3%	2.9%	3.1%	2.6%	3.0%
Per Capita (HK$) (at constant 2012 prices)	6,586	8,291	9,231	7,573	9,064

Notes: For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2012 prices are computed using the same inflation adjustment factor as in the HKDHA.
 # Including a one-off injection of $10 billion from the Government into the Samaritan Fund
@ Including a one-off injection of $350 million from the Government into the AIDS Trust Fund and a one-off grant of $13 billion to the Hospital Authority for minor works projects.
^ Including a provision of $10 billion for supporting public-private partnership initiatives.

** Revised Estimates*
*** Estimates*

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2248)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The revised estimate in 2014-15 is 15.6% lower than the original estimate. Will the Government advise on the reasons for this? What items have caused the reduction in the estimate? Are cuts in manpower or services involved? If yes, what are the cuts in manpower or services?

Asked by: Hon KWOK Ka-ki (Member Question No. 45)

Reply:

The decrease of $60.2 million (15.6%) in the 2014-15 revised estimate for Programme 1: Health as compared with the 2014-15 original estimate is mainly due to the lower-than-expected cash flow requirement for the non-recurrent item on Health and Medical Research Fund (HMRF) ($65.0 million) and less-than-estimated requirements for general department expenses ($1.1 million). The provision earmarked for various projects approved under the HMRF is not fully expended, and the proposals for some commissioned studies are still subject to revisions. As such, the provision previously reserved for these projects in 2014-15 would be incurred from 2015-16 onwards. Furthermore, there was underspending in some approved projects due to project progress e.g. delay in recruitment and procurement, and submission of payment claims by the funded institutions.

The above reduced requirements are partly offset by increased expenditure on personal emolument and personnel related expenses due to pay adjustment and staff changes ($5.9 million). There are no cuts in manpower or services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2249)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The estimate for 2015-16 is 13.9% higher than the total amount of revised estimate for 2014-15. What are the reasons for that? What are the items that have led to the increase in the estimate?

Asked by: Hon KWOK Ka-ki (Member Question No. 46)

Reply:

The increase of $45.4 million (13.9%) in the 2015-16 estimate for Programme (1) Health as compared with the revised estimate for 2014-15 is mainly due to the larger cash flow requirement of the non-recurrent item on Health and Medical Research Fund (HMRF) ($70.0 million). This includes payment carried forward from previous year (2014-15) and additional cash flow required for new commissioned studies and new approved projects under the HMRF.

The increase is partly offset by the lapse of the time-limited funding for the "Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres" in 2015-16 after it was converted into a regular programme under the Department of Health in October 2014 ($12.7 million) and a decrease in the expenditure on consultancy studies and surveys on healthcare, and other general departmental expenses ($11.9 million).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2250)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
It is mentioned under "Matters Requiring Special Attention in 2015-16" that the Health Branch will continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy. Would the Government please advise on:

(a) the progress of various initiatives implemented in the past 3 years, their effectiveness and the attendances of the services provided, as well as the facilities and staffing establishment involved; and

(b) the details and targeted service recipients of various initiatives to be implemented in the year ahead, and the expenditure and staffing establishment involved?

Asked by: Hon KWOK Ka-ki (Member Question No. 47)

Reply:

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest major PCO primary care initiatives include:

(a) Primary care conceptual models and reference frameworks
Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of the reference frameworks for diabetes and hypertension care has also been launched. Development of new modules under these reference frameworks (e.g. dental health for

older adults and injury prevention for children) is in progress while the promulgation of the existing reference frameworks continues.

(b) Primary Care Directory

The web-based and mobile application versions of the sub-directories for doctors, dentists and Chinese Medicine Practitioners have been launched. Development of the optometrists sub-directory is in progress while the promotion of PCD continues.

(c) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The second CHC located within the North Lantau Hospital commenced services in 2013. A new CHC in Kwun Tong has just been commissioned in late March 2015. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit districts needs most.

(d) Publicity Activities

A variety of publicity activities are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

The Government continues to take forward the primary care development strategy and implement, through DH and HA, a series of projects to enhance primary care. These include the Childhood Influenza Vaccination Subsidies Scheme, the Elderly Vaccination Subsidies Scheme, the Elderly Health Care Voucher Scheme, and the Outreach Dental Care Programme for the Elderly.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	**Implementation schedule**
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 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 organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 79 000 patients are expected to benefit from the programme by the end of 2014-15. An additional 14 000 patients are expected to be enrolled in 2015-16.

skills and promote partnership with the community.	
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 selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.
General Outpatient Clinic Public-Private Partnership Programme (Tin Shui Wai Primary Care Partnership Project) To test the use of public-private partnership model and supplement the provision of public GOPC 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 district in June 2010. As at early March 2015, more than 1 600 patients have participated in the programme. This programme has been extended to end-March 2017, pending the expansion of the GOPC Public-Private Partnership Programme to the Yuen Long district.
General Outpatient Clinic Public-Private Partnership Programme Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice receiving treatment provided by private doctors.	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in July 2014. As at early March 2015, over 3 600 patients have enrolled in the programme. HA is formulating plans to extend the programme to the remaining 15 districts in the next few years.

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. The healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)034

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3148)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2015-16", the Health Branch will continue to oversee the implementation of the Elderly Health Care Voucher Scheme. In this connection, please provide the following information for the past 3 years:

a. the number of eligible persons;
b. the number and percentage of eligible persons who had used the vouchers, the number of vouchers used and the total amount of claim transactions by gender and age group (70-74, 75-79, 80-84, 85 or above);
c. the number of healthcare service providers enrolled in the scheme, broken down by types of healthcare professionals (medical practitioners, chinese medicine practitioners, dentists, chiropractors, registered and enrolled nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists and optometrists).

Asked by: Hon. KWOK Ka-ki (Member Question No. 48)

Reply:

(a) & (b) The table below shows the number of eligible elders, the number of elders who had made use of vouchers and the total voucher amount involved in the past 3 years (as at 31 December of the year), broken down by gender and age group:

	2012			2013			2014		
	Number of elders	% of eligible elders	Amount of vouchers used^ (in $'000)	Number of elders	% of eligible elders	Amount of vouchers used^ (in $'000)	Number of elders	% of eligible elders	Amount of vouchers used^ (in $'000)
(1) Number of eligible elders (i.e. elders age 70 or above)*	714 000	-	-	724 000	-	-	737 000	-	-
(2) Number of elders who had made use of vouchers	424 000	59%	336,868	488 000	67%	629,814	551 000	75%	1,194,029
(i) By gender									
- Male	181 000	57%	140,194	211 000	65%	263,482	242 000	73%	504,467
- Female	243 000	62%	196,674	277 000	70%	366,332	309 000	76%	689,562
(ii) By age group									
-70 – 74	112 000	51%	77,962	124 000	58%	133,323	142 000	67%	249,793
-75 – 79	134 000	64%	113,326	150 000	71%	209,470	164 000	78%	389,961
-80 – 84	100 000	66%	83,949	119 000	75%	164,669	133 000	81%	314,084
-85 or above	78 000	58%	61,631	95 000	66%	122,352	112 000	74%	240,191

** Source: Hong Kong Population Projections 2012 – 2041, Census and Statistics Department*

^ face value of each voucher was changed from $50 to $1 on 1 July 2014

(c) The table below shows the number of healthcare service providers enrolled in the Scheme in the past 3 years (as at 31 December of the year), broken down by types of healthcare professionals:

	2012	2013	2014
Medical Practitioners	1 599	1 645	1 782
Chinese Medicine Practitioners	1 120	1 282	1 559
Dentists	336	408	548
Occupational Therapists	34	39	45
Physiotherapists	243	267	306
Medical Laboratory Technologists	24	25	26
Radiographers	20	19	21
Nurses	66	79	108
Chiropractors	33	45	51
Optometrists	152	167	185
Total:	3 627	3 976	4 631

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3149)

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

Subhead (No. & title): (-) Not specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
Regarding the Outreach Dental Care Programme for the Elderly, would the Government please provide the following information:

(a) the number of attendances for the service (with a breakdown by service type) and the number of healthcare staff involved each year since 2011;

(b) the details of the places offering the service, the number of attendances for the service (with a breakdown by place) and the number of healthcare staff involved each year since 2011; and

(c) the manpower and resources involved in the Programme?

Asked by: Hon KWOK Ka-ki (Member Question No. 49)

Reply:

(a) (i) Pilot Project

In 2011, the Government launched the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project). A total of 24 outreach dental teams from 13 non-governmental organisations (NGOs) were set up under the Outreach Pilot Project to provide free outreach dental services for elders residing in RCHEs or receiving services in DEs. About 70 000 elders received annual oral check and necessary treatments (including scaling and polishing, denture cleaning and fluoride / X-ray) under the Outreach Pilot Project between April 2011 and September 2014, involving about 125 000 attendances.

(ii) Regular Programme

The Outreach Pilot Project was converted into a regular programme and renamed the Outreach Dental Care Programme for the Elderly (ODCP) in October 2014 to continue to provide outreach dental services for elders in these homes/centres and similar facilities. Under the ODCP, 22 outreach dental teams from 11 NGOs have been set up to provide the outreach dental services. Between October 2014 to February 2015 (the latest figures provided by the participating NGOs), about 16 000 elders received an annual oral check and necessary treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride / X-ray and other curative treatments (such as fillings, extractions, dentures, etc.).

(b) Distribution of the RCHEs and DEs participating in the Outreach Pilot Project and the ODCP by administrative districts of the Social Welfare Department is as follows:

SWD's Administrative District	**No. of participating RCHEs and DEs**	
	Outreach Pilot Project (April 2011 – September 2014	**ODCP (October 2014 – February 2015)**
Central, Western, Southern and Islands	88	12
Eastern and Wan Chai	91	25
Kwun Tong	47	15
Wong Tai Sin and Sai Kung	48	17
Kowloon City and Yau Tsim Mong	110	59
Sham Shui Po	60	21
Tsuen Wan and Kwai Tsing	101	32
Tuen Mun	49	23
Yuen Long	54	27
Sha Tin	43	5
Tai Po and North	75	25
Total:	**766**	**261**

(c) We have earmarked $88 million for implementation of the Outreach Pilot Project. As regards ODCP, we have included $25.1 million in 2014-15 and $44.5 million as a full year provision (including six civil service posts) under Head 37 – Department of Health for implementation of the regular programme in 2015-16.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)036**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3245)

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

Subhead (No. & title): (-) Not specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

On organ donation, please advise on:

(a) the total number of persons who registered their willingness to donate organs in the Centralised Organ Donation Register in the past 3 years and the breakdown by type of organ/tissue to be donated;

(b) the respective numbers of patients waiting for organ donation, their average waiting time and the number of patients who successfully received donated organs in the past 3 years;

(c) the details of the publicity efforts previously made by the Government, the effectiveness of such efforts as well as the manpower and expenditure involved.

Asked by: Hon KWOK Ka-ki (Member Question No. 50)

Reply:

(a) The number of registrations made in the Centralised Organ Donation Register (CODR) in the past three years with breakdown by type of organ/tissue to be donated are as follows -

	2012	2013	2014
Total number of persons registered	27 518	24 036	19 868
Organs they wish to donate (number of persons):			
All organs	24 924	21 807	17 874
Kidney	2 241	1 887	1 732
Heart	2 207	1 832	1 674

Liver	2 165	1 838	1 690
Lung	2 035	1 720	1 559
Cornea	1 910	1 608	1 483
Bone	967	834	696
Skin	573	527	432

Note: A person can indicate his wish to donate more than one or all organs in the register.

(b) The table below sets out the relevant statistics in the past three years (2012-2014):

Year (as at Dec 31)	**Organ / Tissue**	**No. of patients waiting for organ / tissue transplant**	**Average waiting time (months)[2]**	**No. of donations[3]**
2012	Kidney	1 808	45.1	99
	Heart	17	2.8	17
	Lung	15	33	3
	Liver	121	30.1	78
	Cornea (piece)	500	24	259
	Bone	NA[Note 1]	NA	3
	Skin			6
2013	Kidney	1 991	48.5	82
	Heart	17	5.8	11
	Lung	18	29	4
	Liver	120	34.5	72
	Cornea (piece)	500	24	248
	Bone	NA	NA	3
	Skin			4
2014	Kidney	1 965	50	79
	Heart	28	5.4	9
	Lung	22	27.6	4
	Liver	98	39.9	63
	Cornea (piece)	465	24	337
	Bone	NA	NA	1
	Skin			9

Notes

(1): NA = Not Applicable. Patients waiting for skin and bone transplant are spontaneous and emergency in nature. As substitutes will be used if no suitable piece of skin or bone is identified for transplant, patients in need of skin and bone transplant are not included in the organ / tissue donation waiting list.

(2): "Average waiting time" is the average of the waiting time for patients on the organ / tissue transplant waiting list as at end of that year.

(3): HA has not kept statistics on the success or otherwise of the subsequent transplant cases.

(c) The Department of Health (DH), in collaboration with the Hospital Authority and relevant non-governmental organisations (NGOs), have been making continuous efforts

over the years to promote organ donation on various fronts. These include: (i) institution-based networking by inviting Government departments, NGOs and private companies to work in collaboration to promote organ donation and to encourage registration through the CODR within their respective institutions; (ii) public education through exhibitions, talks and seminars; (iii) publicity campaigns using various channels, e.g. television, radio, newspapers, internet etc.; and (iv) E-engagement by making use of social media with a dedicated Facebook fan page entitled "Organ Donation@HK" launched in 2011.

The short-term goal of promoting organ donation is to encourage members of the public to sign up on the CODR and to reduce reluctance and hesitation of individuals and family members to donate organs after death. In the long term, our goal is to create an atmosphere in our society which recognises voluntary organ donation as a commendable act of altruism and something that is the norm rather than the exception.

The expenditure and manpower on the publicity for organ donation cannot be separately identified as it is absorbed by DH's overall provision for health promotion.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)037

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1528)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary said in his Budget Speech that more drugs with proven efficacy would be incorporated into the Hospital Authority Drug Formulary (the Formulary). These include the expansion of clinical application of special drug for treating multiple sclerosis, as well as new drugs for treating cancer, chronic hepatitis C and Crohn's disease. A total of 4 000 patients will benefit each year.

(a) What are the criteria adopted by the Administration for incorporating drugs into the Formulary to provide assistance for the needy patients? Will the Administration consider incorporating effective but expensive drugs into the Formulary to help those needy patients who cannot afford them?

(b) Please list the diseases for which new drugs were incorporated into the Formulary and the number of patients benefitting from the Formulary (e.g. receiving full-rate or half-rate subsidy) for the past 3 years.

(c) Please list the names of drugs for treating Systemic Lupus Erythematogus (SLE) which are currently incorporated into the Formulary. Please provide a breakdown by drug of the number of patients receiving financial assistance from the Samaritan Fund in 2014-15 and the amount of subsidy granted.

(d) Please list the names of drugs for treating SLE that the Hospital Authority (HA) patients have to purchase at their own expenses at present. Please provide a breakdown by drug of the number of HA patients who purchased these drugs at their own expenses in 2014-15, and the estimated amount that each patient has to pay per month. What is the estimated annual additional expenditure if the HA subsidises the purchase of the drugs for those patients?

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. 53)

Reply:

(a)

The Hospital Authority (HA) has an established mechanism with the support of 20 specialty panels to regularly evaluate new drugs and review existing drugs in the HA Drug Formulary (HADF). The process follows an evidence-based approach, having regard to the principles of safety, efficacy 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.

Drugs which are proven to be of significant benefits but extremely expensive for HA to provide as part of its standard services are positioned as Self-financed items (SFI) in HADF and covered by the safety net provided through the Samaritan Fund (SF). Patients who meet specific clinical criteria and pass the means test will be entitled for SF subsidies.

HA will keep in view the latest scientific and clinical evidence of drugs and enhance HADF and the coverage of the safety net through SF as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy and to benefit more needy patients.

(b)

Additional recurrent funding has been allocated for introducing new drugs and expanding the clinical applications of existing drugs in HADF. The tables below set out the estimated number of patients benefited from the introduction of new drugs and expansion of clinical applications of existing drugs in HADF in the past three years.

Year	Drug Name / Class	Estimated Number of Patients Benefited
2012-13	**New drugs introduced into HADF**	
	1. Oxaliplatin for colon cancer	400
	2. Interferon beta for multiple sclerosis	90
	3. Gemcitabine for pancreatic and bladder cancer	100
	Drugs / drug classes with expanded clinical applications	
	4. Taxanes (including Docetaxel and Paclitaxel) for breast, head and neck, prostate and lung cancer	2 000
	5. Drugs for epilepsy, depression, dementia and attention deficit hyperactivity disorder	6 000
	6. Coagulation factors for hemophilia, iron oral chelating agents for adult thalassaemia, granulocyte-colony stimulating factor for neutropenia	900

Year	Drug Name / Class	Estimated Number of Patients Benefited
	7. Immunosuppressants for transplant	500
	8. Drugs for anaesthesia and sedation	All suitable patients
	9. Drugs for gastrointestinal diseases	11 000
	10. Drugs for pulmonary arterial hypertension and glycoprotein IIb / IIIa inhibitor for coronary vascular diseases	700
	11. Peritoneal dialysis fluid (glucose free preparation)	300
	12. Drugs for growth hormone deficiency	30
2013-14	**New drugs introduced into HADF**	
	1. Cetuximab for squamous cell carcinoma of head and neck	40
	2. Pemetrexed for malignant pleural mesothelioma	25
	Drugs / drug classes with expanded clinical applications	
	3. Capecitabine for metastatic breast cancer and advanced gastric cancer, and Oxaliplatin for metastatic colorectal cancer	1 310
	4. Dopamine-receptor agonists for advanced Parkinson's disease	900
2014-15	**New drugs introduced into HADF**	
	1. Atypical anti-psychotic drugs	8 000
	2. Anti-dementia drugs	2 700
	3. Drugs for treating adjuvant prostate cancer	440

(c) and (d)

Currently, the treatment modalities commonly used for treatment of Systemic Lupus Erythematosus (SLE) are drugs classified under General drugs in HADF which are heavily subsidised by the Government and provided to patients at standard fees and charges in public hospitals and clinics. Currently, no SFI or drugs covered by the SF is for treatment of SLE.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.1529)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With an ageing population and a slackening economic growth, the burden of healthcare will increase. It is mentioned in the Budget that the Government's recurrent allocation to the Hospital Authority (HA) will be $49 billion. Also, $81 billion will be earmarked for various hospital projects. Will the Administration inform this Committee of the following:

(a) What are the details of the resources spent on various hospital projects? For example, regarding the increase in the number of beds, what are the expected numbers of additional beds and the total numbers of beds that will be provided in the New Territories, Kowloon and Hong Kong this and next year?
(b) Apart from beds, there is also a shortage of doctors. Even if hospitals are built and additional beds are provided, the healthcare problems in Hong Kong can hardly be improved without the provision of enough healthcare manpower. What are the expected numbers of additional healthcare professionals and the total number of healthcare professionals that will be employed by HA this year?

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. 54)

Reply:

(a)

To cater for the long-term demand for healthcare services, a number of hospital projects are being carried out at various stages of works or under planning. Projects currently underway include : the redevelopment of Caritas Medical Centre (CMC) (Phase 2) and Yan Chai Hospital (YCH); the construction of Tin Shui Wai Hospital (TSWH) and the Hong Kong Children's Hospital (HKCH); and the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital. Projects under planning include : expansion of United Christian Hospital and the Hong Kong Red Cross Blood Transfusion Services Headquarters; redevelopment of Kwong Wah Hospital, Queen Mary Hospital and Kwai Chung Hospital;

extension of Operating Theatre Block of Tuen Mun Hospital; refurbishment of Hong Kong Buddhist Hospital; and the Phase 1 development of an acute general hospital in Kai Tak Development Area. The works expenditure of these hospital projects is estimated at $81 billion. A total of 2 800 additional beds will be provided upon completion of these projects. Among them, the redevelopment of CMC (Phase 2) project with a planned additional 133 beds will be completed in 2015; the construction of TSWH and HKCH, with respective planned inpatient and day bed capacity at 300 and 468, is targeted for completion in 2016 and 2017. Upon completion of the projects, HA will consider the detailed schedule of opening the beds for use in phases having regard to factors like the manpower situation, demand for services and the actual circumstances as appropriate.

(b)

In 2015-16, HA plans to recruit around 400 doctors, 1 830 nursing staff and 480 allied health staff to further increase manpower strength and improve staff retention. It is estimated that there will be 6 036 doctors, 24 410 nurses and 7 185 allied health staff (full time equivalent) working in HA in 2015-16.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1530)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

According to the Budget, the Government will improve the healthcare services by setting up a Chinese medicine hospital, facilitating Chinese medicine development, training additional Chinese medicine professionals, and providing selected treatment with integrated Chinese and Western medicine for patents of the Hospital Authority with a view to promoting the development of Chinese medicine in Hong Kong. Would the Government advise of the following:

(a) The number of Chinese medicine students of local tertiary institutions who practised Chinese medicine after graduation in the past three years, and their percentages in the total number of graduates;

(b) The number of Chinese medicine professionals expected to be trained in the coming year, the estimated expenditure incurred in the provision of training, and the increase in expenditure as compared with the previous year;

(c) The locations at which treatment with integrated Chinese and Western medicine is provided, types of treatment available, number of patients who received the treatment in the previous year and the increase in number as compared with the year before; and

(d) The policy adopted by the Government to promote treatment with integrated Chinese and Western medicine in the coming year.

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. 55)

Reply:

(a) At present, there are three local universities offering full-time Chinese medicine degree courses accredited by the Chinese Medicine Practitioners Board (PB) of the Chinese Medicine Council of Hong Kong (CMCHK) in Hong Kong, namely the Hong

Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong. The number of graduates from these courses were 69, 68 and 72 in 2012, 2013 and 2014 respectively. Those who have successfully completed the above courses are eligible to sit for the Chinese Medicine Practitioners Licensing Examination (CMPLE) organised by the PB under the CMCHK. Candidates who have passed the CMPLE are qualified to apply for registration as registered Chinese medicine practitioners (CMP) for practising Chinese medicine in Hong Kong. Number of graduates who passed the CMPLE and got registered in 2012, 2013 and 2014 were 57, 56 and 62 respectively and their percentages over the total number of graduates range between 82% to 86%.

(b) The Government has established a public Chinese medicine clinics (CMC) in each of the 18 districts to promote the development of "evidence-based" Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. The 18 public CMCs all operate on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation including the engagement of Chinese medicine practitioners (CMPs). Each public CMC is required to employ at least 12 junior CMPs / CMP trainees. Fresh graduates will be engaged as junior CMPs in the first year, and as CMP trainees in the second and third years. The 18 public CMCs provide a total of 216 training places. We have earmarked an annual provision of $94.5 million for the operation and administration of public CMCs in both 2014-15 and 2015-16.

Approved intake places for the University Grants Committee (UGC)-funded full-time CMP undergraduate programmes during the 2013/14 to 2015/16 academic years were 79 each year. The bulk of the funding is allocated to institutions in the form of block grant based on the approved student numbers allocated to institutions. As funding for publicly-funded undergraduate places is subsumed under the block grants, we are unable to identify and attribute the actual expenditure on specific programmes. It is noteworthy that according to the institutions, the average student unit costs per annum of a UGC-funded undergraduate place for the 2013/14 academic year was $209,000, the bulk of which is subsidised by Government subvention with the remainder funded by income from tuition fee (i.e. $42,100). The average student unit cost for the 2014/15 academic year and beyond is not yet available.

(c) To help gather experiences in the operation of integrated Chinese-Western medicine (ICWM) and Chinese Medicine in-patient services, the HA has been tasked to carry out a two-year ICWM pilot project (pilot project). The Phase I of the pilot project, which commenced in September 2014, provides ICWM treatment for HA in-patients of selective disease areas, namely stroke care, cancer palliative care and acute low back pain care, at Tung Wah Hospital, Tuen Mun Hospital and Pamela Youde Nethersole Eastern Hospital respectively. Up to 31 December 2014, 41 patients have joined the pilot programme on a voluntary basis.

(d) The HA will closely monitor the pilot project. An interim review of the pilot project will be conducted to determine the rollout plan for Phase II implementation which will

involve another three HA hospitals. After completion of the pilot project, an evaluation report will be submitted to the Chinese Medicine Development Committee.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2770)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
It is stated in the Budget Speech that with ageing population, the Government will continue to increase resources on healthcare and its recurrent allocation to the Hospital Authority (HA) will be $49 billion in 2015-16, up by nearly 50% over 5 years ago. What were the Government's annual health expenditure and allocation to HA in the past 5 years? What amount of these was used to cope with ageing population? What is the amount to be reserved for expenditure involved in coping with ageing population in the coming year?

Asked by: Hon LAM Tai-fai (Member Question No. 27)

Reply:
The table below sets out the recurrent Government expenditure on health and the Government's recurrent subvention to the Hospital Authority (HA) from 2010-11 to 2015-16:

	2010-11 (Actual)	2011-12 (Actual)	2012-13 (Actual)	2013-14 (Actual)	2014-15 (Revised Estimate)	2015-16 (Estimate)
Recurrent Government Expenditure on Health ($ billion)	36.77	41.49	46.23	49.89	54.08	54.50
Recurrent Subvention to HA ($ billion)	33.52	37.91	42.13	45.67	48.96	49.11

The cost of the services provided to persons aged 65 or above as a percentage of the total service costs in HA from 2010-11 to 2015-16 are as follows:

	2010-11 (Actual)	2011-12 (Actual)	2012-13 (Actual)	2013-14 (Actual)	2014-15 (Revised Estimate)	2015-16 (Estimate)
Cost of services for persons aged 65 or above as a percentage of the total HA service costs[#] (%)	45.8	45.4	45.5	46.0	47.3	47.3

[#] The percentages in 2010-11 to 2013-14 are based on actual service throughput provided to patients at all ages, those provided to patients aged 65 or above, and the average cost of different services. The percentages in 2014-15 and 2015-16 are estimated figures.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)041**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2771)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Budget that the Government will offer loans to non-profit-making organisations for private hospital development to address the acute shortage of private hospital beds and will provide support for public hospital projects. What are the total amount of loans and the loan ceiling of individual applications. How many organisations are expected to be benefited? How much expenditure will be earmarked for the provision of support for public hospital projects?

Asked by: Hon LAM Tai-fai (Member Question No. 28)

Reply:

We propose providing a loan of about $4 billion to the Chinese University of Hong Kong (CUHK) for the development of a non-profit making private teaching hospital to be named as the CUHK Medical Centre.

We will consider applications for private hospital development by private organisations, including non-profit making charitable organisations on an individual basis.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)042

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2772)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Recurrent expenditure on medical and health services in 2015-16 will be $54.5 billion. The Government says that it will continue to enhance public healthcare services. Measures include providing 250 additional hospital beds, expanding the capacity of specialist out-patient clinics and general out-patient clinics, strengthening geriatric rehabilitation and outreach services, and increasing operating theatre sessions. More drugs with proven efficacy will be incorporated into the Hospital Authority Drug Formulary. These include the expansion of clinical application of special drug for treating multiple sclerosis, as well as new drugs for treating cancer, chronic hepatitis C and Crohn's disease. Please set out the estimated expenditure and number of beneficiaries for each measure, as well as the locations where such services will be provided.

Asked by: Hon LAM Tai-fai (Member Question No. 29)

Reply:

To meet the growing demand from population growth and ageing, HA will continue to strengthen its healthcare services to the public. The overall operating expenditure for 2015-16 is projected to reach $54 billion, representing an increase of over 3% as compared to the 2014-15 budget. The income of HA includes Government Subvention of $49.9 billion, fees and charges collected by HA and redeployment of internal resources. Major initiatives implemented by HA in 2015-16 to meet the increasing demand for hospital services and improve the quality of patient care include:

(i) increasing a total of 250 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Tseung Kwan O Hospital, Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital to enhance the capacity of inpatient services, including additional emergency beds (over $320 million);

(ii) providing additional operating theatre sessions and enhance surgical capacity to allay the waiting list for surgeries ($77 million);

(iii) widening the indications of Special Drug for Multiple Sclerosis and introducing new drugs of proven safety and efficacy to the Drug Formulary for cancer treatment, chronic Hepatitis C and Crohn's disease to benefit around 4 000 patients annually ($45 million);

(iv) enhancing endoscopy service by performing around 5 300 additional endoscopic procedures (over $32 million);

(v) increasing the episodic quota for general outpatient clinics in five Clusters (namely Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West) by 55 000 attendances for 2015-16 ($29 million);

(vi) setting up Hong Kong's fourth Joint Replacement Centre in the New Territories East Cluster for performing 90 additional operations ($22 million);

(vii) augmenting mental health services by strengthening manpower of psychiatric teams and introducing a peer support element into the Case Management Programme for people with severe mental illness ($15 million);

(viii) relocating the Geriatric Day Rehabilitation Centre of Yan Chai Hospital to the hospital's new wellness centre and expanding the geriatric day places from 20 to 40 places ($9 million); and

(ix) strengthening the Community Geriatric Assessment Team service by conducting 3 000 additional visits to residential care homes for the elderly ($7 million).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2778)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The actual total number of specialist outpatient attendances were 6 885 455 in 2012-13, and the estimated number for 2015-16 is 7 060 000. Please set out by specialty and waiting time (less than one year, one to less than two years, two to less than three years, and three years or above) the expenditures involved in specialist outpatient services and the average waiting times for new and follow-up attendances in the past three years. What is the estimated expenditure in specialist outpatient services for the coming year? Has target been set to reduce the waiting times? What are the estimated average waiting times for new and follow-up attendances?

Asked by: Hon LAM Tai-fai (Member Question No. 38)

Reply:

The table below sets out the costs of providing specialist outpatient (SOP) services in the Hospital Authority (HA) for major specialties in 2012-13 and 2013-14.

Specialty	**SOP Service Costs ($ million)**	
	2012-13	**2013-14**
Ear, Nose and Throat	252	263
Obstetrics & Gynaecology	437	448
Medicine	3,457	3,647
Ophthalmology	508	557
Orthopaedics & Tranumatology	494	503
Paediatrics	306	321
Psychiatry	902	928
Surgery	975	979

The total cost of SOP services provided by HA in 2014-15 and 2015-16 are estimated to be $10,826 million and $11,231 million respectively. The relevant estimated costs by specialty are not yet available.

The SOP service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment).

It should be noted that SOP service costs vary among different cases and different specialties owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. Therefore the service costs cannot be directly compared among different specialties.

The table below sets out the median waiting time of all SOP new cases (including Priority 1, Priority 2 and routine cases) by major specialty for 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

Specialty	Median waiting time (weeks)		
	2012-13	2013-14	2014-15 (up to 31 December 2014) [Provisional figures]
ENT	8	11	12
MED	15	15	15
GYN	11	11	12
OPH	4	5	4
ORT	16	15	17
PAE	7	7	7
PSY	7	8	10
SUR	15	15	16

The tables below set out the number of specialist outpatient new cases by major specialty 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 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

2012-13

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	83 246	79 193	2 967	608	478
MED	112 539	92 739	19 573	221	6
GYN	57 295	50 541	4 985	1 681	88
OPH	123 470	106 667	11 865	4 095	843
ORT	98 026	66 994	23 094	7 935	3
PAE	24 260	23 928	275	57	0
PSY	47 230	41 720	5 072	403	35
SUR	150 148	119 637	19 245	10 795	471

2013-14

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	84 639	77 678	6 671	290	0
MED	116 114	90 444	25 414	253	3
GYN	62 413	55 575	5 176	1 410	252
OPH	122 561	102 616	19 104	840	1
ORT	102 060	68 007	19 683	14 370	0
PAE	24 099	23 669	278	43	109
PSY	47 530	39 552	7 133	831	14
SUR	153 722	123 271	21 045	8 283	1 123

2014-15 (up to 31 December 2014) [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	64 357	55 612	8 739	6	0
MED	89 810	63 804	24 895	1 111	0
GYN	47 724	41 885	4 604	709	526
OPH	97 425	76 181	21 244	0	0
ORT	80 895	52 201	16 642	10 702	1 350
PAE	19 096	18 976	40	41	39
PSY	36 954	28 901	6 555	1 361	137
SUR	121 922	95 654	22 060	3 065	1 143

The date of follow-up consultations of each patient is determined according to the patient's clinical needs and therefore appointment time for follow-up consultation varies from case to case. As such, the duration between consultations for individual patients is not an indication of the performance of HA.

Abbreviations

ENT – Eye, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.2779)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2015-16, the Government will continue to oversee the progress of various capital works projects of the Hospital Authority, such as redevelopment of Yan Chai Hospital and Caritas Medical Centre, construction of the new Tin Shui Wai Hospital and the Hong Kong Children's Hospital in Kai Tak, the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital, and to plan for the expansion of United Christian Hospital and the Hong Kong Red Cross Blood Transfusion Service Headquarters, the redevelopment of Kwong Wah Hospital, Queen Mary Hospital and Kwai Chung Hospital, the refurbishment of Hong Kong Buddhist Hospital, the construction of a new acute hospital in Kai Tak, and the extension of the Operating Theatre Block of Tuen Mun Hospital. What are the progress of the works projects and their expected dates of completion? How much expenditure and manpower will be reserved by the Government to monitor the progress of the works to ensure that there will not be any overspending or delay of the works?

Asked by: Hon LAM Tai-fai (Member Question No. 39)

Reply:

Construction works of the phase 2 redevelopment of Caritas Medical Centre are in progress for completion of the whole project in mid-2015.

Construction works of the Yan Chai Hospital redevelopment project are progressing on schedule with completion of the whole project targeted in early 2016.

Construction works for Tin Shui Wai Hospital (TSWH) and Hong Kong Children's Hospital (HKCH) and the reprovisioning of Yaumatei Specialist Clinic (YMTSC) at Queen Elizabeth Hospital are underway. The target completion for the TSWH and YMTSC projects are both 2016 while that for HKCH is 2017.

The expansion of United Christian Hospital project will be carried out in phases. While its preparatory works are on-going, subject to funding approval by the Finance Committee (FC), the main works are planned to commence in stages from 2015 for completion of the whole project in 2022-23.

Subject to funding approval of FC, the expansion of the Hong Kong Red Cross Blood Transfusion Service Headquarters project is planned to start in 2015 for completion in 2020.

The redevelopment of Kwong Wah Hospital (KWH), Queen Mary Hospital (QMH), phase 1 and Kwai Chung Hospital (KCH) projects will be carried out in phases, subject to funding approval of FC. Preparatory works for the redevelopment of KWH are progressing to pave way for the phased implementation of the main works from 2016 for completion of the whole project in 2022. Preparatory works for the redevelopment of QMH, phase 1 started in 2014 and the main works will commence in 2017 for completion of the whole phase 1 redevelopment project by 2023-24. As for the redevelopment of KCH project, the first phase of works is planned to start in 2016 for completion of the whole redevelopment project in 2023.

Subject to funding approval of FC, the refurbishment of Hong Kong Buddhist Hospital project is planned to start in 2015 for completion in 2019.

The Hospital Authority (HA) has completed the strategic planning and technical feasibility studies for a new acute general hospital in the Kai Tak Development Area, and will proceed with the development of this new hospital. The construction of the proposed new hospital will be carried out in phases. Subject to funding approval of FC, the first phase of construction works is expected to complete in 2021.

The extension of the Operating Theatre Block of Tuen Mun Hospital project is under planning with the necessary pre-construction works now being carried out. Subject to funding approval of FC, the construction works are planned to start in 2016 for completion in 2020.

The Government plans to spend $81 billion for the above hospital development projects. Planning and monitoring progress of HA's capital works projects is one of the regular and on-going responsibilities of the Food and Health Bureau and the work is undertaken by existing resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0502)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by item of the number of applications approved and the expenditure incurred in 2013-14 and 2014-15 respectively under the Samaritan Fund managed by the Hospital Authority.

Asked by: Hon LEE Cheuk-yan (Member Question No. 33)

Reply:

The table below sets out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund in 2013-14 and 2014-15 (up to 31 December 2014):

Items	2013-14		2014-15 (up to 31 December 2014)	
	Number of applications approved	Amount of subsidies granted ($ million)	Number of applications approved	Amount of subsidies granted ($ million)
Drugs	2 027	280.2	1 642	233.3
Non-drugs:				
Cardiac Pacemakers	484	24.3	392	22.1
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 571	67.1	1 324	74.2
Intraocular Lens	1 292	1.8	754	1.1
Home use equipment and appliances	30	0.4	42	0.5
Gamma knife surgeries in private hospital	4	0.4	1	0.1
Harvesting bone marrow in foreign countries	10	2.1	14	2.7
Myoelectric prosthesis / custom-made prosthesis/appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	72	1.6	55	0.4
Total	5 490	377.9	4 224	334.4

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0503)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

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 Government advise on the number of new cases triaged respectively as first priority, second priority and routine cases in 2013-14 and 2014-15 and their respective percentages? Among the above cases of different priorities, what are the respective lower quartile, median, upper quartile and the longest (90th percentile) waiting time for consultation appointments at the HA hospitals?

Asked by: Hon LEE Cheuk-yan (Member Question No. 34)

Reply:

The table below sets 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 (25^{th} percentile), median (50^{th} percentile), upper quartile (75^{th} percentile) and the longest (90^{th} percentile) waiting time in each hospital cluster for 2013-14 and 2014-15 (up to 31 December 2014).

2013-14

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			
HKEC	ENT	1 191	15%	<1	<1	<1	<1	2 781	34%	1	3	6	7	4 239	52%	15	35	37	45
	MED	2 306	20%	<1	1	1	2	3 348	28%	2	4	6	7	6 143	52%	6	15	34	47
	GYN	814	14%	<1	<1	<1	1	912	16%	3	3	4	6	4 067	70%	8	12	18	22
	OPH	5 321	44%	<1	<1	<1	1	1 757	15%	4	7	7	8	5 011	41%	10	14	22	36
	ORT	1 892	20%	<1	1	1	1	2 297	24%	4	6	7	7	5 370	56%	15	47	51	51
	PAE	197	15%	<1	1	1	2	903	67%	3	5	7	7	256	19%	9	13	18	26
	PSY	451	13%	<1	1	1	1	869	25%	2	3	5	7	2 127	62%	2	7	24	28
	SUR	1 971	15%	<1	1	1	2	3 932	30%	4	6	7	8	7 345	55%	10	20	41	47
HKWC	ENT	701	11%	<1	<1	1	1	2 212	33%	3	6	8	8	3 743	56%	6	21	57	89
	MED	1 588	13%	<1	<1	1	1	1 735	14%	3	5	7	9	8 839	73%	9	31	40	57
	GYN	1 174	14%	<1	1	1	2	893	11%	3	4	5	7	5 616	66%	9	18	25	62
	OPH	3 672	36%	<1	<1	1	1	1 435	14%	4	4	6	8	5 090	50%	13	17	19	21
	ORT	1 113	10%	<1	<1	1	2	1 527	14%	2	4	6	7	8 340	76%	6	14	27	42
	PAE	391	16%	<1	<1	1	1	806	33%	2	4	7	8	1 226	51%	10	16	18	19
	PSY	178	4%	<1	1	1	2	624	15%	1	3	4	6	3 311	80%	3	14	40	86
	SUR	2 155	15%	<1	1	1	2	2 426	17%	3	5	7	8	9 753	68%	6	21	48	66
KCC	ENT	1 395	9%	<1	<1	<1	<1	859	5%	<1	2	3	5	13 466	86%	5	21	22	28
	MED	1 585	13%	<1	<1	1	1	1 751	15%	3	4	5	7	8 584	71%	12	38	65	85
	GYN	476	9%	<1	<1	1	1	1 771	32%	3	4	5	6	3 259	59%	5	10	23	28
	OPH	7 229	30%	<1	<1	<1	<1	5 314	22%	1	2	4	5	11 438	47%	43	53	56	60
	ORT	327	4%	<1	<1	1	1	1 029	13%	<1	2	4	6	6 797	83%	29	54	66	93
	PAE	565	26%	<1	<1	1	1	428	19%	4	5	6	7	1 203	55%	6	16	20	20
	PSY	241	9%	<1	<1	1	1	964	35%	2	4	7	8	1 570	57%	8	16	30	36
	SUR	2 294	13%	<1	1	1	1	2 960	17%	3	4	6	7	12 100	70%	20	24	32	65
KEC	ENT	1 758	20%	<1	<1	1	1	2 666	30%	3	4	7	7	4 547	51%	32	52	68	78
	MED	1 735	9%	<1	1	1	1	4 433	24%	4	7	7	7	12 518	67%	12	43	55	75
	GYN	1 622	19%	<1	1	1	1	1 067	12%	3	6	7	7	6 033	69%	11	33	76	89
	OPH	5 551	31%	<1	<1	1	1	944	5%	3	6	7	7	11 141	63%	11	23	63	71
	ORT	3 881	24%	<1	<1	1	1	3 033	19%	5	7	7	8	9 144	57%	37	100	146	149
	PAE	898	22%	<1	<1	<1	1	749	18%	4	7	7	7	2 502	60%	15	20	27	35
	PSY	349	5%	<1	1	1	2	2 110	29%	3	4	7	7	4 517	62%	12	48	76	97
	SUR	1 594	7%	<1	1	1	1	5 726	23%	4	6	7	7	17 092	70%	6	24	126	151

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			
KWC	ENT	3 345	19%	<1	<1	1	1	4 492	26%	4	6	7	8	9 530	55%	14	24	40	45
	MED	2 740	9%	<1	<1	1	2	6 275	21%	4	6	7	7	20 394	68%	20	43	61	74
	GYN	987	7%	<1	<1	1	1	2 617	19%	4	6	7	7	10 406	74%	12	21	38	46
	OPH	6 168	33%	<1	<1	<1	<1	6 129	33%	4	5	6	7	6 499	35%	36	44	47	49
	ORT	4 251	19%	<1	<1	1	1	5 647	25%	3	5	7	8	12 419	55%	46	57	84	107
	PAE	2 918	38%	<1	<1	<1	1	1 009	13%	4	6	7	7	3 652	47%	8	10	15	17
	PSY	396	3%	<1	1	1	2	840	6%	1	4	7	8	13 096	91%	1	17	51	92
	SUR	5 182	14%	<1	1	1	2	10 720	29%	4	6	7	7	21 631	58%	17	38	63	104
NTEC	ENT	4 278	28%	<1	<1	1	2	3 310	22%	3	3	5	7	7 493	50%	23	57	70	87
	MED	2 787	13%	<1	<1	1	1	2 594	12%	3	5	7	8	15 318	72%	19	64	72	83
	GYN	1 600	13%	<1	<1	1	2	872	7%	3	5	7	8	7 886	63%	19	48	81	128
	OPH	7 061	35%	<1	<1	<1	1	2 942	15%	3	4	7	8	9 948	50%	14	46	69	70
	ORT	5 903	27%	<1	<1	<1	1	2 237	10%	4	5	7	7	13 644	63%	17	111	122	127
	PAE	495	12%	<1	<1	1	2	723	18%	3	4	6	7	2 843	70%	10	26	38	48
	PSY	1 470	17%	<1	1	1	2	2 285	26%	2	4	7	8	4 878	56%	15	40	79	104
	SUR	2 108	9%	<1	<1	1	2	3 388	14%	3	5	6	7	18 571	77%	17	27	70	79
NTWC	ENT	2 654	21%	<1	<1	<1	1	1 216	10%	2	3	4	7	8 738	69%	13	28	33	41
	MED	1 121	11%	1	1	1	2	2 346	23%	5	6	7	7	6 593	66%	23	38	46	59
	GYN	1 130	15%	1	1	2	3	951	13%	4	6	7	9	5 255	72%	11	15	23	43
	OPH	7 057	36%	<1	<1	<1	1	3 282	17%	2	4	5	6	9 282	47%	15	51	63	68
	ORT	1 759	13%	<1	1	1	2	1 153	9%	2	4	5	7	10 137	78%	20	73	76	82
	PAE	43	2%	<1	1	2	2	271	12%	4	6	7	8	1 873	86%	10	13	13	14
	PSY	547	8%	<1	1	1	1	1 888	27%	2	5	7	8	4 399	64%	6	24	39	49
	SUR	1 386	6%	<1	1	2	5	3 478	15%	4	7	20	29	17 673	78%	22	48	57	59

2014-15 (up to 31 December 2014) [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			
HKEC	ENT	938	15%	<1	<1	<1	<1	2 152	34%	1	3	4	6	3 174	51%	12	35	37	42
	MED	1 986	21%	<1	1	1	2	2 799	30%	2	4	6	7	4 641	49%	11	23	49	51
	GYN	548	12%	<1	<1	<1	1	701	15%	3	3	4	6	3 358	73%	7	11	19	34
	OPH	4 246	44%	<1	<1	<1	1	1 463	15%	4	6	7	8	3 989	41%	10	12	16	32
	ORT	1 484	20%	<1	1	1	1	1 758	23%	4	6	7	7	4 307	57%	19	46	50	51
	PAE	178	17%	<1	1	1	2	692	67%	3	5	7	7	170	16%	10	14	16	19
	PSY	315	12%	<1	1	1	1	711	26%	2	3	5	6	1 665	62%	4	9	17	20
	SUR	1 476	14%	<1	1	1	2	3 282	31%	5	7	7	8	5 942	56%	14	31	46	54
HKWC	ENT	608	12%	<1	<1	1	1	2 133	42%	3	6	7	8	2 386	46%	11	26	62	82
	MED	1 338	14%	<1	<1	1	1	1 459	16%	3	5	8	9	6 507	70%	10	35	45	64
	GYN	1 098	18%	<1	<1	1	2	838	14%	4	5	6	7	3 859	63%	9	18	20	124
	OPH	2 676	36%	<1	<1	1	1	1 164	16%	3	4	5	8	3 618	49%	3	7	20	24
	ORT	711	8%	<1	<1	1	2	1 229	15%	3	4	6	8	6 510	77%	8	16	28	39
	PAE	390	20%	<1	<1	1	1	537	28%	2	4	7	8	981	51%	10	13	14	14
	PSY	322	10%	<1	1	1	2	727	23%	2	3	4	6	2 144	67%	6	22	73	116
	SUR	1 439	13%	<1	<1	1	2	2 014	18%	3	6	7	8	7 630	69%	7	15	47	62
KCC	ENT	1 159	11%	<1	<1	<1	1	907	8%	1	3	5	6	8 623	81%	23	28	32	35
	MED	1 089	12%	<1	1	1	1	1 447	15%	3	5	5	7	6 767	72%	16	44	66	98
	GYN	322	8%	<1	<1	1	1	1 415	34%	3	4	5	7	2 456	59%	12	15	23	28
	OPH	5 537	29%	<1	<1	<1	1	3 486	18%	2	4	4	5	9 836	52%	49	54	56	57
	ORT	216	4%	<1	1	1	1	730	12%	<1	2	4	6	5 119	84%	37	65	75	106
	PAE	531	28%	<1	<1	1	1	409	22%	5	6	7	7	925	50%	6	16	17	18
	PSY	154	7%	<1	<1	1	1	742	34%	2	3	6	7	1 314	59%	15	19	24	37
	SUR	1 747	12%	<1	1	1	1	2 152	15%	3	5	6	7	10 132	72%	22	30	36	47
KEC	ENT	1 441	19%	<1	<1	<1	1	1 860	24%	1	3	4	7	4 365	57%	35	39	49	64
	MED	1 329	9%	<1	1	1	1	3 298	23%	4	6	7	7	9 558	67%	12	54	64	82
	GYN	984	15%	<1	1	1	1	836	13%	5	6	7	7	4 606	72%	12	51	56	80
	OPH	4 317	31%	<1	<1	1	1	466	3%	3	6	7	7	9 343	66%	11	14	68	75
	ORT	2 856	22%	<1	<1	1	1	2 485	19%	6	7	7	7	7 677	59%	20	101	123	163
	PAE	801	25%	<1	<1	<1	1	568	18%	5	7	7	7	1 843	57%	15	16	17	20
	PSY	262	5%	<1	1	1	2	1 455	27%	3	5	7	7	3 597	66%	8	30	86	105
	SUR	1 336	7%	<1	1	1	1	4 920	25%	6	7	7	7	13 511	68%	12	23	67	144

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			
KWC	ENT	2 856	21%	<1	<1	1	1	2 955	22%	3	5	7	8	7 553	56%	17	27	47	54
	MED	1 842	8%	<1	<1	1	1	4 814	20%	4	6	7	7	16 359	70%	16	46	60	71
	GYN	719	7%	<1	<1	1	2	1 763	16%	4	6	7	8	8 270	76%	11	28	47	51
	OPH	5 160	33%	<1	<1	<1	<1	5 218	34%	3	5	6	7	5 042	33%	50	52	54	57
	ORT	2 956	16%	<1	<1	1	1	4 123	22%	3	5	7	8	11 127	61%	28	62	80	128
	PAE	2 403	38%	<1	<1	<1	1	986	16%	4	5	7	7	2 842	45%	8	12	14	18
	PSY	328	3%	<1	1	2	4	441	4%	2	4	7	8	10 298	93%	2	22	43	64
	SUR	2 973	10%	<1	1	1	2	8 053	27%	4	6	7	7	18 690	63%	16	40	61	83
NTEC	ENT	3 149	27%	<1	<1	1	2	2 644	23%	3	4	6	7	5 729	50%	16	42	59	98
	MED	2 118	13%	<1	<1	<1	1	2 042	13%	3	5	7	8	11 660	72%	17	70	81	95
	GYN	1 604	16%	<1	<1	1	2	811	8%	3	5	7	9	6 266	63%	17	40	67	98
	OPH	5 940	37%	<1	<1	<1	1	2 374	15%	3	4	6	8	7 577	48%	20	62	65	66
	ORT	4 493	26%	<1	<1	<1	1	1 718	10%	3	4	7	8	10 869	64%	22	119	132	136
	PAE	264	9%	<1	1	1	2	369	12%	3	4	7	7	2 400	79%	6	19	30	36
	PSY	976	14%	<1	1	1	2	1 879	27%	3	4	7	8	4 157	59%	12	45	96	130
	SUR	1 517	8%	<1	<1	1	2	2 409	12%	3	5	6	8	15 392	79%	17	34	70	78
NTWC	ENT	2 149	22%	<1	<1	<1	1	1 274	13%	2	3	5	6	6 281	65%	29	55	62	68
	MED	992	13%	<1	1	1	2	2 331	30%	5	6	7	7	4 374	57%	53	61	69	81
	GYN	870	15%	<1	1	2	2	477	8%	4	6	7	8	4 295	76%	12	17	28	56
	OPH	6 757	43%	<1	<1	<1	1	3 237	21%	2	3	5	7	5 767	37%	25	60	63	65
	ORT	1 262	12%	<1	1	1	1	914	9%	2	4	5	7	8 128	79%	29	77	81	83
	PAE	101	6%	1	1	1	2	278	16%	2	3	4	5	1 316	78%	9	10	10	10
	PSY	390	7%	<1	1	1	2	1 541	29%	4	7	7	10	3 272	62%	15	47	62	68
	SUR	1 097	6%	<1	1	2	4	2 352	14%	4	6	31	35	13 630	80%	24	58	63	66

Note

Individual percentages of the triage categories (i.e. Priority 1, Priority 2 and Routine) may not add up to 100% due to miscellaneous cases not falling into the triage system and the rounding effect.

Abbreviations

Specialty:

ENT – Eye, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology

PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0504)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the number of new cases, as well as the lower quartile, median and upper quartile of the waiting time and the longest waiting time (the 90th percentile) for obstetric services at specialist outpatient clinics of various hospitals under the Hospital Authority in 2013-14 and 2014-15.

Asked by: Hon LEE Cheuk-yan (Member Question No. 35)

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 2013-14 and 2014-15 (up to 31 December 2014).

Cluster	2013-14					2014-15 (up to 31 December 2014) [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			
HKEC	3 541	<1	1	2	3	2 690	<1	1	2	3
HKWC	4 162	1	2	3	4	3 375	1	3	4	5
KCC	6 742	3	8	13	19	5 229	5	11	13	20
KEC	2 874	<1	1	2	3	2 609	<1	1	2	4
KWC	16 240	3	6	9	12	11 490	3	6	9	13
NTEC	12 404	4	6	20	22	9 475	4	6	10	19
NTWC	3 280	<1	1	1	1	2 535	1	1	2	2

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0505)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

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 2013-14 and 2014-15.

Asked by: Hon LEE Cheuk-yan (Member Question No. 36)

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 2013-14.

Specialty	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Ear, Nose and Throat	785	705	780	875	600	1,040	885	800
Obstetrics & Gynaecology	1,060	1,130	770	775	715	720	880	830
Medicine	1,730	1,890	2,330	2,080	1,670	2,050	2,000	1,900
Ophthalmology	535	475	560	460	515	610	540	535
Orthopaedics & Traumatology	950	880	780	835	815	1,040	970	900
Paediatrics	1,270	1,800	1,400	1,050	1,320	1,270	1,090	1,320
Psychiatry	1,050	1,180	1,240	1,130	1,100	1,230	1,320	1,170
Surgery	1,280	1,590	1,070	1,290	1,210	1,310	1,340	1,300

The table below sets out the projected average cost per SOP attendance by hospital clusters in 2014-15. The breakdown by different specialties is not yet available.

	Average cost per SOP attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Projected overall average cost per SOP attendance	1,150	1,360	1,130	1,040	1,170	1,250	1,180	1,180

The SOP service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment). The average cost per SOP attendance of individual cluster represents an average computed with reference to its total service costs of the respective SOP service and the corresponding attendances.

It should also be noted that average cost per SOP attendance varies among different cases and different specialties owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. The costs also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to population profile and other factors, including specialisation of the specialties in the clusters. Hence clusters with greater number of patients with more complex conditions or requiring more costly treatment will incur a higher average cost. Therefore the average cost per SOP attendance 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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0506)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

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 2013-14 and 2014-15.

Asked by: Hon LEE Cheuk-yan (Member Question No. 37)

Reply:

The tables below set out the inpatient 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 2013-14 and 2014-15 (up to 31 December 2014).

2013-14	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general specialties								
Inpatient Bed Occupancy Rate	87%	73%	89%	88%	86%	90%	98%	87%
Inpatient ALOS (days)	5.1	5.8	7.4	5.3	5.3	6.3	5.4	5.8
Major specialties								
Gynaecology								
Inpatient Bed Occupancy Rate	95%	53%	85%	53%	84%	70%	99%	72%
Inpatient ALOS (days)	2.3	2.4	2.3	2.4	2.0	2.0	1.9	2.1
Medicine								
Inpatient Bed Occupancy Rate	91%	83%	105%	99%	99%	105%	106%	99%
Inpatient ALOS (days)	5.0	5.5	8.5	5.5	6.1	7.0	6.7	6.3

2013-14	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Obstetrics								
Inpatient Bed Occupancy Rate	71%	59%	69%	58%	63%	57%	90%	65%
Inpatient ALOS (days)	3.6	3.0	3.4	2.9	2.8	2.9	2.9	3.0
Orthopaedics & Traumatology								
Inpatient Bed Occupancy Rate	91%	69%	99%	93%	92%	93%	90%	90%
Inpatient ALOS (days)	5.3	7.5	11.1	6.4	6.5	9.0	8.8	7.6
Paediatrics								
Inpatient Bed Occupancy Rate	88%	69%	67%	78%	63%	85%	91%	74%
Inpatient ALOS (days)	3.5	5.3	4.3	2.7	2.9	3.4	3.4	3.4
Surgery								
Inpatient Bed Occupancy Rate	79%	73%	91%	81%	73%	94%	97%	82%
Inpatient ALOS (days)	3.7	5.5	4.9	4.0	3.9	5.5	4.3	4.5

2014-15 (up to 31 December 2014) [Provisional Figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general specialties								
Inpatient Bed Occupancy Rate	87%	75%	91%	86%	86%	88%	96%	87%
Inpatient ALOS (days)	5.3	5.8	7.4	5.2	5.2	6.1	5.5	5.7
Major specialties								
Gynaecology								
Inpatient Bed Occupancy Rate	93%	56%	98%	55%	96%	76%	112%	79%
Inpatient ALOS (days)	2.2	2.5	2.4	2.3	1.9	2.1	1.9	2.1
Medicine								
Inpatient Bed Occupancy Rate	89%	85%	103%	94%	97%	100%	103%	96%
Inpatient ALOS (days)	5.2	5.7	8.4	5.7	6.0	7.1	6.7	6.3
Obstetrics								
Inpatient Bed Occupancy Rate	83%	63%	76%	63%	70%	66%	96%	72%
Inpatient ALOS (days)	3.8	2.9	3.3	2.9	2.9	2.9	2.8	3.0
Orthopaedics & Traumatology								
Inpatient Bed Occupancy Rate	94%	73%	107%	89%	89%	90%	86%	89%
Inpatient ALOS (days)	5.1	7.5	11.6	6.0	6.4	8.8	9.1	7.6
Paediatrics								
Inpatient Bed Occupancy Rate	76%	68%	68%	71%	65%	81%	91%	72%
Inpatient ALOS (days)	3.5	5.4	4.9	2.3	2.8	3.9	3.6	3.5
Surgery								
Inpatient Bed Occupancy Rate	89%	74%	98%	86%	73%	94%	89%	83%
Inpatient ALOS (days)	3.9	5.3	4.9	4.0	3.7	5.4	4.2	4.4

It should be noted that inpatient ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. Both inpatient bed occupancy rate and inpatient ALOS 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 hospital bed complement and specialisation of the specialties in the cluster. Therefore the figures cannot be directly compared among different clusters or specialties.

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency Department or stayed for more than one day. The calculation of inpatient average length of stay and bed occupancy rate, on the other hand, does not include that of day inpatients.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0507)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the numbers of doctors, nurses and allied health staff serving in the Hospital Authority as a whole and in individual hospital clusters, and their ratios to the overall population and population aged 65 or above in their respective hospital clusters in 2013-14 and 2014-15.

Asked by: Hon LEE Cheuk-yan (Member Question No. 38)

Reply:

The table below sets out the number of doctors, nurses and allied health staff in the Hospital Authority (HA) by cluster in 2013-14 and 2014-15, together with the respective ratios to overall population and population aged 65 or above:

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population* of catchment districts									Catchment districts
	Doctors	Ratio to overall population	Ratio to people aged 65+	Nurses	Ratio to overall population	Ratio to people aged 65+	Allied Health Staff	Ratio to overall population	Ratio to people aged 65+	
2013-14 (as at 31 March 2014)										
HKEC	575	0.7	4.4	2 443	3.1	18.5	746	1.0	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	602	1.1	7.5	2 553	4.8	31.6	838	1.6	10.4	Central & Western, Southern
KCC	679	1.3	7.9	3 175	6.2	37.1	978	1.9	11.4	Kowloon City, Yau Tsim
KEC	627	0.6	4.1	2 474	2.3	16.3	685	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 300	0.7	4.3	5 337	2.8	17.5	1 479	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	879	0.7	5.8	3 707	2.9	24.3	1 018	0.8	6.7	Sha Tin, Tai Po, North
NTWC	702	0.6	6.1	3 027	2.8	26.4	797	0.7	7.0	Tuen Mun, Yuen Long
Cluster Total	**5 365**	**0.7**	**5.3**	**22 716**	**3.2**	**22.2**	**6 541**	**0.9**	**6.4**	

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population* of catchment districts									Catchment district
	Doctors	Ratio to overall population	Ratio to people aged 65+	Nurses	Ratio to overall population	Ratio to people aged 65+	Allied Health Staff	Ratio to overall population	Ratio to people aged 65+	
2014-15 (as at 31 December 2014)										
HKEC	590	0.8	4.4	2 490	3.2	18.4	770	1.0	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	613	1.2	7.4	2 685	5.1	32.4	885	1.7	10.7	Central & Western, Southern
KCC	696	1.3	7.6	3 265	6.1	35.8	992	1.9	10.9	Kowloon City, Yau Tsim
KEC	648	0.6	4.1	2 578	2.3	16.4	707	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 319	0.7	4.2	5 512	2.8	17.5	1 548	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	893	0.7	5.6	3 806	3.0	23.7	1 086	0.9	6.8	Sha Tin, Tai Po, North
NTWC	733	0.7	6.0	3 149	2.9	25.9	830	0.8	6.8	Tuen Mun, Yuen Long
Cluster Total	**5 493**	**0.8**	**5.2**	**23 485**	**3.2**	**22.1**	**6 816**	**0.9**	**6.4**	

* The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC has been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures in the above table have also been adjusted accordingly.

Notes

The manpower figures 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.

The manpower to population ratios involve the use of the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

It should be noted that the ratios of doctors, nurses and allied health staff per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because :

(a) in planning for its services, 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 organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0508)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of attendances of Accident and Emergency (A&E) departments under the Hospital Authority arising from industrial accidents and the expenditure incurred in 2013-14 and 2014-15 respectively.

Asked by: Hon LEE Cheuk-yan (Member Question No. 39)

Reply:

The table below sets out the number of attendances of the Accident and Emergency (A&E) Departments of the Hospital Authority (HA) arising from industrial accidents and the corresponding estimated cost incurred for A&E services in 2013-14 and 2014-15.

	Number of A&E attendances	**Estimated Cost ($ million)**
2013-14	69 268	72
2014-15 (up to 31 December 2014) [Provisional figures]	53 472	60

The above costs are calculated on the basis of number of A&E attendances arising from industrial accidents and the overall HA average unit cost for A&E services from all causes.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0509)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of attendances of Accident and Emergency (A&E) departments under the Hospital Authority arising from traffic accidents and the expenditure incurred in 2013-14 and 2014-15 respectively.

Asked by: Hon LEE Cheuk-yan (Member Question No. 39)

Reply:

The table below sets out the number of attendances of the Accident and Emergency (A&E) Departments of the Hospital Authority (HA) arising from traffic accidents and the corresponding estimated cost incurred for A&E services in 2013-14 and 2014-15.

	Number of A&E attendances	**Estimated Cost ($ million)**
2013-14	23 836	25
2014-15 (up to 31 December 2014) [Provisional figures]	17 740	20

The above costs are calculated on the basis of number of A&E attendances arising from traffic accidents and the overall HA average unit cost for A&E services from all causes.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0510)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the details of the Government's plan to set up a fund for the Hospital Authority to make use of investment returns for public-private partnership initiatives.

Asked by: Hon LEE Cheuk-yan (Member Question No. 40)

Reply:

The Financial Secretary has pledged in the 2015-16 Budget to allocate to the Hospital Authority (HA) a sum of $10 billion as endowment to generate investment return for funding HA's public-private partnership (PPP) initiatives, including the General Outpatient Clinic PPP Programme. The Government and the HA are now working on the detailed funding proposal, including the estimated annual expenditure for the PPP initiatives, investment framework and governance arrangements. The Government will seek funding approval of the Finance Committee of the Legislative Council within the 2015-16 financial year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0511)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise in detail the measures to be implemented by the Hospital Authority in 2015-16 to improve patients' access to service including accident and emergency, general outpatient, surgical and endoscopic services.

Asked by: Hon LEE Cheuk-yan (Member Question No. 41)

Reply:

Hospital Authority will implement a basket of measures in 2015-16 to improve the public healthcare services. These measures include:

(a) increasing a total of 250 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Tseung Kwan O Hospital, Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital to enhance the capacity of inpatient services, including additional emergency beds;

(b) providing additional operating theatre sessions to allay the waiting list for surgeries;

(c) widening the indications of Special Drug for Multiple Sclerosis and introducing new drugs of proven safety and efficacy to the Drug Formulary for cancer treatment, chronic Hepatitis C and Crohn's disease to benefit around 4 000 patients annually;

(d) enhancing endoscopy service by performing around 5 300 additional endoscopic procedures;

(e) increasing the episodic quota for general outpatient clinics in five Clusters (namely Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West) by 55 000 attendances for 2015-16;

(f) setting up Hong Kong's fourth Joint Replacement Centre in the New Territories East Cluster[(1)] for performing 90 additional operations for 2015-16 and 250 additional operations per year thereafter;

(g) strengthening manpower of the psychiatric teams and introducing a peer support element to the Case Management Programme for patients with severe mental illness;

(h) relocating the Geriatric Day Rehabilitation Centre of Yan Chai Hospital to the hospital's new wellness centre and expanding the geriatric day places from 20 to 40 places; and

(i) strengthening the Community Geriatric Assessment Team service by conducting 3 000 additional visits to residential care homes for the elderly.

Note [(1)] - The other three existing Joint Replacement Centres are located at the Buddhist Hospital, Yan Chai Hospital and Pok Oi Hospital.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1955)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the proposal to set up a fund for public-private partnership initiatives,

(a) what are the details of such initiatives and the expenditure involved?

(b) will they cover optometric services to relieve the burden on the public healthcare system? If so, what are the details? If not, what are the reasons?

(c) will they cover chiropractic services to relieve the burden on the public healthcare system? If so, what are the details? If not, what are the reasons?

(d) will they cover dental services to relieve the burden on the public healthcare system? If so, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 1)

Reply:

(a), (b), (c) & (d) Over the years, the Hospital Authority (HA) has launched a variety of clinical public-private partnership (PPP) projects, including the Cataract Surgeries Programme, Tin Shui Wai Primary Care Partnership Project, Haemodialysis PPP, Patient Empowerment Programme, Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector, and General Outpatient Clinic PPP Programme.

The Financial Secretary has pledged in the 2015-16 Budget to allocate to the HA a sum of $10 billion as endowment to generate investment return for funding HA's PPP initiatives, including the GOPC PPP Programme. We will seek funding approval of the Finance Committee of the Legislative Council within the 2015-16 financial year.

The HA is now drawing up detailed plans to extend the Programme to the remaining 15 districts in the coming few years, including the scope of chronic diseases, number of patients, level of payment to participating private doctors, and implementation timeframe for individual districts. As for other PPP initiatives, the HA will actively explore proposals to meet different healthcare demands in the coming years vis-a-vis other on-going initiatives including those under the Department of Health and the Community Care Fund, and consult widely the stakeholders, including patients and patient groups, community partners and healthcare providers in relevant sectors.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)056

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1956)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

An amount of $10 billion has been earmarked for the high risk pool and tax concession under the Voluntary Health Insurance Scheme. However, the effectiveness of the scheme is in doubt as many people tend not to join the scheme due to high premium and unappealing tax concession. Will the Government increase funding or resources to lower the premium or provide better tax concession to attract more people to the scheme? If so, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 2)

Reply:

In the Voluntary Health Insurance Scheme (VHIS) public consultation document, we examined the implications of various forms of financial incentives to encourage take out of private health insurance under the VHIS, such as tax deduction, premium subsidy or discount, and incentives for savings. After carefully considering the feasibility and desirability of these financial incentives, we propose to introduce tax deduction for premiums paid for individual indemnity hospital insurance policies complying with the VHIS Minimum Requirements.

We will consolidate and analyze views received during the public consultation on the VHIS, including those on the proposed tax deduction. Subject to the consultation outcome, we will develop detailed proposals and reserve necessary funding for the provision of financial incentives.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1957)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the expansion of the Drug Formulary, please provide the following information:

(a) Will the Government consider including the drugs used for the treatment of rare diseases in the Formulary? If yes, what are the details and the expenditure involved? If not, what are the reasons?
(b) How many patients with rare diseases are there in Hong Kong?
(c) Will the Government consider putting in place any measures to support patients with rare diseases? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 3)

Reply:

(a) and (c)

Currently, there is no common definition of rare diseases available worldwide, and the interpretation varies among countries with different characteristics of the respective health systems and situations. The Hospital Authority (HA) places high importance in providing optimal care for all patients based on available medical evidence while ensuring optimal and rational use of public resources. From 2008-09 to 2014-15, the Government has allocated a total recurrent funding of $55 million in phases to manage the demand and sustain the provision of expensive drug treatment for uncommon disorders.

Drug treatment is provided through enzyme replacement therapy (ERT) for patients with specific lysosomal storage disorders (LSD) through the assessment of an independent expert panel, which reviews the suitability of individual patients to receive ERT and the efficacy of such treatment on a case-by-case basis. Review is conducted annually. The six ERT

drugs used to treat LSD, namely Alglucosidase alpha for Pompe disease, Algalsidase beta for Fabry disease, Imiglucerase for Gaucher disease, Laronidase for Mucopolysaccharidosis Type I, Idursulfase for Mucopolysaccharidosis Type II and Glasulfase for Mucopolysaccharidosis Type VI , are all categorised as Special Drugs in the HA Drug Formulary. Patients who meet specific clinical criteria will be provided treatment at standard fees and charges by HA at a highly subsidised rate.

In addition, HA provides multi-disciplinary care and other conventional treatments for patients with uncommon disorders where appropriate, including rehabilitative care, pain alleviation, surgical treatment and bone marrow transplant.

HA will pay close attention to the latest published evidence on treatment of uncommon disorders in the international medical sector, as well as development of health policy in the management of uncommon disorders in other countries. HA will continue to maintain close contact with patient groups with a view to providing suitable medical services for patients with different diseases.

(b)

Up to January 2015, 23 HA patients with LSD have been provided with ERT. Currently, 18 patients are still undergoing ERT in HA hospitals.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)058

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1958)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In the 2015 Policy Address, it is mentioned that the Government will implement its plan to convert the Outreach Dental Care Programme for the Elderly into a regular one and expand the scope of services to include fillings, extractions and dentures. In this connection, please advise on the expenditure involved, the number of attendances and the manpower required since the implementation of the programme as well as the resources and manpower to be involved after the conversion of the programme into a regular one and the expansion of the scope of services.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 4)

Reply:

We have included $25.1 million in 2014-15 and $44.5 million as a full year provision (including six civil service posts) under Head 37 – Department of Health for launching the Outreach Dental Care Programme for the Elderly (ODCP) in October 2014. Under the ODCP, 22 outreach dental teams from 11 non-governmental organisations have been set up to provide outreach dental services to elders in residential care homes/day care centres and similar facilities. As at end-February 2015, a total of about 16 000 elders have been served under the ODCP.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1959)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, please advise on the utilisation of the elderly health care vouchers, expenditure involved and proportion of beneficiaries who made voucher claims to the number of eligible beneficiaries in the past 3 years. Does the Government have any plans to further educate the public to use health care vouchers on healthcare services relating to preventive care and health promotion so as to enhance the well-being of the community?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 5)

Reply:

Regarding the utilisation of vouchers under the Elderly Health Care Voucher (EHV) Scheme, the number of voucher claims and the amount of vouchers claimed in the past three years from 2012 to 2014 are as follows:

Year	2012	2013	2014	Total (2012 to 2014)
Number of Voucher Claims	937 200	1 470 439	2 221 547	4 629 186
Amount of Vouchers Claimed (in $'000)	163,219	314,704	597,539	1,075,462

Below are the number of elders who had made use of vouchers in the past three years (as at 31 December) and its percentage as compared to the eligible elderly population:

	2012	2013	2014
(a) Number of elders who had made use of vouchers	424 000	488 000	551 000
(b) Number of eligible elders (i.e. elders aged 70 or above)*	714 000	724 000	737 000

(c) Percentage of eligible elders who had made use of vouchers [i.e. (a)/(b) x 100%]	59%	67%	75%

** Source: Hong Kong Population Projections 2012 – 2041, Census and Statistics Department*

To encourage more eligible elders to join the EHV Scheme and use the vouchers, the Department of Health launched in February 2015 another round of publicity to promote the Scheme via television and radio announcements of public interest, free newspapers, and advertisements in the public transport system.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)060

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1960)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In respect of the review on mental health, it is stated in the 2015 Policy Address that the Government will increase the number of psychiatric beds in Siu Lam Hospital, with a view to reducing the number of cases of severe intellectual disability on the waiting list based on the preliminary recommendation of the Review Committee on Mental Health. What are the details and the manpower involved? What is the estimated number of cases to be handled?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 6)

Reply:

The Siu Lam Hospital (SLH), with 500 beds at present, provides territory-wide infirmary and rehabilitation inpatient services for adults with severe and profound intellectual disability. Apart from medical and nursing care, the patients also receive rehabilitation services including occupational therapy, physiotherapy, prosthetic and orthotic services, medical social services as well as social education training.

SLH plans to increase 20 beds by phases in the coming three years (from 2015-16 to 2017-18) with a view to clearing up cases of severe intellectual disability on the waiting list. Renovation works will start in 2015-16, and Hospital Authority will absorb the resources involved from within its existing allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1961)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the review of psychiatric services, the 2015 Policy Address proposes that the Government will, in accordance with the preliminary recommendation of the Review Committee on Mental Health, strengthen the manpower of the psychiatric healthcare team and introduce peer support to the Case Management Programme for patients with severe mental illness. In this connection, please advise on:

(a) the details of the above initiative, as well as the resources and manpower involved; and

(b) the estimated number of additional psychiatric nurses to be recruited, with a breakdown by rank.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 7)

Reply:

(a) and (b)

In 2015-16, the Hospital Authority has earmarked a total of around $15 million to further enhance its psychiatric services with details as below:

i. Expanding child and adolescent psychiatric services in the Kowloon East Cluster. It is estimated that an additional doctor, two nurses (including one advanced psychiatric nurse and one registered psychiatric nurse), one occupational therapist and one clinical psychologist will be required to enhance the services. The additional recurrent expenditure is estimated at around $5.2 million;

ii. Strengthening the psychiatric specialist outpatient services in the Kowloon West Cluster. It is estimated that an additional two doctors, three nurses (including one advanced psychiatric nurse and two registered psychiatric nurses), two occupational

therapists and one clinical psychologist will be required to provide support for patients with common mental disorders. The additional recurrent expenditure is estimated at around $8.3 million; and

iii. Introducing a peer support element into the Case Management Programme for patients with severe mental illness. It is estimated that five peer support workers (one in the Kowloon Central Cluster, two in the Kowloon West Cluster and two in the New Territories West Cluster) will be recruited, involving an additional recurrent expenditure of around $1.5 million.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)062

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1962)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of seasonal influenza vaccination programmes, please provide the following information for the past 3 years:

a. The quantity of vaccines purchased each year and the resources involved.
b. The number of vaccine recipients and their age distribution.
c. Were there any surplus vaccines? If so, what were the quantity and expenditure involved? How did the Government dispose of them?
d. How did the Government assess the quantity of vaccines required each year?
e. What measures did the Government take to encourage the public to receive vaccination?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 8)

Reply:

(a) The following figures are the quantities of seasonal influenza vaccines (SIV) that the Government procured under the Government Vaccination Programme (GVP) in the past three years and the contract prices:

Year	Number of doses	Amount $ million
2012-13	285 000	7.9
2013-14	285 000	7.7
2014-15	278 000	14.1

(b) The numbers of recipients for the past three years under seasonal influenza vaccination programme/ schemes are as follows –

Total no. of seasonal influenza recipients under the GVP, Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS) in the past three vaccination seasons

Target groups	No. of seasonal influenza recipients		
	2012-13	**2013-14**	**2014-15 (as at 1.3.2015)**
Children between the age of 6 months and less than 6 years	63 100	64 700	56 000
Elderly aged 65 or above	322 200	336 200	362 600
Others#	58 600	61 900	61 000
Total:	**443 900**	**462 800**	**479 600**

Others include (a) healthcare workers; (b) poultry workers; (c) pig farmers or pig-slaughtering industry personnel; and (d) pregnant women or people aged 50 to below 65 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges, etc.

(c) SIV can last for one year in general and unused vaccines are not used in the following year. Unused and expired vaccines are arranged for disposal by phases, in accordance with established procedures and arrangement. There is time lag between vaccine expiry date and the actual disposal date. About 54 000, 32 000, and 33 000 doses of SIV expired / unused in 2012, 2013 and 2014 respectively were disposed of by the Department of Health (DH) and the Hospital Authority (HA), and the cost of the vaccines disposed depends on the relevant contract price for the vaccines for that year.

(d) The Government will assess the quantity of vaccines required under the GVP each year by making reference to the number of doses administered in the previous season, expected increase of vaccination rate, damage of vaccine and current vaccination situation. The Government will strive to reduce wastage of vaccines whilst ensuring sufficient vaccine provision by collaborating with different service units.

(e) The Government has been closely monitoring the vaccination rate of SIVs, and promotes the importance of SIVs to the public through various channels. It has arranged a series of publicity activities in the 2014-15 season to promote vaccination, in particular to the targeted high risk groups, as follows –

Early Appeal

The Centre for Health Protection (CHP) kick-started the publicity activities as early as August 2014, months ahead of the launch of the 2014-15 Vaccination Subsidy Schemes and the GVP in early October and early November 2014 respectively, and arranged press conferences to encourage Hong Kong residents to receive influenza vaccination from time to time.

Collaboration with Medical Experts for Intensive Promotion Drive

As local surveys have found that professional advice is effective in promoting vaccination, relevant experts have been engaged in various publicity activities to promote vaccination to different target groups. Experts from the Scientific Committee on Vaccine Preventable Diseases, Hong Kong Academy of Medicine and five specialist colleges also came together to announce a Consensus Statement regarding the importance of SIV. Besides, specialists attended media interviews to explain the benefits and the necessity of receiving SIV.

As for healthcare personnel, the DH, the HA and the Hong Kong Private Hospitals Association jointly conducted a press conference to promote vaccination for healthcare workers in public and private sectors. Government officials have also taken the lead to receive vaccination as role models. Moreover, the CHP has organised briefing sessions for healthcare workers to explain the safety and the necessity of vaccination.

Multi-channel and Continuous Promotion

The Government has produced a variety of announcements in public interests for promulgation on the prevention of influenza through television, radio channels, the webpage of Information Services Department and YouTube channel; placed advertisements in the MTR, public buses, newspapers, magazines and online apps; arranged promotions on websites and collaborated with community partners, District Councils and non-governmental organisations to encourage vaccination.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)063

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1963)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

What is the progress of the review of the Hospital Authority? Is there any specific timeframe for the review? What are the expenditure and manpower involved?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 9)

Reply:

In view of the challenges for healthcare services demand arising from Hong Kong's ageing population, the Government set up the Steering Committee on Review of the Hospital Authority (HA) in August 2013 to conduct an overall review on the operation of HA in order to meet the social changes brought about by the ageing population and increasing demand for healthcare services. As at end March 2015, the Steering Committee has met nine times to review HA's management and organisation structure, resource management, staffing arrangement, cost effectiveness, service management and overall management and control.

In order to duly take into account stakeholders' views on HA operation, the Steering Committee conducted a series of public engagement activities through meetings, fora and visits to the seven clusters from January to July 2014 to gather the views of patient organisations, HA staff and healthcare professionals. Three public fora were also held on Hong Kong Island, Kowloon and New Territories to gather public views.

The Steering Committee has completed the initial discussions on various aspects of the review on HA and will consolidate and conclude the discussions and recommendations. It is expected that the review and report will be completed in the first half of 2015.

We have been supporting and will continue to support the work of the Steering Committee with existing resources of the Food and Health Bureau (including making a provision of $1.43 million in 2014-15 for the appointment of the consultant to assist in the public engagement activities).

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)064

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1964)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, does it include a review on the role of the current Pharmacy and Poisons Board? Has consideration been given to the establishment of an independent authority to regulate the registration of pharmacists? If yes, what are the details? What will be the expenditure and manpower involved? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 10)

Reply:

In response to the growing demand for healthcare services of an ageing population, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong. The objective of the review is to assess the manpower need of the various healthcare professions, strengthen professional training and development as well as enhancing the regulatory framework. The review is still ongoing and we will publish the result and recommendations after the completion of the review.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)065

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1965)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the offer of loans to non-profit-making organisations for private hospital development, what is the progress of the plan? What are the estimated resources involved? Has the Government assessed the nursing manpower required in private hospital development? What is its impact on the overall nursing manpower?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 11)

Reply:

We propose providing a loan of about $4 billion to the Chinese University of Hong Kong (CUHK) for the development of a non-profit making private teaching hospital.

Subject to approval by the Legislative Council Finance Committee, we will sign the loan agreement with CUHK in the latter half of 2015.

To cope with the growing demand for healthcare services of an ageing population, the Government is conducting a strategic review on healthcare manpower (including nursing) planning and professional development in Hong Kong. The review will help assess the long term demand and supply of healthcare professionals to ensure the sustainable development of our healthcare system.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)066

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1966)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, has the Government:

(a) earmarked resources and manpower for reviewing the regulatory regime of allied health professionals to facilitate their professional development? If yes, what are the details? If not, what are the reasons?

(b) drawn up manpower ratios of nurses and allied health professionals for long-term planning to solve the problem of manpower shortage? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 12)

Reply:

In response to the growing demand for healthcare services of an ageing population, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong. The objective of the review is to assess the manpower need of the various healthcare professions, strengthen professional training and development as well as enhancing the regulatory framework. The review is still ongoing and we will publish the result and recommendations after the completion of the review.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)067**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1967)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under this programme, the estimate for 2015-16 is $169.2 million higher than the revised estimate for 2014-15. As compared with the estimate for the previous financial year (the estimate for 2014-15 was $1,793 million higher than revised estimate for 2013-14), this represents a significant drop of $1,623.8 million. What are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 13)

Reply:

To meet the growing demand from population growth and ageing, HA will continue to strengthen its healthcare services to the public. The overall operating expenditure for 2015-16 is projected to reach $54 billion, representing an increase of over 3% as compared to the 2014-15 budget. The income of HA includes Government Subvention of $49.9 billion, fees and charges collected by HA and redeployment of internal resources. Major initiatives implemented by HA in 2015-16 to meet the increasing demand for hospital services and improve the quality of patient care include:

(i) increasing a total of 250 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Tseung Kwan O Hospital, Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital to enhance the capacity of inpatient services, including additional emergency beds;

(ii) providing additional operating theatre sessions to allay the waiting list for surgeries;

(iii) widening the indications of Special Drug for Multiple Sclerosis and introducing new drugs of proven safety and efficacy to the Drug Formulary for cancer treatment, chronic Hepatitis C and Crohn's disease to benefit around 4 000 patients annually;

(iv) enhancing endoscopy service by performing around 5 300 additional endoscopic procedures;

(v) increasing the episodic quota for general outpatient clinics in five Clusters (namely Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West) by 55 000 attendances for 2015-16;

(vi) setting up Hong Kong's fourth Joint Replacement Centre in the New Territories East Cluster for performing 90 additional operations;

(vii) augmenting mental health services by strengthening manpower of psychiatric teams and introducing a peer support element into the Case Management Programme for people with severe mental illness;

(viii) relocating the Geriatric Day Rehabilitation Centre of Yan Chai Hospital to the hospital's new wellness centre and expanding the geriatric day places from 20 to 40 places; and

(ix) strengthening the Community Geriatric Assessment Team service by conducting 3 000 additional visits to residential care homes for the elderly.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1969)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide details on the Hospital Authority's plan to open around 250 additional beds. What will be the resources and nursing and allied health professional manpower involved?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 15)

Reply:

The Hospital Authority (HA) has earmarked over $320 million for the opening of 250 beds in 2015-16. The table below sets out the respective numbers of the 250 hospital beds to be opened in each of the clusters.

Cluster	**Number of general beds to be opened in 2015-16**		
	Acute General	Convalescent	Total
Hong Kong East	21	-	21
Hong Kong West	-	-	-
Kowloon Central	-	-	-
Kowloon East	36	-	36
Kowloon West	-	-	-
New Territories East	71	-	71
New Territories West	82	40	122
HA Overall	**210**	**40**	**250**

HA will deploy existing staff and recruit additional staff to cope with the opening of the above beds. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)069

CONTROLLING OFFICER'S REPLY

(Question Serial No.1970)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the 2015 Policy Address, it is mentioned that the Hospital Authority plans to increase operating theatre sessions. What are the details? What will be the resources and the nursing and allied health manpower involved?

Asked by: Hon LEE Kok-long, Joseph (Member Question No.16)

Reply:

In 2015-16, the Hospital Authority will allocate $77 million to provide additional operating theatre sessions and enhance surgical capacity to allay the waiting list of surgeries. Additional manpower of 22 nurses and 4.5 allied health staff, on a full-time equivalent basis, will be involved.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1971)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

According to the 2015 Policy Address, geriatric rehabilitation and palliative care services will be strengthened. What are the details and resources involved? What is the estimated increase in manpower? Please provide a breakdown by rank.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 17)

Reply

In 2015-16, the Hospital Authority (HA) will strengthen the Community Geriatric Assessment Team (CGAT) service in phases to provide better support for terminally ill residents living in residential care homes for the elderly. HA will also strengthen CGAT service by conducting 3 000 additional visits to residential care homes for the elderly. HA will recruit nine additional Registered Nurses and three additional Palliative Care Advanced Practice Nurses to improve the quality of end-of-life care. The additional recurrent expenditure is estimated to be $7 million.

Furthermore, Yan Chai Hospital will relocate its Geriatric Day Rehabilitation Centre to the hospital's new wellness centre and expand the geriatric day places from 20 to 40 places. The additional recurrent expenditure is estimated to be $9 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1972)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialist outpatient services, it is mentioned in the 2015 Policy Agenda that the quota for specialist outpatient consultation will be increased to improve the waiting time. However, as indicated in the Estimates, first priority and second priority patients' median waiting time for first appointment at specialist clinics are still 2 weeks and 8 weeks respectively (as at 31 March 2016 (Target & Plan)). What are the reasons for this? What measures will be taken to improve the situation?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 18)

Reply:

It has been the target of Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for Priority 1 cases (i.e. urgent cases) and Priority 2 cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. The corresponding figures indicated in the Estimates for 2014-15 and 2015-16 reflect this target. The corresponding figures for 2013-14, on the other hand, reflect HA's actual performance (with median waiting time less than one week for Priority 1 patients and five weeks for Priority 2 patients), indicating that HA's actual performance was better than the target.

We understand the public's concern on the waiting time for SOPC consultation. HA has implemented a series of measures as set out below to tackle the problem accordingly.

(i) Triage and prioritization

As indicated above, HA has implemented the triage system for all new SOPC referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into Priority

1 (urgent), Priority 2 (semi-urgent) and Routine categories. HA has all along been able to keep the median waiting time of Priority 1 and Priority 2 cases within the target. HA will continue to implement the triage system which is effective in ensuring that the cases most in need will be treated timely.

(ii) Enhancing public primary care service

HA is committed to enhancing public primary care services. Patients with stable and less complex conditions can be managed at the Family Medicine and general outpatient clinics (GOPCs), thereby reducing the service demand at SOPC level. HA will continue to promote primary care so that Family Medicine Specialist Clinics (FMSCs) and GOPCs will play a gatekeeping role and help alleviate pressure on SOPC waiting time.

(iii) Enhancing manpower

HA will continue to engage part-time doctors as well as "limited registration" doctors to improve the manpower strength. We expect that the medical manpower shortage problem will improve when the number of medical graduates starts to go up to 320 in 2015 and to 420 in 2018.

(iv) Public-Private Partnership (PPP)

The pilot public-private partnership (PPP) projects (e.g. the Cataract Surgeries Programme) have proven to be effective in alleviating the pressure of the public healthcare sector and providing more choices to patients. HA will explore the possibility of launching PPP projects to SOPC services with higher demand but of a non-acute nature, especially during the period of manpower shortage in the public sector.

(v) Annual plan programmes implemented to manage SOPC waiting time

In 2015-16, HA will address the issue of SOPC waiting time through service development programmes that have incorporated SOPC elements. For instance, the North Lantau Hospital in Kowloon West Cluster will expand SOPC services, and Kowloon East Cluster will expand the Orthopaedics & Traumatology service to enhance the accessibility of SOPC services there. It is expected that the total number of attendances at SOPC in 2015-16 for HA will increase by around 20,000 when compared to that in the previous year.

(vi) Reducing the disparity in waiting time at SOPCs in different clusters

HA is aware of the disparity in waiting time at SOPCs in different clusters and has implemented measures to improve the situation.

Firstly, in order to enhance transparency, HA has, since April 2013, uploaded the SOPC waiting time on HA's website by phases. Effective from 30 January 2015, the SOPC waiting time information for all eight major specialties (namely Ear, Nose and Throat (ENT), Gynaecology, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics, Psychiatry and Surgery) is available on HA's website. This information facilitates patients' understanding of the waiting time situation in HA and assists them to

make informed decisions when considering whether they should pursue cross-cluster treatment.

To let more patients benefit from cross-cluster referral arrangement according to patients' preferences, HA has reminded frontline staff to accept new case bookings from patients residing in other clusters. In February 2015, HA has produced a poster on procedures and practice on the booking of first appointment at SOPC for the information of both the public and staff.

While patients may book medical appointments at SOPCs of their choices, HA will take due account of individual patients' clinical condition and nature of service required in arranging cross-cluster appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, HA staff may recommend and arrange the patients to seek medical care at SOPCs close to their residence to provide greater convenience to the patients as well as to encourage compliance with treatment plan.

Apart from allowing patients to voluntarily book appointments at SOPCs in other clusters, HA has, since 2012, enhanced cross-cluster collaboration by establishing a centrally coordinated mechanism to facilitate pairing-up patients in clusters of longer waiting time with clusters of shorter waiting time. Patients with appropriate clinical conditions waiting in a suitable specialty of a cluster will be invited to attend to the SOPC in another cluster with shorter waiting time. So far, the centrally-coordinated cross-cluster collaboration is being implemented in the specialties of ENT, Gynaecology and Ophthalmology.

It should be noted that not all specialties are suitable for cross-cluster arrangement. While specialties with majority of patients having no impaired mobility and short expected treatment period are good candidates for the referral, specialties having more patients who are mobility impaired or require long term follow-up or community support are not. On the other hand, patients with less severe and non-urgent conditions may also choose to wait for their first consultation in the cluster close to their residence and thus have little incentive to receive service in another cluster.

(vii) Optimising appointment scheduling practices of SOPCs

HA is conducting a comprehensive review of appointment scheduling practices of SOPCs, with particular attention to good practices for achieving optimal utilisation of service capacity including timely filling up cancelled and defaulted appointments. Other good practices for clearing backlog of Routine cases, including engagement of Family Medicine Specialists to attend to Routine cases and transferring Routine Residential Care Homes for the Elderly cases to the Community Geriatric Assessment Team, will also be shared among clusters.

In addition, HA is extending an initiative on SOPC Phone Enquiry System, first piloted in the Queen Elizabeth Hospital in Kowloon Central cluster in 2011, to the other six clusters in 2015-16. Apart from answering SOPC enquires and other related functions, the system could facilitate patients in giving advance notice to SOPCs of their intention to cancel or reschedule their appointments. SOPCs could then fully utilise the released quotas to arrange appointments for other patients and reduce the number of default cases.

HA is also working on a SOPC Operation Manual to align different practices, including appointment scheduling, of SOPCs within HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1973)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the nursing manpower of the Hospital Authority, please provide the following information:

(a) The number of nurses who provided hospice care in the previous year, with a breakdown by cluster.

(b) The number of patients who received hospice care in the previous year.

(c) Will the Government consider allocating more resources to extend the hospice care service 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 (Member Question No. 19)

Reply:

(a)

At present, palliative care services in the Hospital Authority (HA) are mainly provided by healthcare personnel of the Palliative Care Units (PCUs) and Oncology Centres. As at 31 December 2014, there were around 200 full-time equivalent nurses serving in the PCUs of HA. As for the Oncology Centres, as at 31 December 2014, there were around 400 full-time equivalent nurses serving under these centres. Since the Oncology Centres are subsumed under the overall establishment of the Oncology Departments, separate statistics on the number of nurses specifically for provision of palliative care are 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 utilisation of these services in 2014-15 (up to 31 December 2014) are set out in the table below.

Palliative Care Service	**Number of Attendances[Note] 2014-15 (up to 31 December 2014) [Provisional Figures]**
Palliative care in patient service (Total number of inpatient / day-inpatient discharge and death)	6 153
Palliative care specialist out patient service	7 083
Palliative home visits	25 117
Palliative day care attendances	9 394
Bereavement service	2 335

Note: The above statistics refer to the throughputs in Hospice Specialty only.

(c)

HA has enhanced its palliative care service coverage from 2010-11 onwards by extending the service to cover patients with end-stage organ failures, e.g. end-stage renal disease, in addition to terminally-ill patients suffering from cancer. In 2012-13, HA has strengthened the professional input from medical social workers and clinical psychologists to improve the psychosocial care services including counseling, crisis management etc. to terminally-ill patients and their caregivers. In 2015-16, HA will strengthen the Community Geriatric Assessment Team service in phases to provide better support for terminally-ill residents living in residential care homes for the elderly.

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' wishes and will continue to provide support to them as appropriate having regard to individual circumstances.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)073

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1974)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the nursing manpower for psychiatric services of the Hospital Authority, please provide the following information for the past 3 years:

(a) The number of psychiatric nurses by rank.

(b) The number of psychiatric nurses required for each type of psychiatric service.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 20)

Reply:

(a) & (b)

The Hospital Authority (HA) provides mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. Healthcare professionals, including psychiatric nurses, usually provide support for a variety of psychiatric services. HA does not have the requested breakdown on the nursing manpower for supporting individual psychiatric services.

The table below sets out the number of psychiatric nurses by rank in HA in the past three years:

Psychiatric Nurses[1 & 2] (including Community Psychiatric Nurses)	**2012-13**	**2013-14**	**2014-15 (as at 31 December 2014)**
DOM/SNO and above	32	32	35
APN/NS/NO/WM	510	534	548
Registered Nurse	1 140	1 166	1 198
Enrolled Nurse/ Trainee/Others	614	642	634
Total[3]	**2 296**	**2 375**	**2 416**

Notes:

1. Manpower on full-time equivalent basis including permanent, contract and temporary staff.
2. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
3. Individual figures may not add up to the total due to rounding.

Abbreviations:

DOM - Department Operations Manager
SNO - Senior Nursing Officer
APN - Advanced Practice Nurse
NS - Nurse Specialist
NO - Nursing Officer
WM - Ward Manager

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1975)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Regarding the Hospital Authority (HA)'s measures to attract, motivate and retain staff, please provide the following information by respective allied health grades:

a. the number of allied health staff who left the HA in the past year and their respective years of service;
b. the number of allied health staff who were promoted in the past year and their respective ranks;
c. the number of allied health staff who returned to work for the HA in the past year and their average years of service and salary points; and
d. the number of new allied health entrants recruited by the HA in the past year.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 21)

Reply:
(a)

The number of full-time allied health staff who left the Hospital Authority (HA) in the rolling period from 1 January 2014 to 31 December 2014 is 242. Their respective years of service are as follows:

Years of service	**Attrition no. (Full-time staff) (1 January 2014 to 31 December 2014)**
Less than 1 year	47
1-5 years	87
6-10 years	14
11-15 years	10
16-20 years	37
21-25 years	37
26-30 years	1
31 years or above	9

Note:
(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
(2) Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
(3) For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1-5 years".

(b)

The number of allied health staff promoted in HA in 2014-15 (up to 31 December 2014) is 158. The table below sets out the breakdown by rank:

Rank group	Rank	No. of promotions (1 April 2014 to 31 December 2014)
Dietitian	Department Manager (Dietetics) I	1
	Department Manager (Dietetics) II	1
Dispenser	Senior Dispenser	11
Medical Laboratory Technologist	Department Manager (Medical Laboratory Service) I	2
	Senior Medical Technologist	1
	Medical Technologist	13
Medical Social Worker	Social Work Officer (Medical Social Service)	3
Occupational Therapist	Senior Occupational Therapist	2
	Occupational Therapist I	30
Pharmacist	Senior Pharmacist	2
Physiotherapist	Department Manager (Physiotherapy) I	1
	Senior Physiotherapist	4
	Physiotherapist I	34
Podiatrist	Podiatrist I	3
Prosthetist-Orthotist	Department Manager (Prosthetics & Orthotics) I	2
	Prosthetist-Orthotist I	2
Radiographer	Senior Radiographer (Diagnostic / Radiotherapy)	7
	Radiographer I (Diagnostic / Radiotherapy)	39

(c)

The number of allied health staff recruited returning to work for HA in 2014-15 (up to 31 December 2014) is 87. The years of experience of these re-appointed staff are listed below:

Years of service in previous HA employment	No. of re-appointed staff (1 April 2014 to 31 December 2014)
Less than 1 year	66
1-5 years	12
6-10 years	5
11 years or above	4

Note:

(1) Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2014-15 with break of service irrespective of terms of employment / rank.

(2) For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1-5" years.

An employee normally enters HA at the first point of an incremental pay scale. Entry at higher points on the scale may be granted to take account of special qualifications and experience subject to the recommendation of the Selection Board and the approval of the Hospital Chief Executive or Chief Executive as appropriate. Therefore, salary points for ex-employees rejoining the service vary and statistics on average salary points are not available.

(d)

The number of new allied health entrants recruited by the HA in 2014-15 (up to 31 December 2014) is 508.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1976)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The objective of the Hospital Authority is to attract, motivate and retain staff. In this regard, please advise on:

(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 nurses recruited who returned to work for the Hospital Authority in the past year and their average years of service and salary points;

(d) the number of new nurse entrants recruited by the Hospital Authority in the past year.

Asked by: Hon LEE Kok-long, Joseph (Member Question No.22)

Reply:

(a)

The number of full-time nursing staff who left the Hospital Authority (HA) in the rolling period from 1 January 2014 to 31 December 2014 is 1 049. Their respective years of service is listed below:

Rank Group	Attrition number (Full-time Staff) (Years 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	-	-	-	-	9	11	-	3	23
APN/NS/NO/WM	-	1	1	6	24	66	2	28	128
Registered Nurse	106	276	106	23	91	63	1	5	671

Enrolled Nurse/Others	41	119	3	1	19	33	1	10	227
Total	147	396	110	30	143	173	4	46	1 049

Note:
(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
(2) Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
(3) For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 - 5" years.

(b)

The number of nurses promoted in HA in 2014-15 (up to 31 December 2014) is 326, including 25 promoted to DOM/SNO and above ranks, and 301 promoted to APN or equivalent ranks.

(c)

The number of experienced nurses recruited returning to work for HA in 2014-15 (up to 31 December 2014) is 593. The years of service of re-appointed nurses is listed below:

Rank Group	**Years of Service in Previous HA Employment**						
	Less Than 1 year	**1-5 years**	**6-10 years**	**11-15 years**	**16-20 years**	**21 years or above**	**Total**
APN/NS/NO/WM	-	-	-	-	-	-	0
Registered Nurse	394	89	24	25	26	6	564
Enrolled Nurse/ Others	10	14	-	-	4	1	29
Total	404	103	24	25	30	7	593

Note:
(1) Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2014-15 with break of service irrespective of terms of employment/rank.
(2) For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 - 5" years.

An employee normally enters HA at the first point of an incremental pay scale. Entry at higher points on the scale may be granted to take account of special qualifications and experience subject to the recommendation of the Selection Board and the approval of the Hospital Chief Executive or Chief Executive as appropriate. Therefore, salary points for ex-employees rejoining the service vary and statistics on average salary points are not available.

(d)

The intake number of new nurses in HA in 2014-15 (up to 31 December 2014) is 1 064 out of 1 657 total recruits.

Abbreviations:

DOM - Department Operations Manager
SNO - Senior Nursing Officer
APN - Advanced Practice Nurse

NS - Nurse Specialist
NO - Nursing Officer
WM - Ward Manager

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1977)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the measures to attract, motivate and retain staff of the Hospital Authority (HA), please advise on:

a. the concrete measures to retain nurses and allied health professionals in the past 3 years. What were the effectiveness and resources involved?
b. whether there will be concrete measures to retain nurses and allied health professionals in 2015-16, and what will be the resources involved?
c. whether resources have been reserved to improve the remuneration package of the staff, including reinstating the incremental jump, 16.5% cash allowance and study grant etc., so as to retain them. If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 23)

Reply:

Over the past few years, the Hospital Authority (HA) has earmarked around $321 million a year for recruitment and retention of healthcare staff to ensure effective provision of quality care. The same level of funding has been earmarked in 2015-16 for the same purpose to continue implementation of a series of measures to retain staff in medical, nursing and allied health grades.

Major measures to retain nurses include the enhancement of career advancement opportunities for experienced nurses, enhancement of nursing manpower and provision of training to registered nursing students and enrolled nursing students at HA's nursing schools.

Major measures to recruit and retain allied health staff include offering of overseas scholarship to allied health undergraduates for grades with no local or inadequate supply, re-engineering of work processes, strengthening of manpower support and enhancement of training opportunities.

The attrition rate of full-time nurses decreased from 5.2% in 2011-12 to 4.7% in 2013-14, and the attrition rate of full-time allied health professionals decreased from 3.9% in 2011-12 to 3.4% in 2013-14.

In 2015-16, HA plans to recruit about 1 830 nursing and 480 allied health staff in order to address manpower shortage, maintain existing service provision and implement service enhancement initiatives. HA will continue to implement the range of measures to retain staff in the nursing and allied health grades in 2015-16, and review the effectiveness of the above initiatives and explore further enhancement measures to attract and retain staff as and when necessary.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)077

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1978)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower for the Case Management Programme of mental health services, please provide the following information:

(a) How many case managers are there in Hong Kong currently and what grades do they belong to? What is the area of work of these grades?

(b) How many cases had to be handled by each case manager on average for the past year?

(c) Has the Government set any indicators for the number of cases each case manager has to handle? If yes, what are the details? If not, what are the reasons?

(d) Will the Government allocate more resources and strengthen manpower to adjust the number of cases to be handled by each case manager, with a view to improving the service quality and effectiveness of the Programme? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 24)

Reply:

As at 31 December 2014, Hospital Authority (HA) has recruited a total of 289 case managers (including 209 psychiatric nurses, 57 occupational therapists and 23 registered social workers) to provide community support for patients with severe mental illness (SMI) under the Case Management Programme.

The number of cases handled by each case manager varies and the caseload is determined by a number of factors including the risk and needs of each patient and the experience of

case managers. On average, each case manager will take care of about 40 to 60 patients with SMI at any one time. The workload of each case manager is regularly reviewed, so are the progress and needs of the patients they support.

In 2015-16, HA will introduce a peer support element into the Case Management Programme to enhance community support for patients with SMI. It is estimated that five peer support workers will be recruited to enhance the Programme, involving an additional recurrent expenditure of around $1.5 million. Meanwhile, HA will continue to recruit case managers with a view to strengthening the service.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)078

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1979)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the enhancement of child and adolescent psychiatric services, please advise on the following:

(a) The number of attendances of child and adolescent psychiatric services in the past 3 years. Please provide a breakdown by age group (age 0-5, age 6-11, and age 11-17) and type of mental disorder.

(b) How will the Government step up child and adolescent psychiatric services?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 25)

Reply:
(a)

The table below sets out the number of child and adolescent patients treated in the Hospital Authority (HA) in the past three years (breakdown by age and major disease groups):

No. of child and adolescent patients[1]		**Autism Spectrum Disorder (ASD)**	**Attention Deficit Hyperactivity Disorder (ADHD)**	**Behavioural and emotional disorders**	**Other psychiatric diagnosis**	**Total** [2]
2012-13	Age<=5	1 450	150	20	1 230	2 700
	Aged 6-11	2 960	3 950	510	5 390	11 140
	Aged 12-17	1 560	2 640	840	4 590	8 040
	Total [3]	**5 970**	**6 740**	**1 370**	**11 220**	**21 870**
2013-14	Age<=5	1 860	190	40	950	2 800

No. of child and		Autism	Attention	Behavioural	Other	Total [2]
	Aged 6-11	3 770	5 040	580	5 290	12 300
	Aged 12-17	2 010	3 270	930	4 850	9 040
	Total [3]	**7 640**	**8 500**	**1 540**	**11 090**	**24 150**
2014 (January – December, provisional figures)	Age<=5	1 590	110	30	820	2 420
	Aged 6-11	4 190	5 130	540	5 330	13 180
	Aged 12-17	2 240	3 770	910	4 840	9 720
	Total [3]	**8 020**	**9 010**	**1 480**	**10 990**	**25 320**

Notes:

1. Age as at 30 June of the reporting year.
2. Sums of the disease groups may not add up to total as some patients were categorised into more than one group in the same year.
3. Individual figures may not add up to total due to rounding.

(b)

In view of an increasing demand for child and adolescent psychiatric services, HA strengthened its child and adolescent psychiatric teams in the Kowloon West Cluster and the New Territories East Cluster in 2014-15. In 2015-16, HA will further expand its child and adolescent psychiatric services in the Kowloon East Cluster. HA will continue to monitor the situation and plan service provision accordingly.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)079

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1980)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

In the light of rising demand for elderly dental services, please explain why the Government has not increased the number of training places in the Prince Philip Dental Hospital for undergraduates, postgraduates, student dental technicians, student dental surgery assistants and student dental hygienists in the 2015-16 estimate.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 26)

Reply:

The Prince Philip Dental Hospital (PPDH) is a purpose-built teaching hospital to provide facilities for the training of dentists and other persons in professions supplementary to dentistry. The undergraduate and postgraduate programmes are organised by the Faculty of Dentistry of the University of Hong Kong and are not funded by Head 140.

The Food and Health Bureau is planning the undergraduate training requirements for healthcare professionals in accordance with the triennial planning cycle of the University Grants Committee. The process for the 2016/17 to 2018/19 funding triennium is still in progress.

As regards the three para-dental training courses organised by PPDH, it is estimated that there will be an increase of five training places for student dental hygienist in the 2015/16 academic year having regard to the higher student intake in 2014/15. However, we do not envisage a similar increase in demand for the other two courses. The number of training places for student dental technician and student dental surgery assistant has therefore remained more or less the same for the 2015/16 academic year.

PPDH will take into account all relevant factors, including the service needs, the manpower requirements for healthcare professionals and the number of potential applicants, in deciding on the number of training places.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)080

CONTROLLING OFFICER'S REPLY

(Question Serial No.3098)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the statutory regulation of medical devices, the Government engaged a consultant to conduct a Business Impact Assessment on the regulatory proposal in 2011. What is the progress? What were the expenditure and manpower involved?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 48)

Reply:

The Administration has been taking steps to put in place statutory regulation of the safety, performance and quality of medical devices manufactured, sold and/or used in Hong Kong. To this end, 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 the way for implementing long-term statutory control.

In November 2010, the Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services (HS Panel) on the proposed regulatory framework for medical devices, which had taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, the DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal. The BIA was completed in 2013. The Administration reported to the LegCo HS Panel in June 2014 on the outcome of the BIA study together with the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical devices.

The Working Group on Differentiation between Medical Procedures and Beauty Services (WG) under the Steering Committee on Review of Regulation of Private Healthcare

Facilities had examined, among others, the safety and health risks of devices commonly used in beauty procedures e.g. high-power medical lasers, intense pulsed light equipment, radiofrequency devices, etc. Given the heterogeneity of the devices involved, the WG considered that the control of their use (particularly energy-emitting devices) should be deliberated under the regulatory framework for medical devices.

Taking into consideration the views and recommendations of the WG, the DH is now in the process of engaging an external consultant to conduct a detailed study to examine overseas experience and practices and the scope of control on the use of the selected medical devices. Upon completion of the study, the Administration will report to the LegCo HS Panel on the outcome of the consultancy study and the details of the legislative proposal.

In 2015-16, a provision of $18.4 million has been earmarked for the DH for the operation of the existing MDACS as well as the preparatory work for the long-term statutory control of medical devices. The number of staff establishment of the Medical Device Control Office of the DH as at 1 March 2015 was 16.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3099)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding primary care development, please list the expenditures and attendances of the various primary care services in the past year and the number of nurses and allied health professionals involved in each of the services concerned.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 49)

Reply:

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest major PCO primary care initiatives include:

(a) Primary care conceptual models and reference frameworks
Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of the reference frameworks for diabetes and hypertension care has also been launched. Development of new modules under these reference frameworks (e.g. dental health for older adults and injury prevention for children) is in progress while the promulgation of the existing reference frameworks continues.

(b) Primary Care Directory
The web-based and mobile application versions of the sub-directories for doctors, dentists and Chinese Medicine Practitioners have been launched. Development of the optometrists sub-directory is in progress while the promotion of PCD continues.

(c) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The second CHC located within the North Lantau Hospital commenced services in 2013. A new CHC in Kwun Tong has just been commissioned in late March 2015. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit districts needs most.

(d) Publicity Activities

A variety of publicity activities are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

The Government continues to take forward the primary care development strategy and implement, through DH and HA, a series of projects to enhance primary care. These include the Childhood Influenza Vaccination Subsidies Scheme, the Elderly Vaccination Subsidies Scheme, the Elderly Health Care Voucher Scheme, and the Outreach Dental Care Programme for the Elderly.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	**Implementation schedule**
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 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 organisations 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 79 000 patients are expected to benefit from the programme by the end of 2014-15. An additional 14 000 patients are expected to be enrolled in 2015-16.

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 selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.
General Outpatient Clinic Public-Private Partnership Programme (Tin Shui Wai Primary Care Partnership Project) To test the use of public-private partnership model and supplement the provision of public GOPC 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 district in June 2010. As at early March 2015, more than 1 600 patients have participated in the programme. This programme has been extended to end-March 2017, pending the expansion of the GOPC Public-Private Partnership Programme to the Yuen Long district.
General Outpatient Clinic Public-Private Partnership Programme Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice receiving treatment provided by private doctors.	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in July 2014. As at early March 2015, over 3 600 patients have enrolled in the programme. HA is formulating plans to extend the programme to the remaining 15 districts in the next few years.

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. The healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)082

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3213)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

What is the progress of the mental health review? What is the specific work schedule in this regard? Has the Government earmarked manpower and resources for improving the mental health policy? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 50)

Reply:

To ensure that our mental health regime can rise up to the challenges of a growing and ageing population, the Food and Health Bureau has embarked on a review of the existing mental health policy through the setting up of a Review Committee on Mental Health in May 2013. Meanwhile, two expert groups have been set up under the Review Committee to study dementia care and mental health services for children and adolescents in particular.

Following the initial recommendations of the Review Committee, we will take forward the following measures to enhance mental health services in the coming year. The Hospital Authority will increase the number of psychiatric beds in Siu Lam Hospital, with a view to clearing up cases of severe intellectual disability on the waiting list in phases in the coming three years. The Hospital Authority will also strengthen the manpower of psychiatric teams and introduce a peer support element to the Case Management Programme for patients with severe mental illness. Meanwhile, the Department of Health will launch a territory-wide public education and publicity campaign to promote the importance of mental health and mental well-being.

The Review Committee will continue its work on various fronts and publish its recommendations upon completion of the review.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)083

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3261)

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

Subhead (No. & title): (-) Not specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the pilot initiative of the elderly health assessment programme launched in collaboration with non-government organisations, has the Government assessed its impact on the elderly health service of the Department of Health (DH)? Will the programme shorten the waiting time of DH's elderly health service? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 51)

Reply:

To facilitate early identification of risk factors as well as promote healthy ageing, the Government launched the Elderly Health Assessment Pilot Programme (the Pilot Programme) in July 2013 in collaboration with nine non-governmental organisations (NGOs) to provide voluntary, protocol-based, subsidised health assessment to 10 000 elders aged 70 or above.

As at end-December 2014, over 5 300 elders have participated in the Pilot Programme. The Government will assess the effectiveness of the Pilot Programme, including its outcome and impact on the service and waiting time for the Elderly Health Centres, after the Pilot Programme ends later this year.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)084

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2498)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

1) What were the numbers of staff in the medical, nursing and allied health grades in different departments of each hospital under each cluster of the Hospital Authority and their ratios to patients in the past three years?

Cluster	Grade	2012-13		2013-14		2014-15	
		Number of staff	Staff ratio per patient	Number of staff	Staff ratio per patient	Number of staff	Staff ratio per patient

2) What are the estimated numbers of staff in the medical, nursing and allied health grades in different departments of each hospital under each cluster of the Hospital Authority and their ratios to patients for 2015-16?

Cluster	Grade	2015-16	
		Number of staff	Staff ratio per patient

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 14)

Reply:

(1)

Table 1 below sets out the doctor-to-patient, nurse-to-patient and allied health (AH) professional-to-patient ratios by clusters in the Hospital Authority (HA) in 2012-13, 2013-14 and 2014-15.

Cluster	Doctor			Nurse			Allied Health Professional		
	Number of doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of allied health professionals	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2012-13									
HKEC	572	5.0	3.3	2 348	20.5	13.5	717	6.3	4.1
HKWC	599	5.4	3.3	2 600	23.6	14.4	826	7.5	4.6
KCC	674	5.3	3.3	3 069	24.2	15.1	940	7.4	4.6
KEC	607	5.0	3.6	2 313	19.2	13.8	645	5.3	3.9
KWC	1 245	4.8	3.4	5 088	19.7	14.0	1 359	5.3	3.7
NTEC	874	5.2	3.4	3 524	21.0	13.7	999	6.0	3.9
NTWC	676	5.3	3.4	2 834	22.0	14.3	752	5.8	3.8
2013-14									
HKEC	575	5.1	3.2	2 443	21.6	13.8	746	6.6	4.2
HKWC	602	5.5	3.2	2 553	23.2	13.7	838	7.6	4.5
KCC	679	5.5	3.3	3 175	25.8	15.7	978	7.9	4.8
KEC	627	5.2	3.7	2 474	20.6	14.7	685	5.7	4.1
KWC	1 300	4.9	3.5	5 337	20.3	14.4	1 479	5.6	4.0
NTEC	879	5.3	3.4	3 707	22.3	14.1	1 018	6.1	3.9
NTWC	702	5.3	3.5	3 027	23.0	15.0	797	6.0	3.9
2014-15 (As at 31 December 2014)									
HKEC	590	5.2	3.2	2 490	21.9	13.6	770	6.8	4.2
HKWC	613	5.4	3.2	2 685	23.7	13.8	885	7.8	4.6
KCC	696	5.5	3.4	3 265	25.6	15.7	992	7.8	4.8
KEC	648	5.2	3.7	2 578	20.6	14.7	707	5.7	4.0
KWC	1 319	4.9	3.5	5 512	20.3	14.5	1 548	5.7	4.1

NTEC	893	5.3	3.3	3 806	22.7	14.2	1 086	6.5	4.1
NTWC	733	5.5	3.5	3 149	23.5	15.2	830	6.2	4.0

Table 2 below sets out the doctor-to-patient and nurse-to-patient by major specialties in 2012-13, 2013-14 and 2014-15.

Specialty	**Doctors**	**Ratio per 1 000 inpatient discharges and deaths**	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**	**Nurses**	**Ratio per 1 000 inpatient discharges and deaths**	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2012-13						
Medicine	1 149	2.6	1.8	5 597	12.8	8.8
Surgery	605	3.6	2.2	1 835	10.9	6.6
Obstetrics & Gynaecology	221	2.3	1.5	1 053	11.0	7.2
Paediatrics	309	3.4	2.5	1 229	13.4	9.9
Orthopaedics & Traumatology	311	3.7	3.1	898	10.7	8.9
Psychiatry	335	18.9	18.7	2 239	126.3	125.3
2013-14						
Medicine	1 171	2.6	1.8	6 140	13.9	9.4
Surgery	616	3.6	2.2	1 974	11.6	6.9
Obstetrics & Gynaecology	215	2.4	1.5	1 120	12.7	7.9
Paediatrics	331	3.7	2.8	1 340	15.0	11.2
Orthopaedics & Traumatology	317	3.6	2.9	1 011	11.5	9.4
Psychiatry	338	18.6	18.4	2 316	127.1	126.1
2014-15 (as at 31 December 2014)						
Medicine	1 213	2.7	1.8	6 352	14.1	9.5
Surgery	634	3.6	2.1	2 043	11.6	6.9
Obstetrics & Gynaecology	210	2.2	1.4	1 163	12.4	7.8
Paediatrics	342	3.8	2.8	1 397	15.3	11.3
Orthopaedics & Traumatology	322	3.6	2.9	1 045	11.6	9.4
Psychiatry	341	19.2	19.1	2 341	131.9	131.0

Table 3 below sets out the number of AH professionals and their ratios to patients by major AH grades in 2012-13, 2013-14 and 2014-15.

Grade	**Number of staff**	**Ratio per 1 000 inpatient discharges and deaths**	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2012-13			
Medical Laboratory Technologist	1270	1.2	0.8
Radiographer (Diagostic Radiographer & Radiation Therapist)	947	0.9	0.6
Medical Social Worker	282	0.3	0.2

Grade	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Occupational Therapist	673	0.7	0.4
Physiotherapist	846	0.8	0.5
Pharmacist	488	0.5	0.3
Dispenser	1055	1.0	0.7
Others	742	0.7	0.5
2013-14			
Medical Laboratory Technologist	1310	1.3	0.8
Radiographer (Diagostic Radiographer & Radiation Therapist)	1002	1.0	0.6
Medical Social Worker	301	0.3	0.2
Occupational Therapist	698	0.7	0.4
Physiotherapist	869	0.8	0.6
Pharmacist	522	0.5	0.3
Dispenser	1129	1.1	0.7
Others	778	0.8	0.5
2014-15 (As at 31 December 2014)			
Medical Laboratory Technologist	1350	1.3	0.8
Radiographer (Diagostic Radiographer & Radiation Therapist)	1023	1.0	0.6
Medical Social Worker	311	0.3	0.2
Occupational Therapist	735	0.7	0.5
Physiotherapist	889	0.8	0.6
Pharmacist	559	0.5	0.3
Dispenser	1192	1.1	0.7
Others	825	0.8	0.5

Notes:

1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

2) Medicine specialty includes Hospice, Rehabilitation and Infirmary. Surgery specialty includes Neurosurgery and Cardiothoracic Surgery. Paediatrics specialty includes Adolescent Medicine and Neonatology. Psychiatry specialty includes Mentally Handicapped.

3) The group of "Others" for AH grades includes Audiology Technicians, Clinical Psychologists, Dental Technicians, Dietitians, Mould Laboratory Technicians, Optometrists, Orthoptists, Physicists, Podiatrists, Prosthetists & Orthotists, Scientific Officers (Medical)-Pathology, Scientific Officers (Medical)-Audiology, Scientific Officers (Medical)-Radiology, Scientific Officers (Medical)-Radiotherapy and Speech Therapists.

4) For Medical Social Worker (MSW), only MSWs employed by HA are included.

5) As the condition of each patient and the complexity of each case vary among different AH grades, the workload of relevant AH staff cannot be assessed and compared simply based on the ratio of the number of AH staff to the number of discharge and deaths.

6) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency Department or stayed for more than one day.

7) HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, not patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to the patients in their treatment journeys.

(2)

The estimated number of doctors, nurses and AH professionals in 2015-16 are 5 630, 24 410 and 7 185 respectively. Breakdown by clusters and the anticipated ratios to patients in 2015-16 are not available yet.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2539)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What were the numbers of attendances at the general and specialist outpatient clinics of the Hospital Authority and the actual expenditures involved in the past 3 financial years? Of these attendances, how many involved the elderly and the chronically ill? What percentages did the attendances of these patients account for in the total number of attendances? What were the expenditure ratios?

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 49)

Reply:

The service of general out patient clinics (GOPCs) provided by the Hospital Authority (HA) is primarily targeted at serving the elderly, the low-income group and the chronically ill. In the past 3 years, target patients (i.e. elderly patients aged 65 or above, chronic patients and patients receiving Comprehensive Social Security Assistance (CSSA)) accounted for about 70% of the doctor consultations.

The table below sets out the number of general outpatient attendances in the past three years:

2012-13 (Actual)	**2013-14 (Actual)**	**2014-15 (Revised Estimate)**
5 633 407	5 813 706	5 768 000

The table below sets out the total costs of GOPC services in the past three years.

2012-13 (Actual) ($ million)	2013-14 (Actual) ($ million)	2014-15 (Revised Estimate) ($ million)
2,021	2,236	2,475

Based on the corresponding activities of the above-mentioned target patients (i.e. elderly patients aged 65 or above, chronic patients and patients receiving CSSA) and the average unit cost for GOPC services during the period, they are estimated to have incurred around 64% of the total costs of GOPC services.

Note: The GOPC service costs include the direct staff costs (such as doctors and nurses) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment).

The table below sets out the number of specialist outpatient (SOP) attendances in the past three years:

2012-13 (Actual)	2013-14 (Actual)	2014-15 (Revised Estimate)
6 885 455	7 040 883	7 040 000

In the past three years, elderly patients aged 65 or above accounted for about 34% of the total attendances of the SOP clinics under HA.

The table below sets out the total costs of SOP services in the past three years.

2012-13 (Actual) ($ million)	2013-14 (Actual) ($ million)	2014-15 (Revised Estimate) ($ million)
9,425	9,888	10,826

Based on the corresponding activities of elderly patients aged 65 or above and the HA average unit cost for SOP services during the period, elderly patients are estimated to have incurred around 26% of the total costs of SOP services.

Note: The SOP service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment).

Chronic diseases are diseases of long duration and generally with slow progression. Patients with chronic diseases are treated by multi-disciplinary team approach in various settings in HA. Patients may be suffering from multiple chronic diseases and doctors may prescribe different examinations and treatments having regard to individual patients' conditions. As such, HA does not have the requested breakdown on the management of patients with chronic diseases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1208)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
(a) Please set out (i) the number of patient days; (ii) number of hospital beds; and (iii) bed occupancy rate for all general specialties and major specialties of each of the hospitals under the New Territories West cluster of the Hospital Authority in the past 3 years.

(b) What is the construction progress of Tin Shui Wai Hospital? Has the Government rendered training support in respect of the estimated additional manpower required in Tin Shui Wai Hospital to enable the commissioning of the hospital as scheduled?

Asked by: Hon LEUNG Che-cheung (Member Question No. 1)

Reply:
(a)

The table below sets out the number of hospital beds for all general specialties and major specialties in each hospital under the New Territories West Cluster of the Hospital Authority (HA) in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

2012-13

	Number of hospital beds as at 31 March 2013	
	Pok Oi Hospital	**Tuen Mun Hospital**
All General (acute and convalescence) Specialties	392	1 764
Gynaecology	21	28
Medicine	187	781
Obstetrics	-	70
Orthopaedics & Traumatology	55	225
Paediatrics	-	84
Surgery	75	200

2013-14

	Number of hospital beds as at 31 March 2014	
	Pok Oi Hospital	**Tuen Mun Hospital**
All General (acute and convalescence) Specialties	432	1 842
Gynaecology	21	28
Medicine	202	785
Obstetrics	-	70
Orthopaedics & Traumatology	65	263
Paediatrics	-	84
Surgery	90	220

2014-15 (up to 31 December 2014) [Provisional figures]

	Number of hospital beds as at 31 December 2014	
	Pok Oi Hospital	**Tuen Mun Hospital**
All General (acute and convalescence) Specialties	470	1 842
Gynaecology	21	28
Medicine	218	783
Obstetrics	-	70
Orthopaedics & Traumatology	79	263
Paediatrics	-	84
Surgery	98	220

HA organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Activity indicators such as patient days and occupancy rate should be interpreted at cluster level. The table below sets out (i) the number of patient days and (ii) inpatient bed occupancy rate for all general specialties and major specialties in the New Territories West Cluster under the HA in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

2012-13

	New Territories West Cluster
All General (acute and convalescence) Specialties	
Patient days	729 283
Inpatient bed occupancy rate	96%
Gynaecology	
Patient days	18 363
Inpatient bed occupancy rate	98%
Medicine	
Patient days	338 223
Inpatient bed occupancy rate	99%

	New Territories West Cluster
Obstetrics	
Patient days	28 584
Inpatient bed occupancy rate	97%
Orthopaedics & Traumatology	
Patient days	91 280
Inpatient bed occupancy rate	94%
Paediatrics	
Patient days	29 375
Inpatient bed occupancy rate	89%
Surgery	
Patient days	91 476
Inpatient bed occupancy rate	97%

2013-14

	New Territories West Cluster
All General (acute and convalescence) Specialties	
Patient days	773 733
Inpatient bed occupancy rate	98%
Gynaecology	
Patient days	18 746
Inpatient bed occupancy rate	99%
Medicine	
Patient days	367 542
Inpatient bed occupancy rate	106%
Obstetrics	
Patient days	26 914
Inpatient bed occupancy rate	90%
Orthopaedics & Traumatology	
Patient days	96 766
Inpatient bed occupancy rate	90%
Paediatrics	
Patient days	29 592
Inpatient bed occupancy rate	91%
Surgery	
Patient days	100 540
Inpatient bed occupancy rate	97%

2014-15 (up to 31 December 2014) [Provisional figures]

	New Territories West Cluster
All General (acute and convalescence) Specialties	
Patient days	596 932
Inpatient bed occupancy rate	96%

	New Territories West Cluster
Gynaecology	
Patient days	15 523
Inpatient bed occupancy rate	112%
Medicine	
Patient days	280 084
Inpatient bed occupancy rate	103%
Obstetrics	
Patient days	21 793
Inpatient bed occupancy rate	96%
Orthopaedics & Traumatology	
Patient days	76 140
Inpatient bed occupancy rate	86%
Paediatrics	
Patient days	22 246
Inpatient bed occupancy rate	91%
Surgery	
Patient days	76 417
Inpatient bed occupancy rate	89%

Notes:

1. Castle Peak Hospital and Siu Lam Hospital provide psychiatric and mentally handicapped services respectively. Both hospitals do not provide general specialties services and hence are not included in the above tables.

2. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency Department or stayed for more than one day. The calculation of the number of hospital beds and patient days include that of both inpatients and day inpatients. The calculation of inpatient bed occupancy rate, on the other hand, does not include that of day inpatients.

(b)

Construction works for Tin Shui Wai Hospital (TSWH) commenced in February 2013 and the progress is in line with the project schedule planned for completion in 2016. The New Territories West Cluster is conducting manpower planning for TSWH based on the projected needs of the community and service development, and meanwhile HA is committed to providing necessary training and support to facilitate smooth commissioning of the new hospital.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1747)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate in the format below the cross-district attendance rate of the Hospital Authority in 2013-14, 2014-15 and 2015-16 (Estimate):

(a) number of specialist outpatient attendance and number of patients

(b) number of general outpatient attendance and number of patients

(c) number of accident and emergency attendance and number of patients

(d) number of patients for general inpatient services and number of patients

(e) number of patient days for general inpatient services

	List by hospital clusters
List by hospital clusters of the districts where the patients are residing	

Asked by: Hon LEUNG Ka-lau (Member Question No. 8)

Reply:

The Hospital Authority (HA) provides different kinds of public healthcare services throughout the territory to enable patients to have convenient access to the services according to their needs. HA encourages patients to seek medical treatment from hospital in the cluster of their residence to facilitate follow-up of their chronic conditions and the provision of community support. Nevertheless, individual patients may have other considerations when they choose a medical facility for medical treatment. For instance, they may choose to receive medical treatment at a specialist or general outpatient clinic in a

certain district for the convenience of travelling to and from their work place. Under emergency circumstances, they may also be transferred to an acute hospital in the proximity of the pick-up location having regard to the ambulance route, etc.

Statistical figures pertaining to the specialist outpatient, general outpatient, accident and emergency as well as inpatient services provided by HA, by hospital cluster for 2013-14 and 2014-15 (up to 31 December 2014) are set out in the following tables. Corresponding figures for 2015-16 are not yet available.

(a)
Number of attendances of specialist outpatient service provided by HA in 2013-14 and 2014-15 (up to 31 December 2014).

2013-14

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	670 890	126 511	15 044	6 009	11 931	8 089	2 226	**840 700**
Central & Western, Southern	**HKWC**	38 443	520 935	9 288	2 461	7 721	5 330	1 890	**586 068**
Kowloon City, Yau Tsim	**KCC**	8 037	19 645	334 485	9 369	71 633	12 958	3 006	**459 133**
Kwun Tong, Sai Kung	**KEC**	30 921	41 123	170 130	686 679	64 285	32 553	5 214	**1 030 905**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	24 511	76 516	397 059	43 909	1 387 062	54 846	20 945	**2 004 848**
Sha Tin, Tai Po, North	**NTEC**	10 949	27 268	56 849	13 310	47 716	947 276	11 899	**1 115 267**
Tuen Mun, Yuen Long	**NTWC**	7 955	26 602	31 550	5 136	43 362	34 928	841 335	**990 868**
Others (e.g. Macau, Mainland China, etc.)		302	5 424	2 468	124	792	3 159	825	**13 094**
Overall		**792 008**	**844 024**	**1 016 873**	**766 997**	**1 634 502**	**1 099 139**	**887 340**	**7 040 883**

2014-15 (up to 31 December 2014) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	514 039	94 629	11 074	4 444	8 893	6 068	1 690	**640 837**
Central & Western, Southern	**HKWC**	29 206	393 265	6 486	1 898	5 601	3 708	1 409	**441 573**
Kowloon City, Yau Tsim	**KCC**	6 238	15 369	258 645	8 187	56 470	10 200	2 476	**357 585**
Kwun Tong, Sai Kung	**KEC**	23 939	31 773	127 676	535 305	48 110	24 419	3 880	**795 102**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	18 720	59 025	300 671	34 345	1 068 490	41 401	16 247	**1 538 899**
Sha Tin, Tai Po, North	**NTEC**	8 262	21 553	42 761	9 972	36 901	731 094	9 208	**859 751**
Tuen Mun, Yuen Long	**NTWC**	5 859	20 834	23 903	3 910	33 480	25 663	653 525	**767 174**
Others (e.g. Macau, Mainland China, etc.)		135	4 863	2 062	80	531	2 763	696	**11 130**
Overall		**606 398**	**641 311**	**773 278**	**598 141**	**1 258 476**	**845 316**	**689 131**	**5 412 051**

(b)

Number of attendances of general outpatient service provided by HA in 2013-14 and 2014-15 (up to 31 December 2014).

2013-14

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	500 661	17 959	3 597	4 313	6 833	2 204	1 189	**536 756**
Central & Western, Southern	**HKWC**	36 245	341 511	2 455	1 798	4 670	1 592	1 022	**389 293**
Kowloon City, Yau Tsim	**KCC**	4 818	2 837	314 635	7 415	44 560	3 486	1 764	**379 515**
Kwun Tong, Sai Kung	**KEC**	18 305	8 278	44 368	849 798	59 691	9 379	2 982	**992 801**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	15 895	11 525	166 799	40 124	1 425 360	16 156	11 116	**1 686 975**
Sha Tin, Tai Po, North	**NTEC**	7 177	4 249	25 032	14 644	36 879	893 657	6 636	**988 274**
Tuen Mun, Yuen Long	**NTWC**	4 571	3 645	8 160	3 404	24 606	13 454	778 736	**836 576**
Others (e.g. Macau, Mainland China, etc.)		281	93	379	166	483	1 331	428	**3 516**[*]
Overall		**587 953**	**390 097**	**565 425**	**921 662**	**1 603 082**	**941 259**	**803 873**	**5 813 706**[*]

2014-15 (up to 31 December 2014) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	374 657	13 350	2 781	3 363	5 212	1 774	859	**401 996**
Central & Western, Southern	**HKWC**	25 710	257 211	1 800	1 304	3 491	1 054	755	**291 325**
Kowloon City, Yau Tsim	**KCC**	3 609	2 243	240 216	10 732	35 600	2 704	1 271	**296 375**
Kwun Tong, Sai Kung	**KEC**	13 969	6 387	32 558	648 439	44 750	7 300	2 156	**755 559**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	11 752	8 723	123 021	29 902	1 105 720	12 624	8 413	**1 300 155**
Sha Tin, Tai Po, North	**NTEC**	5 284	3 345	18 670	11 003	28 123	680 063	4 934	**751 422**
Tuen Mun, Yuen Long	**NTWC**	3 375	2 754	6 377	2 628	18 932	10 148	590 428	**634 642**
Others (e.g. Macau, Mainland China, etc.)		216	72	307	109	456	1 027	343	**2 530**
Overall		**438 572**	**294 085**	**425 730**	**707 480**	**1 242 284**	**716 694**	**609 159**	**4 434 004**

* The number of general outpatient service attendances at the mobile clinics is 355 in 2013-14, which is included under "Others" and in the HA overall for patients' district of residence.

(c)

Number of attendances of accident and emergency service provided by HA in 2013-14 and 2014-15 (up to 31 December 2014).

2013-14

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	194 349	9 720	2 135	2 699	3 841	2 279	1 092	**216 115**
Central & Western, Southern	**HKWC**	19 124	104 191	1 596	1 133	2 724	1 511	1 089	**131 368**
Kowloon City, Yau Tsim	**KCC**	3 264	1 912	82 788	3 801	32 566	2 823	1 422	**128 576**
Kwun Tong, Sai Kung	**KEC**	9 002	3 157	15 502	285 283	18 320	7 495	2 365	**341 124**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	9 443	7 002	79 196	23 192	501 217	14 363	8 295	**642 708**
Sha Tin, Tai Po, North	**NTEC**	4 132	2 170	6 991	4 619	15 974	350 658	4 705	**389 249**
Tuen Mun, Yuen Long	**NTWC**	3 200	2 050	4 636	2 338	16 709	11 649	336 996	**377 578**
Others (e.g. Macau, Mainland China, etc.)		1 336	1 375	2 436	638	3 734	3 493	1 276	**14 288**
Overall		**243 850**	**131 577**	**195 280**	**323 703**	**595 085**	**394 271**	**357 240**	**2 241 006**

2014-15 (up to 31 December 2014) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	140 934	7 173	1 644	1 909	3 124	1 629	841	**157 254**
Central & Western, Southern	**HKWC**	14 029	76 512	1 068	897	2 103	1 027	661	**96 297**
Kowloon City, Yau Tsim	**KCC**	2 463	1 303	61 673	3 677	24 498	2 141	1 110	**96 865**
Kwun Tong, Sai Kung	**KEC**	6 603	2 503	11 212	210 631	13 884	5 535	1 741	**252 109**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	6 718	4 937	56 532	16 947	389 731	10 199	5 984	**491 048**
Sha Tin, Tai Po, North	**NTEC**	3 221	1 759	5 023	3 438	12 234	253 218	3 478	**282 371**
Tuen Mun, Yuen Long	**NTWC**	2 508	1 667	3 398	1 704	13 250	8 449	245 326	**276 302**
Others (e.g. Macau, Mainland China, etc.)		1 049	1 075	1 896	563	3 046	2 421	1 058	**11 108**
Overall		**177 525**	**96 929**	**142 446**	**239 766**	**461 870**	**284 619**	**260 199**	**1 663 354**

(d)
(i) Number of inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2013-14 and 2014-15 (up to 31 December 2014).

2013-14

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	94 527	12 434	973	693	1 234	859	347	**111 067**
Central & Western, Southern	**HKWC**	5 981	75 443	720	311	879	546	311	**84 191**
Kowloon City, Yau Tsim	**KCC**	818	2 001	45 741	1 384	14 642	1 228	373	**66 187**
Kwun Tong, Sai Kung	**KEC**	2 964	3 807	14 183	106 873	6 813	3 368	727	**138 735**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	2 450	8 404	50 569	7 489	223 491	6 090	2 550	**301 043**
Sha Tin, Tai Po, North	**NTEC**	1 049	2 641	3 786	1 736	4 914	143 927	1 322	**159 375**
Tuen Mun, Yuen Long	**NTWC**	898	3 241	2 955	827	5 141	4 498	122 492	**140 052**
Others (e.g. Macau, Mainland China, etc.)		268	1 160	770	126	995	1 142	372	**4 833**
Overall		**108 955**	**109 131**	**119 697**	**119 439**	**258 109**	**161 658**	**128 494**	**1 005 483**

2014-15 (up to 31 December 2014) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	71 016	9 698	748	524	1 049	666	226	**83 927**
Central & Western, Southern	**HKWC**	4 381	57 805	477	264	630	431	264	**64 252**
Kowloon City, Yau Tsim	**KCC**	621	1 426	36 318	1 259	11 304	1 100	357	**52 385**
Kwun Tong, Sai Kung	**KEC**	2 283	3 144	10 681	82 706	5 062	2 551	605	**107 032**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 898	6 421	39 164	5 929	172 114	4 359	1 988	**231 873**
Sha Tin, Tai Po, North	**NTEC**	827	2 173	3 060	1 322	4 010	109 018	1 066	**121 476**
Tuen Mun, Yuen Long	**NTWC**	658	2 666	2 439	641	4 122	3 338	93 775	**107 639**
Others (e.g. Macau, Mainland China, etc.)		220	942	664	114	829	866	322	**3 957**
Overall		**81 904**	**84 275**	**93 551**	**92 759**	**199 120**	**122 329**	**98 603**	**772 541**

(ii) Number of day inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2013-14 and 2014-15 (up to 31 December 2014).

2013-14

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	56 707	11 104	852	345	793	457	116	**70 374**
Central & Western, Southern	**HKWC**	2 921	44 411	818	96	282	253	82	**48 863**
Kowloon City, Yau Tsim	**KCC**	515	2 085	24 816	828	4 777	772	132	**33 925**

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Kwun Tong, Sai Kung	**KEC**	2 110	4 347	14 679	43 073	4 814	3 563	287	**72 873**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 386	7 164	32 534	2 596	90 849	4 861	1 320	**140 710**
Sha Tin, Tai Po, North	**NTEC**	572	2 996	3 354	623	2 725	83 153	1 069	**94 492**
Tuen Mun, Yuen Long	**NTWC**	337	2 963	2 263	209	3 435	3 080	67 269	**79 556**
Others (e.g. Macau, Mainland China, etc.)		13	893	155	10	32	229	46	**1 378**
Overall		**64 561**	**75 963**	**79 471**	**47 780**	**107 707**	**96 368**	**70 321**	**542 171**

2014-15 (up to 31 December 2014) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	46 037	9 129	789	281	615	492	74	**57 417**
Central & Western, Southern	**HKWC**	2 312	35 749	365	58	318	159	75	**39 036**
Kowloon City, Yau Tsim	**KCC**	420	1 664	19 086	689	3 967	660	108	**26 594**
Kwun Tong, Sai Kung	**KEC**	1 775	3 800	11 382	34 477	3 578	2 739	252	**58 003**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 190	6 289	24 859	2 060	69 924	3 491	1 093	**108 906**
Sha Tin, Tai Po, North	**NTEC**	524	2 560	2 652	477	2 052	65 777	905	**74 947**
Tuen Mun, Yuen Long	**NTWC**	278	2 624	1 696	142	2 645	2 177	53 410	**62 972**
Others (e.g. Macau, Mainland China, etc.)		6	656	86	1	25	157	60	**991**
Overall		**52 542**	**62 471**	**60 915**	**38 185**	**83 124**	**75 652**	**55 977**	**428 866**

(e)

Number of patient days (including inpatient patient days and day inpatient discharges and deaths) for all general specialties of inpatient service provided by HA in 2013-14 and 2014-15 (up to 31 December 2014).

2013-14

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	548 572	86 779	8 410	4 194	8 349	5 957	2 051	**664 312**
Central & Western, Southern	HKWC	33 037	449 415	6 472	1 922	5 140	3 438	2 218	**501 642**
Kowloon City, Yau Tsim	KCC	4 305	18 304	340 769	10 946	98 013	10 038	2 552	**484 927**
Kwun Tong, Sai Kung	KEC	14 942	31 115	158 668	608 652	38 561	25 265	4 932	**882 135**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	13 308	65 737	402 800	41 200	1 273 093	50 017	16 722	**1 862 877**
Sha Tin, Tai Po, North	NTEC	4 829	21 185	26 077	8 982	28 450	962 258	8 605	**1 060 386**
Tuen Mun, Yuen Long	NTWC	4 421	23 988	19 698	4 668	29 499	31 644	733 084	**847 002**
Others (e.g. Macau, Mainland China, etc.)		1 451	10 482	5 405	1 197	5 818	9 024	3 569	**36 946**
Overall		**624 865**	**707 005**	**968 299**	**681 761**	**1 486 923**	**1 097 641**	**773 733**	**6 340 227**

2014-15 (up to 31 December 2014) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	418 517	66 618	5 552	3 174	6 758	4 430	1 136	**506 185**
Central & Western, Southern	HKWC	26 290	346 374	3 946	1 142	3 732	3 187	1 569	**386 240**

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Kowloon City, Yau Tsim	**KCC**	2 705	12 134	273 904	8 632	73 086	7 954	2 610	**381 025**
Kwun Tong, Sai Kung	**KEC**	11 764	25 137	119 058	466 740	28 499	18 119	3 168	**672 485**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	10 462	51 231	308 998	32 967	964 012	35 742	13 083	**1 416 495**
Sha Tin, Tai Po, North	**NTEC**	3 835	17 759	20 853	6 480	22 124	727 492	6 845	**805 388**
Tuen Mun, Yuen Long	**NTWC**	3 550	20 659	15 227	3 387	22 198	24 036	565 799	**654 856**
Others (e.g. Macau, Mainland China, etc.)		1 552	9 650	4 391	720	4 469	6 292	2 722	**29 796**
Overall		**478 675**	**549 562**	**751 929**	**523 242**	**1 124 878**	**827 252**	**596 932**	**4 852 470**

Notes:
"Others" includes cases where patients provided a non-Hong Kong address or failed to provide residential information.

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency Department or stayed for more than one day. The calculation of the number of patient days and discharges and deaths include that of both inpatients and day inpatients.

HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested data on patient headcount are not readily 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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)088

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1748)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

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 and 90th percentile waiting time by specialty and hospital cluster for 2014-15.

Asked by: Hon LEUNG Ka-lau (Member Question No. 9)

Reply:

The table below sets out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; their respective percentages in the total number of SOP new cases; and their respective lower quartile (25^{th} percentile), median (50^{th} percentile), upper quartile (75^{th} percentile) and longest (90^{th} percentile) waiting time in each hospital cluster for 2014-15 (up to 31 December 2014).

2014-15 (up to 31 December 2014) [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			
HKEC	ENT	938	15%	<1	<1	<1	<1	2 152	34%	1	3	4	6	3 174	51%	12	35	37	42
	MED	1 986	21%	<1	1	1	2	2 799	30%	2	4	6	7	4 641	49%	11	23	49	51
	GYN	548	12%	<1	<1	<1	1	701	15%	3	3	4	6	3 358	73%	7	11	19	34
	OPH	4 246	44%	<1	<1	<1	1	1 463	15%	4	6	7	8	3 989	41%	10	12	16	32
	ORT	1 484	20%	<1	1	1	1	1 758	23%	4	6	7	7	4 307	57%	19	46	50	51
	PAE	178	17%	<1	1	1	2	692	67%	3	5	7	7	170	16%	10	14	16	19
	PSY	315	12%	<1	1	1	1	711	26%	2	3	5	6	1 665	62%	4	9	17	20
	SUR	1 476	14%	<1	1	1	2	3 282	31%	5	7	7	8	5 942	56%	14	31	46	54
HKWC	ENT	608	12%	<1	<1	1	1	2 133	42%	3	6	7	8	2 386	46%	11	26	62	82
	MED	1 338	14%	<1	<1	1	1	1 459	16%	3	5	8	9	6 507	70%	10	35	45	64
	GYN	1 098	18%	<1	<1	1	2	838	14%	4	5	6	7	3 859	63%	9	18	20	124
	OPH	2 676	36%	<1	<1	1	1	1 164	16%	3	4	5	8	3 618	49%	3	7	20	24
	ORT	711	8%	<1	<1	1	2	1 229	15%	3	4	6	8	6 510	77%	8	16	28	39
	PAE	390	20%	<1	<1	1	1	537	28%	2	4	7	8	981	51%	10	13	14	14
	PSY	322	10%	<1	1	1	2	727	23%	2	3	4	6	2 144	67%	6	22	73	116
	SUR	1 439	13%	<1	<1	1	2	2 014	18%	3	6	7	8	7 630	69%	7	15	47	62
KCC	ENT	1 159	11%	<1	<1	<1	1	907	8%	1	3	5	6	8 623	81%	23	28	32	35
	MED	1 089	12%	<1	1	1	1	1 447	15%	3	5	5	7	6 767	72%	16	44	66	98
	GYN	322	8%	<1	<1	1	1	1 415	34%	3	4	5	7	2 456	59%	12	15	23	28
	OPH	5 537	29%	<1	<1	<1	1	3 486	18%	2	4	4	5	9 836	52%	49	54	56	57
	ORT	216	4%	<1	1	1	1	730	12%	<1	2	4	6	5 119	84%	37	65	75	106
	PAE	531	28%	<1	<1	1	1	409	22%	5	6	7	7	925	50%	6	16	17	18
	PSY	154	7%	<1	<1	1	1	742	34%	2	3	6	7	1 314	59%	15	19	24	37
	SUR	1 747	12%	<1	1	1	1	2 152	15%	3	5	6	7	10 132	72%	22	30	36	47
KEC	ENT	1 441	19%	<1	<1	<1	1	1 860	24%	1	3	4	7	4 365	57%	35	39	49	64
	MED	1 329	9%	<1	1	1	1	3 298	23%	4	6	7	7	9 558	67%	12	54	64	82
	GYN	984	15%	<1	1	1	1	836	13%	5	6	7	7	4 606	72%	12	51	56	80
	OPH	4 317	31%	<1	<1	1	1	466	3%	3	6	7	7	9 343	66%	11	14	68	75
	ORT	2 856	22%	<1	<1	1	1	2 485	19%	6	7	7	7	7 677	59%	20	101	123	163
	PAE	801	25%	<1	<1	<1	1	568	18%	5	7	7	7	1 843	57%	15	16	17	20
	PSY	262	5%	<1	1	1	2	1 455	27%	3	5	7	7	3 597	66%	8	30	86	105
	SUR	1 336	7%	<1	1	1	1	4 920	25%	6	7	7	7	13 511	68%	12	23	67	144

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			
KWC	ENT	2 856	21%	<1	<1	1	1	2 955	22%	3	5	7	8	7 553	56%	17	27	47	54
	MED	1 842	8%	<1	<1	1	1	4 814	20%	4	6	7	7	16 359	70%	16	46	60	71
	GYN	719	7%	<1	<1	1	2	1 763	16%	4	6	7	8	8 270	76%	11	28	47	51
	OPH	5 160	33%	<1	<1	<1	<1	5 218	34%	3	5	6	7	5 042	33%	50	52	54	57
	ORT	2 956	16%	<1	<1	1	1	4 123	22%	3	5	7	8	11 127	61%	28	62	80	128
	PAE	2 403	38%	<1	<1	<1	1	986	16%	4	5	7	7	2 842	45%	8	12	14	18
	PSY	328	3%	<1	1	2	4	441	4%	2	4	7	8	10 298	93%	2	22	43	64
	SUR	2 973	10%	<1	1	1	2	8 053	27%	4	6	7	7	18 690	63%	16	40	61	83
NTEC	ENT	3 149	27%	<1	<1	1	2	2 644	23%	3	4	6	7	5 729	50%	16	42	59	98
	MED	2 118	13%	<1	<1	<1	1	2 042	13%	3	5	7	8	11 660	72%	17	70	81	95
	GYN	1 604	16%	<1	<1	1	2	811	8%	3	5	7	9	6 266	63%	17	40	67	98
	OPH	5 940	37%	<1	<1	<1	1	2 374	15%	3	4	6	8	7 577	48%	20	62	65	66
	ORT	4 493	26%	<1	<1	<1	1	1 718	10%	3	4	7	8	10 869	64%	22	119	132	136
	PAE	264	9%	<1	1	1	2	369	12%	3	4	7	7	2 400	79%	6	19	30	36
	PSY	976	14%	<1	1	1	2	1 879	27%	3	4	7	8	4 157	59%	12	45	96	130
	SUR	1 517	8%	<1	<1	1	2	2 409	12%	3	5	6	8	15 392	79%	17	34	70	78
NTWC	ENT	2 149	22%	<1	<1	<1	1	1 274	13%	2	3	5	6	6 281	65%	29	55	62	68
	MED	992	13%	<1	1	1	2	2 331	30%	5	6	7	7	4 374	57%	53	61	69	81
	GYN	870	15%	<1	1	2	2	477	8%	4	6	7	8	4 295	76%	12	17	28	56
	OPH	6 757	43%	<1	<1	<1	1	3 237	21%	2	3	5	7	5 767	37%	25	60	63	65
	ORT	1 262	12%	<1	1	1	1	914	9%	2	4	5	7	8 128	79%	29	77	81	83
	PAE	101	6%	1	1	1	2	278	16%	2	3	4	5	1 316	78%	9	10	10	10
	PSY	390	7%	<1	1	1	2	1 541	29%	4	7	7	10	3 272	62%	15	47	62	68
	SUR	1 097	6%	<1	1	2	4	2 352	14%	4	6	31	35	13 630	80%	24	58	63	66
Overall HA	ENT	12 300	19%	<1	<1	<1	1	13 925	22%	2	4	6	7	38 111	59%	19	32	51	62
	MED	10 694	12%	<1	<1	1	1	18 190	20%	4	6	7	7	59 866	67%	15	47	66	83
	GYN	6 145	13%	<1	<1	1	2	6 841	14%	3	5	7	7	33 110	69%	11	20	47	68
	OPH	34 633	36%	<1	<1	<1	1	17 408	18%	3	4	6	7	45 172	46%	12	51	59	65
	ORT	13 978	17%	<1	<1	1	1	12 957	16%	3	5	7	7	53 737	66%	17	61	92	132
	PAE	4 668	24%	<1	<1	1	1	3 839	20%	3	5	7	7	10 477	55%	9	13	17	25
	PSY	2 747	7%	<1	1	1	2	7 496	20%	2	4	7	8	26 447	72%	6	22	58	83
	SUR	11 585	10%	<1	1	1	2	25 182	21%	4	6	7	8	84 927	70%	14	31	59	76

Note:
Individual percentages of the triage categories (i.e. Priority 1, Priority 2 and Routine) may not add up to 100% due to miscellaneous cases not falling into the triage system and the rounding effect.

Abbreviations

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

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

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 1749)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

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 2013-14 and 2014-15 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 (Member Question No. 10)

Reply:

Tables 1 to 3 provide the attrition figures, attrition rates and years of service of doctors by major departments and by ranks in each hospital cluster of the Hospital Authority (HA) in 2013-14 and 2014-15 (rolling 12 months from 1 January 2014 to 31 December 2014).

In general, HA fills vacancies of Consultant and Associate Consultant through internal transfer or promotion of suitable serving HA doctors as far as possible. As for vacancies of resident trainees, HA conducts recruitment exercise of resident trainees each year to recruit medical graduates of local universities, as well as 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 2013-14 and 2014-15, HA has recruited new doctors to fill vacancies as well as to strengthen its manpower support. As at 31 December 2014, there were 5 502 doctors working in HA, representing an increase of 2.3% from 5 376 in 2013-14, and 4.6% from 5 260 in 2012-13. The total additional expenditure incurred in the recruitment and promotion of doctors exceeds the savings from staff attrition by around $366 million and $362 million for 2013-14 and 2014-15 respectively.

Table 1: Attrition figures of full-time doctors by department and by rank in each hospital cluster in 2013-14 and 2014-15 (rolling 12 months from 1 January 2014 to 31 December 2014)

Cluster	Department	2013-14				2014-15 (rolling 12 months from 1 Jan 2014 to 31 Dec 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	0	0	2	2	0	0	1	1
	Anaesthesia	0	1	3	4	0	4	0	4
	Family Medicine	0	0	2	2	0	0	2	2
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	1	1	2	4	3	1	1	5
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	1	0	0	1	0	1	0	1
	Ophthalmology	0	0	0	0	1	0	1	2
	Orthopaedics & Traumatology	0	0	0	0	0	0	0	0
	Paediatrics	1	1	0	2	0	0	0	0
	Pathology	0	1	0	1	1	0	0	1
	Psychiatry	0	1	0	1	0	1	2	3
	Radiology	1	3	0	4	0	1	0	1
	Surgery	0	5	0	5	0	3	0	3
	Others	1	0	0	1	0	0	0	0
	Total	**5**	**13**	**9**	**27**	**5**	**11**	**7**	**23**
HKWC	Accident & Emergency	0	0	0	0	0	0	0	0
	Anaesthesia	1	2	3	6	0	3	2	5
	Cardio-thoracic Surgery	0	0	0	0	0	1	0	1
	Family Medicine	0	0	0	0	0	0	2	2
	Intensive Care Unit	0	0	0	0	0	0	1	1
	Medicine	1	2	2	5	2	4	3	9
	Neurosurgery	0	1	0	1	0	0	0	0
	Obstetrics & Gynaecology	1	0	0	1	1	1	0	2
	Ophthalmology	0	1	0	1	0	1	1	2
	Orthopaedics & Traumatology	0	0	0	0	0	1	0	1
	Paediatrics	0	0	1	1	0	0	0	0
	Pathology	0	2	2	4	0	1	0	1
	Psychiatry	1	0	2	3	0	0	1	1
	Radiology	0	0	1	1	0	4	0	4
	Surgery	2	3	0	5	1	1	1	3
	Others	1	1	0	2	1	0	0	1
	Total	**7**	**12**	**11**	**30**	**5**	**17**	**11**	**33**
KCC	Accident & Emergency	0	0	1	1	0	1	1	2
	Anaesthesia	1	0	0	1	1	0	1	2
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	1	0	1	0	0	2	2
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	2	3	0	5	1	2	1	4
	Neurosurgery	1	1	0	2	0	1	1	2
	Obstetrics & Gynaecology	0	0	0	0	0	1	1	2
	Ophthalmology	0	2	3	5	0	3	2	5
	Orthopaedics & Traumatology	1	2	0	3	3	3	0	6
	Paediatrics	0	0	0	0	1	0	1	2
	Pathology	0	0	0	0	0	0	0	0
	Psychiatry	0	0	2	2	0	1	0	1
	Radiology	1	2	0	3	2	3	0	5
	Surgery	1	1	0	2	2	0	0	2

Cluster	Department	2013-14				2014-15 (rolling 12 months from 1 Jan 2014 to 31 Dec 2014)			
		Consultant	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
	Others	0	1	0	1	1	1	1	3
	Total	**7**	**13**	**6**	**26**	**11**	**16**	**11**	**38**

Cluster	Department	2013-14				2014-15 (rolling 12 months from 1 Jan 2014 to 31 Dec 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
KEC	Accident & Emergency	0	0	2	2	0	0	2	2
	Anaesthesia	0	1	0	1	0	0	0	0
	Family Medicine	0	0	6	6	0	0	6	6
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	0	0	2	2	1	0	2	3
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	0	1	2	3
	Ophthalmology	0	0	3	3	0	1	0	1
	Orthopaedics & Traumatology	1	0	1	2	0	2	0	2
	Paediatrics	0	0	3	3	0	0	1	1
	Pathology	0	0	1	1	0	0	1	1
	Psychiatry	0	1	0	1	0	0	0	0
	Radiology	0	1	0	1	0	1	0	1
	Surgery	0	3	0	3	1	3	0	4
	Others	0	0	0	0	0	0	0	0
	Total	**1**	**6**	**18**	**25**	**2**	**8**	**14**	**24**
KWC	Accident & Emergency	0	1	2	3	0	0	3	3
	Anaesthesia	1	1	0	2	0	3	2	5
	Family Medicine	0	1	3	4	0	0	6	6
	Intensive Care Unit	0	0	0	0	2	2	0	4
	Medicine	3	4	3	10	1	2	2	5
	Neurosurgery	0	0	0	0	1	1	1	3
	Obstetrics & Gynaecology	0	0	1	1	1	3	2	6
	Ophthalmology	0	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	1	1	1	3	0	0	1	1
	Paediatrics	0	1	0	1	0	0	2	2
	Pathology	1	0	1	2	0	0	1	1
	Psychiatry	0	0	2	2	1	2	1	4
	Radiology	2	3	0	5	1	2	0	3
	Surgery	0	0	2	2	3	1	2	6
	Others	0	0	1	1	0	0	2	2
	Total	**8**	**12**	**16**	**36**	**11**	**16**	**25**	**52**
NTEC	Accident & Emergency	0	1	1	2	0	0	0	0
	Anaesthesia	0	4	0	4	0	5	0	5
	Cardio-thoracic Surgery	0	1	0	1	0	2	0	2
	Family Medicine	0	0	6	6	0	3	3	6
	Intensive Care Unit	0	0	0	0	0	2	0	2
	Medicine	0	1	4	5	0	5	3	8
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	2	1	2	5	1	1	1	3
	Ophthalmology	0	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	0	0	0	0	1	1	1	3
	Paediatrics	0	0	4	4	0	0	1	1
	Pathology	0	0	0	0	0	0	1	1
	Psychiatry	0	1	1	2	0	3	0	3
	Radiology	0	0	0	0	0	0	0	0
	Surgery	0	1	2	3	0	0	0	0
	Others	0	0	2	2	1	0	2	3
	Total	**2**	**10**	**22**	**34**	**3**	**22**	**12**	**37**

Cluster	Department	2013-14				2014-15 (rolling 12 months from 1 Jan 2014 to 31 Dec 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
NTWC	Accident & Emergency	0	0	0	0	0	0	0	0
	Anaesthesia	1	2	0	3	1	2	0	3
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	1	3	4	0	0	4	4
	Intensive Care Unit	1	1	0	2	1	0	0	1
	Medicine	1	3	1	5	0	3	1	4
	Neurosurgery	0	1	0	1	1	0	0	1
	Obstetrics & Gynaecology	0	0	3	3	0	0	4	4
	Ophthalmology	0	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	1	0	0	1	0	0	1	1
	Paediatrics	0	0	0	0	0	0	0	0
	Pathology	1	2	0	3	0	2	0	2
	Psychiatry	0	2	0	2	0	1	2	3
	Radiology	0	1	0	1	0	1	0	1
	Surgery	1	2	0	3	0	2	0	2
	Others	0	1	0	1	0	0	0	0
	Total	**6**	**16**	**7**	**29**	**3**	**11**	**12**	**26**

Table 2: Attrition rates of full-time doctors by major department and by rank in 2013-14 and 2014-15 (rolling 12 months from 1 January 2014 to 31 December 2014)

Department	2013-14				2014-15 (rolling 12 months from 1 Jan 2014 to 31 Dec 2014)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	-	1.3%	3.6%	2.4%	-	0.6%	3.1%	1.9%
Anaesthesia	7.7%	7.6%	3.6%	5.7%	3.7%	11.5%	3.0%	6.5%
Cardio-thoracic Surgery	-	6.3%	-	2.9%	-	20.8%	-	8.9%
Family Medicine	-	3.7%	4.4%	4.2%	-	3.7%	5.6%	5.2%
Intensive Care Unit	8.6%	1.8%	-	1.6%	23.2%	7.5%	1.7%	6.4%
Medicine	6.0%	3.6%	2.2%	3.1%	5.7%	4.3%	2.1%	3.2%
Neurosurgery	6.0%	13.1%	-	4.6%	12.6%	9.1%	4.1%	7.0%
Obstetrics & Gynaecology	10.5%	1.9%	5.0%	5.2%	8.0%	15.4%	8.6%	10.2%
Ophthalmology	-	6.1%	7.1%	5.9%	10.1%	9.8%	4.7%	7.1%
Orthopaedics & Traumatology	7.6%	3.0%	1.2%	2.9%	7.6%	6.9%	1.8%	4.4%
Paediatrics	2.0%	1.9%	5.1%	3.6%	2.0%	-	3.0%	1.9%
Pathology	3.9%	6.6%	6.4%	5.8%	1.9%	3.7%	5.0%	3.6%
Psychiatry	2.9%	4.5%	3.8%	3.9%	2.7%	7.2%	3.2%	4.5%
Radiology	5.9%	11.8%	0.8%	5.5%	4.4%	13.6%	-	5.4%
Surgery	5.5%	11.1%	1.4%	4.7%	9.4%	7.0%	1.1%	4.0%
Others	4.3%	3.8%	2.1%	3.0%	6.5%	1.3%	5.0%	4.2%
Overall	**5.1%**	**5.0%**	**3.1%**	**3.9%**	**5.6%**	**6.0%**	**3.2%**	**4.4%**

Table 3: Years of service in HA of departed full-time doctors by department in each hospital cluster in 2013-14 and 2014-15 (rolling 12 months from 1 January 2014 to 31 December 2014)

2013-14

Cluster	Department	2013-14						
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	2	0	0	0	0	2
	Anaesthesia	0	2	0	1	1	0	4
	Family Medicine	0	2	0	0	0	0	2
	Medicine	1	1	0	1	0	1	4
	Neurosurgery	0	0	0	0	0	0	0
	Ophthalmology	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	0	1	1
	Paediatrics	0	1	0	0	0	1	2
	Pathology	0	0	0	0	1	0	1
	Psychiatry	0	0	0	0	0	1	1
	Radiology	0	0	2	0	0	2	4
	Surgery	0	0	1	4	0	0	5
	Others	0	0	0	0	0	1	1
	Total	**1**	**8**	**3**	**6**	**2**	**7**	**27**
HKWC	Accident & Emergency	0	0	0	0	0	0	0
	Anaesthesia	0	1	1	2	2	0	6
	Family Medicine	0	0	0	0	0	0	0
	Medicine	0	0	2	1	1	1	5
	Neurosurgery	0	0	0	0	0	1	1
	Obstetrics & Gynaecology	0	0	0	0	1	0	1
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	0	0	0	0	0	0
	Paediatrics	0	0	1	0	0	0	1
	Pathology	0	0	1	1	2	0	4
	Psychiatry	0	1	1	0	1	0	3
	Radiology	0	1	0	0	0	0	1
	Surgery	0	0	1	3	0	1	5
	Others	0	0	0	1	0	1	2
	Total	**0**	**3**	**7**	**9**	**7**	**4**	**30**
KCC	Accident & Emergency	0	1	0	0	0	0	1
	Anaesthesia	0	0	0	0	0	1	1
	Family Medicine	0	0	1	0	0	0	1
	Medicine	0	0	0	2	0	3	5
	Neurosurgery	0	0	0	0	2	0	2
	Obstetrics & Gynaecology	0	0	0	0	0	0	0
	Ophthalmology	0	1	2	1	1	0	5
	Orthopaedics & Traumatology	0	0	0	2	0	1	3
	Paediatrics	0	0	0	0	0	0	0
	Pathology	0	0	0	0	0	0	0
	Psychiatry	0	2	0	0	0	0	2
	Radiology	0	0	0	1	2	0	3
	Surgery	0	0	0	0	1	1	2
	Others	0	0	0	0	0	1	1
	Total	**0**	**4**	**3**	**6**	**6**	**7**	**26**

Cluster	Department	2013-14						
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 Years & above	Total
KEC	Accident & Emergency	1	1	0	0	0	0	2
	Anaesthesia	0	0	0	0	1	0	1
	Family Medicine	1	3	1	1	0	0	6
	Medicine	0	2	0	0	0	0	2
	Obstetrics & Gynaecology	0	0	0	0	0	0	0
	Ophthalmology	0	2	1	0	0	0	3
	Orthopaedics & Traumatology	0	1	0	0	0	1	2
	Paediatrics	0	0	3	0	0	0	3
	Pathology	0	1	0	0	0	0	1
	Psychiatry	0	0	0	1	0	0	1
	Radiology	0	0	1	0	0	0	1
	Surgery	0	0	1	1	1	0	3
	Total	**2**	**10**	**7**	**3**	**2**	**1**	**25**
KWC	Accident & Emergency	0	1	1	1	0	0	3
	Anaesthesia	0	0	1	0	1	0	2
	Family Medicine	0	3	0	0	1	0	4
	Medicine	0	2	0	2	4	2	10
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	1	0	1
	Ophthalmology	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	0	1	0	0	1	1	3
	Paediatrics	0	0	0	0	1	0	1
	Pathology	0	1	0	0	1	0	2
	Psychiatry	0	1	0	0	1	0	2
	Radiology	0	0	1	1	1	2	5
	Surgery	0	1	1	0	0	0	2
	Others	0	1	0	0	0	0	1
	Total	**0**	**11**	**4**	**4**	**12**	**5**	**36**
NTEC	Accident & Emergency	0	1	0	1	0	0	2
	Anaesthesia	0	0	1	2	1	0	4
	Cardio-thoracic Surgery	0	0	0	1	0	0	1
	Family Medicine	0	4	1	0	0	1	6
	Intensive Care Unit	0	0	0	0	0	0	0
	Medicine	0	2	2	1	0	0	5
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	2	0	1	1	5
	Orthopaedics & Traumatology	0	0	0	0	0	0	0
	Paediatrics	0	0	4	0	0	0	4
	Pathology	0	0	0	0	0	0	0
	Psychiatry	0	1	0	1	0	0	2
	Radiology	0	0	0	0	0	0	0
	Surgery	1	1	0	0	1	0	3
	Others	0	0	2	0	0	0	2
	Total	**1**	**10**	**12**	**6**	**3**	**2**	**34**
NTWC	Accident & Emergency	0	0	0	0	0	0	0
	Anaesthesia	0	0	0	1	1	1	3
	Family Medicine	0	1	1	2	0	0	4
	Intensive Care Unit	0	0	0	0	1	1	2
	Medicine	0	0	1	0	2	2	5
	Neurosurgery	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	0	2	0	0	0	1	3
	Ophthalmology	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	0	0	0	0	0	1	1
	Paediatrics	0	0	0	0	0	0	0
	Pathology	0	0	0	1	1	1	3
	Psychiatry	0	0	0	2	0	0	2
	Radiology	0	0	0	1	0	0	1

Cluster	Department	2013-14						
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Surgery	0	0	1	1	1	0	3
	Others	0	0	0	0	1	0	1
	Total	**0**	**3**	**3**	**8**	**8**	**7**	**29**

2014-15 (Rolling 12 months from 1 January 2014 to 31 December 2014)

Cluster	Department	2014-15 (Rolling 12 months from 1 Jan 2014 to 31 Dec 2014)						
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	1	0	0	0	0	1
	Anaesthesia	0	0	1	1	2	0	4
	Family Medicine	0	1	0	1	0	0	2
	Medicine	0	1	0	1	0	3	5
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	1	0	0	0	1
	Ophthalmology	0	0	1	0	0	1	2
	Paediatrics	0	0	0	0	0	0	0
	Pathology	0	0	0	0	0	1	1
	Psychiatry	0	0	2	0	0	1	3
	Radiology	0	0	0	1	0	0	1
	Surgery	0	0	0	3	0	0	3
	Others	0	0	0	0	0	0	0
	Total	**0**	**3**	**5**	**7**	**2**	**6**	**23**
HKWC	Anaesthesia	0	1	0	1	3	0	5
	Cardio-thoracic Surgery	0	0	0	0	1	0	1
	Family Medicine	0	1	0	1	0	0	2
	Intensive Care Unit	0	0	1	0	0	0	1
	Medicine	0	0	3	1	4	1	9
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	0	1	0	0	2
	Ophthalmology	0	0	1	1	0	0	2
	Orthopaedics & Traumatology	0	0	0	1	0	0	1
	Paediatrics	0	0	0	0	0	0	0
	Pathology	0	0	0	0	1	0	1
	Psychiatry	0	0	1	0	0	0	1
	Radiology	0	1	2	1	0	0	4
	Surgery	0	0	1	1	1	0	3
	Others	0	0	0	1	0	0	1
	Total	**0**	**4**	**9**	**9**	**10**	**1**	**33**
KCC	Accident & Emergency	0	1	0	0	1	0	2
	Anaesthesia	0	1	0	0	0	1	2
	Family Medicine	0	0	1	1	0	0	2
	Medicine	0	0	1	1	0	2	4
	Neurosurgery	0	0	1	0	1	0	2
	Obstetrics & Gynaecology	0	1	0	1	0	0	2
	Ophthalmology	0	1	1	2	1	0	5
	Orthopaedics & Traumatology	0	0	0	2	0	4	6
	Paediatrics	0	0	1	0	0	1	2
	Pathology	0	0	0	0	0	0	0
	Psychiatry	0	0	0	1	0	0	1
	Radiology	0	0	0	1	1	3	5
	Surgery	0	0	0	0	0	2	2
	Others	0	1	0	1	0	1	3
	Total	**0**	**5**	**5**	**10**	**4**	**14**	**38**
KEC	Accident & Emergency	1	1	0	0	0	0	2
	Anaesthesia	0	0	0	0	0	0	0
	Family Medicine	0	3	1	2	0	0	6
	Medicine	1	1	0	0	0	1	3

Cluster	Department	2014-15 (Rolling 12 months from 1 Jan 2014 to 31 Dec 2014)						
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Obstetrics & Gynaecology	0	1	2	0	0	0	3
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	0	0	0	1	1	2
	Paediatrics	0	0	1	0	0	0	1
	Pathology	0	1	0	0	0	0	1
	Psychiatry	0	0	0	0	0	0	0
	Radiology	0	0	1	0	0	0	1
	Surgery	0	0	2	1	0	1	4
	Total	**2**	**7**	**7**	**4**	**1**	**3**	**24**
KWC	Accident & Emergency	0	3	0	0	0	0	3
	Anaesthesia	0	2	2	0	1	0	5
	Family Medicine	0	4	2	0	0	0	6
	Intensive Care Unit	0	0	1	1	2	0	4
	Medicine	0	1	0	2	1	1	5
	Neurosurgery	0	1	0	1	0	1	3
	Obstetrics & Gynaecology	0	0	3	0	2	1	6
	Ophthalmology	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	1	0	0	0	0	1
	Paediatrics	0	2	0	0	0	0	2
	Pathology	0	1	0	0	0	0	1
	Psychiatry	0	0	1	0	2	1	4
	Radiology	0	0	2	0	1	0	3
	Surgery	0	1	1	1	2	1	6
	Others	0	2	0	0	0	0	2
	Total	**0**	**18**	**12**	**5**	**12**	**5**	**52**
NTEC	Accident & Emergency	0	0	0	0	0	0	0
	Anaesthesia	0	0	3	2	0	0	5
	Cardio-thoracic Surgery	0	0	0	1	1	0	2
	Family Medicine	0	0	1	2	1	2	6
	Intensive Care Unit	0	0	0	0	2	0	2
	Medicine	0	2	2	1	3	0	8
	Obstetrics & Gynaecology	0	1	0	1	0	1	3
	Orthopaedics & Traumatology	0	1	0	0	1	1	3
	Paediatrics	0	0	1	0	0	0	1
	Pathology	0	1	0	0	0	0	1
	Psychiatry	0	0	0	2	1	0	3
	Surgery	0	0	0	0	0	0	0
	Others	0	1	1	0	1	0	3
	Total	**0**	**6**	**8**	**9**	**10**	**4**	**37**
NTWC	Accident & Emergency	0	0	0	0	0	0	0
	Anaesthesia	0	0	0	1	2	0	3
	Family Medicine	0	1	2	1	0	0	4
	Intensive Care Unit	0	0	0	0	0	1	1
	Medicine	0	0	1	1	1	1	4
	Neurosurgery	0	0	0	0	0	1	1
	Obstetrics & Gynaecology	0	1	2	0	0	1	4
	Ophthalmology	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	0	0	1	0	0	0	1
	Pathology	0	0	1	1	0	0	2
	Psychiatry	0	0	1	1	1	0	3
	Radiology	0	0	1	0	0	0	1
	Surgery	0	0	1	0	1	0	2
	Others	0	0	0	0	0	0	0
	Total	**0**	**2**	**10**	**5**	**5**	**4**	**26**

Notes:

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.

2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate.

3. Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months /Average strength in the past 12 months) x 100%

4. The services of the psychiatry departments include services for the mentally handicapped.

5. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 - <6 Years " years.

Abbreviations

SMO/AC – Senior Medical Officer/Associate Consultant
MO/R – Medical Officer/Resident
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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1750)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

a) Please advise the number of "management personnel", "professionals/administrator" and "support staff" (as defined in the Hospital Authority Annual Report) in the areas of "medical", "nursing", "allied health professionals" and "care-related support" in 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 2013-14, 2014-15 and 2015-16 (Estimate);

b) Please advise the number of staff receiving overtime allowance/payment and the amount involved in respect of the above staff categories in 2013-14, 2014-15 and 2015-16 (Estimate);

c) Please list by specialty and cluster the number of HA doctors involved in part time service and the total amount of remuneration received by them in 2013-14, 2014-15 and 2015-16 (Estimate);

d) Please list by specialty and cluster the number of non-HA doctors involved in part time service and the total amount of remuneration received by them in 2013-14, 2014-15 and 2015-16 (Estimate).

Asked by: Hon LEUNG Ka-lau (Member Question No. 11)

Reply:
a)

The tables below provide the number of "medical", "nursing", "allied health" (AH), "care-related support staff", "management personnel", "professionals/administrator" and "other support staff" of the Hospital Authority (HA) Head Office and each cluster, their total salary; mid-point monthly salary as well as their median and 90^{th}, 75^{th}, 25^{th} and 10^{th} percentile monthly salaries in 2013-14 and 2014-15 (full year projection):

2013-14

Cluster	Staff Group	Number of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
HAHO	Medical	12	131	89,688	84,938	120,209	95,375	72,766	70,490
	Nursing	43	146	55,210	51,825	70,490	57,275	41,195	39,345
	AH	68	92	59,808	49,495	89,353	74,478	39,345	31,848
	Care-related Support Staff	1	- (12)	13,745	13,745	13,745	13,745	13,745	13,745
	Management Personnel	38	100	232,581	123,030	171,214	150,570	118,945	115,050
	Professionals/ Administrator	1 165	933	69,220	47,290	86,440	57,275	29,720	24,450
	Other Support Staff	520	169	26,921	16,425	32,760	24,450	15,613	10,005
HKEC	Medical	605	987	102,968	89,565	118,400	103,190	61,500	51,825
	Nursing	2 443	1,360	40,988	34,315	51,825	39,345	24,450	15,410
	AH	746	489	57,708	37,625	57,275	56,810	26,985	22,165
	Care-related Support Staff	1 341	241	12,964	12,754	15,410	15,410	10,932	10,665
	Management Personnel	11	28	136,893	103,190	184,285	107,068	91,168	76,690
	Professionals/ Administrator	118	76	52,488	43,120	61,500	54,265	23,285	22,165
	Other Support Staff	2 332	502	35,093	12,445	24,450	16,425	9,445	8,903
HKWC	Medical	656	1,012	96,968	86,440	122,100	103,190	58,775	49,495
	Nursing	2 553	1,499	40,988	39,345	54,519	39,345	26,985	24,450
	AH	838	584	57,708	39,345	61,500	56,810	26,985	22,165
	Care-related Support Staff	1 231	221	13,840	13,400	15,410	14,807	11,206	10,665
	Management Personnel	13	28	135,310	89,565	140,765	140,765	83,435	80,687
	Professionals/ Administrator	96	66	54,303	45,155	65,890	56,810	26,985	22,165
	Other Support Staff	2 056	457	36,548	12,445	24,450	17,485	9,895	9,126
KCC	Medical	717	1,190	105,693	89,565	122,100	103,190	61,500	51,825
	Nursing	3 175	1,849	42,185	39,345	51,825	39,345	25,685	14,780
	AH	978	658	57,708	37,625	57,275	56,810	26,985	23,285
	Care-related Support Staff	1 748	285	13,597	12,090	15,410	13,745	10,665	9,797
	Management Personnel	14	29	127,935	92,770	138,008	103,190	86,440	70,166
	Professionals/ Administrator	145	82	50,925	43,120	57,089	56,810	24,450	23,285
	Other Support Staff	2 531	543	36,548	12,445	24,450	16,425	9,491	8,903

Cluster	Staff Group	Number of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
KEC	Medical	657	1,051	108,145	89,565	118,400	103,190	61,500	51,825
	Nursing	2 474	1,392	40,988	39,345	51,825	39,345	26,985	17,485
	AH	685	428	55,915	37,625	57,275	51,825	25,685	22,165
	Care-related Support Staff	1 211	221	13,690	13,400	15,410	15,410	11,205	10,665
	Management Personnel	12	26	115,528	92,770	170,624	128,139	88,750	65,638
	Professionals/ Administrator	90	57	50,450	45,155	70,490	56,810	24,450	22,165
	Other Support Staff	1 831	389	32,748	12,445	23,285	16,425	10,005	9,126
KWC	Medical	1 372	2,156	102,968	92,770	118,400	103,190	61,500	51,825
	Nursing	5 337	3,180	40,988	39,345	56,810	41,195	29,720	24,450
	AH	1 479	969	57,708	37,625	57,275	56,810	26,985	23,285
	Care-related Support Staff	2 478	454	13,743	13,073	15,928	15,410	11,206	10,665
	Management Personnel	17	44	133,793	92,770	184,285	163,500	86,440	75,424
	Professionals/ Administrator	205	133	57,033	45,155	63,246	56,810	23,285	22,165
	Other Support Staff	4 068	887	36,548	12,445	24,450	17,485	9,895	8,903
NTEC	Medical	950	1,469	102,968	88,003	122,100	103,190	61,500	49,495
	Nursing	3 707	2,136	40,988	39,345	51,825	39,345	26,985	16,425
	AH	1 018	704	57,708	39,345	58,775	56,810	28,315	23,285
	Care-related Support Staff	2 099	377	12,968	12,754	15,410	15,410	11,205	10,665
	Management Personnel	14	33	130,753	91,168	170,570	103,190	80,000	74,475
	Professionals/ Administrator	138	100	58,825	45,155	70,490	56,810	24,450	22,165
	Other Support Staff	2 630	603	35,093	12,445	24,450	17,485	10,005	8,986
NTWC	Medical	727	1,164	105,693	89,565	136,550	103,190	61,500	49,495
	Nursing	3 027	1,763	40,988	35,930	54,265	41,195	25,685	15,410
	AH	797	501	57,708	37,625	57,275	51,825	25,685	22,165
	Care-related Support Staff	2 028	348	12,996	11,428	15,410	14,029	10,932	10,665
	Management Personnel	9	22	113,630	99,605	131,898	115,050	80,000	79,338
	Professionals/ Administrator	142	96	50,450	45,155	63,847	56,810	24,450	22,165
	Other Support Staff	2 213	464	36,548	12,445	24,450	16,425	10,005	8,903

2014-15 (Full-year projection)

Cluster	Staff Group	Number of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
HAHO	Medical	10	170	109,695	93,248	130,930	106,580	85,680	77,584
	Nursing	42	118	60,620	60,690	74,690	60,690	47,280	41,200
	AH	69	106	64,375	54,265	94,380	74,690	43,135	36,957
	Care-related Support Staff	1	- (12)	14,395	14,395	14,395	14,395	14,395	14,395
	Management Personnel	34	109	246,445	130,365	185,103	159,545	127,118	123,141
	Professionals/ Administrator	1 273	1,100	73,783	49,515	91,590	60,690	31,120	26,895
	Other Support Staff	551	208	28,188	17,605	34,305	25,600	16,348	11,765
HKEC	Medical	628	1,061	111,823	98,300	125,450	109,340	65,165	51,825
	Nursing	2 490	1,499	43,748	37,620	56,820	41,200	26,895	25,600
	AH	770	538	61,073	39,395	60,690	59,485	26,895	23,210
	Care-related Support Staff	1 482	305	21,815	13,689	16,693	16,140	12,285	11,167
	Management Personnel	12	27	134,765	98,300	195,270	103,820	83,015	77,905
	Professionals/ Administrator	125	86	58,398	47,280	68,250	59,485	24,380	23,210
	Other Support Staff	2 193	494	38,673	13,035	25,600	17,200	10,040	9,322
HKWC	Medical	674	1,074	108,948	91,590	129,400	109,340	60,690	51,825
	Nursing	2 685	1,608	43,748	41,200	56,820	41,200	26,895	18,310
	AH	885	638	61,073	41,200	60,690	59,485	28,255	24,380
	Care-related Support Staff	1 396	283	17,525	14,382	16,693	16,140	12,285	11,167
	Management Personnel	14	32	145,360	94,905	154,280	139,201	88,410	81,057
	Professionals/ Administrator	108	77	55,500	47,280	72,377	59,485	29,650	24,380
	Other Support Staff	1 959	475	38,673	13,035	25,600	17,200	10,361	9,556
KCC	Medical	740	1,248	111,823	96,603	129,400	109,340	65,165	51,825
	Nursing	3 265	1,986	44,613	41,200	56,820	41,200	28,255	25,600
	AH	992	708	61,073	39,395	60,690	59,485	28,255	24,380
	Care-related Support Staff	1 972	363	21,815	13,240	16,271	15,074	12,285	11,052
	Management Personnel	13	31	135,560	98,300	147,207	109,340	81,260	72,689
	Professionals/ Administrator	151	95	54,395	45,150	60,690	59,485	25,600	23,210
	Other Support Staff	2 423	517	34,893	12,540	25,600	17,200	10,040	9,322

Cluster	Staff Group	Number of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
KEC	Medical	697	1,144	114,430	94,905	125,095	109,340	62,280	51,825
	Nursing	2 578	1,525	43,748	39,395	54,265	41,200	26,895	18,310
	AH	707	471	61,073	39,395	60,690	54,265	26,895	23,210
	Care-related Support Staff	1 416	298	23,473	14,453	17,200	16,140	12,285	12,247
	Management Personnel	11	26	123,858	101,880	176,510	117,688	79,583	71,385
	Professionals/ Administrator	103	73	53,865	47,280	74,690	59,485	26,895	23,210
	Other Support Staff	1 695	364	34,290	13,035	23,210	16,757	10,476	9,556
KWC	Medical	1 418	2,353	111,823	98,300	125,450	109,340	65,165	54,265
	Nursing	5 512	3,451	43,748	41,200	59,485	43,135	29,650	25,600
	AH	1 548	1,057	61,073	39,395	60,690	59,485	28,255	23,210
	Care-related Support Staff	2 809	569	21,815	14,031	16,693	16,140	12,285	12,285
	Management Personnel	18	47	146,968	98,300	186,366	171,188	89,205	81,260
	Professionals/ Administrator	211	153	60,343	45,150	68,250	59,485	25,600	23,210
	Other Support Staff	3 982	887	38,673	13,035	25,600	17,200	10,235	9,322
NTEC	Medical	974	1,588	108,948	94,905	125,450	109,340	62,280	51,825
	Nursing	3 806	2,311	43,748	41,200	56,820	41,200	28,255	19,410
	AH	1 086	760	61,073	39,395	62,280	59,485	28,255	24,380
	Care-related Support Staff	2 349	476	21,815	13,355	16,140	16,140	12,285	12,285
	Management Personnel	15	36	140,113	94,905	182,550	129,248	88,410	81,260
	Professionals/ Administrator	145	113	62,243	47,280	74,690	59,485	26,248	23,210
	Other Support Staff	2 543	580	38,673	13,035	25,600	18,310	10,185	9,322
NTWC	Medical	766	1,259	108,948	94,905	125,450	109,340	62,280	54,265
	Nursing	3 149	1,937	43,748	37,620	56,820	43,135	26,895	18,310
	AH	830	550	61,073	37,620	60,690	56,820	26,895	24,380
	Care-related Support Staff	2 205	420	21,815	12,285	16,140	15,057	12,285	12,140
	Management Personnel	10	24	128,885	107,440	166,151	139,666	90,883	87,695
	Professionals/ Administrator	149	110	53,865	45,150	65,165	59,485	25,600	23,210
	Other Support Staff	2 164	471	38,673	13,035	24,263	17,183	10,235	9,322

A total of 10 medical, 42 nursing and 69 AH staff work in HA Head Office in 2014-15. They are mainly responsible for formulation of HA policies on health informatics and health protection, co-ordination of implementation of these policies, nurse development and nurse management.

Note

(1) The "medical" group includes consultants, senior medical officers / associate consultants, medical officers / residents, visiting medical officers, interns and dental officers.

(2) The "nursing" group includes senior nursing officers, department operations managers, ward managers / nursing officers / advanced practice nurses, registered nurses, enrolled nurses, midwives, student nurses, etc.

(3) The "AH" group includes radiographers, medical technologists / medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.

(4) The "care-related support staff" includes health care assistants, ward attendants, patient care assistants, etc.

(5) The "management personnel" group includes cluster executives, chief executive, cluster general managers, directors, deputy directors, hospital chief executives, etc.

(6) The "professionals/administrator" group includes chief hospital administrators, chief information officers, chief treasury accountants, legal counsels, senior supplies officers, statisticians, etc.

(7) The "other support staff" group includes assistant laundry managers, artisans, clerical assistants, data processors, laboratory attendants, mortuary attendants, etc.

(8) The statistics on the number of staff for 2013-14 and 2014-15, which include permanent, contract and temporary staff, are based on headcounts as at 31 March 2014 and 31 December 2014 respectively.

(9) Total salary includes basic salary, allowance, gratuity payout, and on cost such as Home Loan Interest Subsidy Scheme (HLISS) contribution, excluding death & disability (D&D) benefit, and before deduction of HLISS mobilisation. The figures for 2014-15 represent full-year projection.

(10) Mid-point monthly salary is the average of maximum and minimum salary point in each staff group.

(11) Estimate of 2015-16 is not available as the budget allocation for 2015-16 is under preparation.

(12) Amount is insignificant after rounding to the nearest million.

b)

The tables below provide the number of HA staff receiving payment for overtime work and the amount involved in respect of the above staff categories in 2013-14 and 2014-15:

2013-14

Staff Group	**Number of Staff**	**Payment for Overtime Work ($million)**
Medical	1 844	69.8
Nursing	5 452	61.2
Allied Health	1 251	17.4
Care-related Support Staff	5 645	31.1
Management Personnel	3	0.2
Professionals / Administrator	1	0(3)
Other Support Staff	4 664	29.9
Total	**18 860**	**209.6**

2014-15 (Full-year projection)

Staff Group	**Number of Staff**	**Payment for Overtime Work ($million)**
Medical	1 712	66.7
Nursing	5 067	57.6
Allied Health	1 147	14.4
Care-related Support Staff	4 608	29.7
Management Personnel	1	0.2
Professionals / Administrator	2	0(3)
Other Support Staff	2 900	14.8
Total	**15 437**	**183.4**

Note

(1) The statistics on the number of staff for 2013-14 and 2014-15 are based on headcounts as at 31 March 2014 and 28 February 2015 respectively.

(2) Estimate on the number of HA staff receiving payment for overtime work and the amount involved for 2015-16 is not available as arrangement of overtime work is based on ad hoc service demand.

(3) Amount is insignificant after rounding to the nearest million.

c)

The tables below provide the number of HA doctors involved in part time service for HA by specialty and cluster and the respective total amount of remuneration received in 2013-14 and 2014-15 (full year projection):

2013-14

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HAHO	Hospital Planning	1	1.5
HAHO Total		**1**	**1.5**
HKEC	Accident & Emergency	2	1.3
	Anaesthesia	1	0.4
	Ear, Nose, Throat	1	0.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	2.6
	Medicine	6	3.9
	Neurosurgery	0(1)	0.8
	Obstetrics & Gynaecology	1	0.3
	Ophthalmology	4	1.5
	Paediatrics	2	0.5
	Psychiatry	2	1.5
	Radiology	1	0.9
	Surgery	3	0.9
	Hospital Management	0(1)	0.4
HKEC Total		**28**	**15.3**
HKWC	Accident & Emergency	2	0.6
	Anaesthesia	6	4.0
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	0.4
	Medicine	3	1.6
	Obstetrics & Gynaecology	6	0.5
	Ophthalmology	1	<0.1
	Paediatrics	3	3.6
	Pathology	1	0.9
	Psychiatry	2	1.0
	Radiology	2	2.1
	Surgery	3	0.7
HKWC Total		**31**	**15.4**
KCC	Accident & Emergency	2	1.7
	Anaesthesia	2	0.1
	Clinical Oncology	1	0.2
	Ear, Nose, Throat	1	1.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	1.0
	Medicine	5	3.0
	Obstetrics & Gynaecology	11	4.5
	Ophthalmology	3	1.7
	Orthopaedics & Traumatology	2	0.3
	Paediatrics	5	3.9

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Pathology	1	0.4
	Psychiatry	4	2.3
	Surgery	2	2.0
KCC Total		**43**	**22.5**
KEC	Accident & Emergency	1	0.3
	Anaesthesia	1	1.6
	Dental	0(1)	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	0.5
	Medicine	11	5.1
	Ophthalmology	3	0.6
	Orthopaedics & Traumatology	1	0.2
	Paediatrics	2	0.9
	Pathology	1	1.2
	Psychiatry	2	0.8
	Radiology	1	1.8
	Surgery	3	2.6
KEC Total		**29**	**15.8**
KWC	Accident & Emergency	12	4.1
	Anaesthesia	0(1)	0.4
	Clinical Oncology	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	23	7.4
	Medicine	22	8.2
	Neurosurgery	2	1.2
	Obstetrics & Gynaecology	3	1.4
	Ophthalmology	2	0.6
	Orthopaedics & Traumatology	2	1.4
	Paediatrics	19	5.4
	Pathology	1	1.1
	Psychiatry	5	2.3
	Radiology	6	2.1
	Surgery	6	2.0
KWC Total		**104**	**37.8**
NTEC	Accident & Emergency	6	3.9
	Anaesthesia	3	1.7
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	3.4
	Medicine	10	5.0
	Neurosurgery	1	1.1
	Ophthalmology	4	1.9
	Orthopaedics & Traumatology	0(1)	0.3
	Paediatrics	3	2.7
	Pathology	1	<0.1
	Psychiatry	1	0.7
	Radiology	1	1.6

	Surgery	7	2.2
NTEC Total		**42**	**24.5**

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
NTWC	Accident & Emergency	5	2.8
	Anaesthesia	6	3.8
	Clinical Oncology	2	0.7
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	2.0
	Medicine	9	6.6
	Neurosurgery	1	0.2
	Obstetrics & Gynaecology	1	1.2
	Ophthalmology	2	3.4
	Orthopaedics & Traumatology	3	0.6
	Paediatrics	2	1.4
	Pathology	1	2.1
	Psychiatry	3	1.9
	Radiology	2	2.0
	Surgery	8	6.5
NTWC Total		**50**	**35.2**
Grand Total		**328**	**168.0**

<u>2014-15</u> (Full-year projection)

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HAHO	Hospital Planning	1	1.8
HAHO Total		**1**	**1.8**
HKEC	Accident & Emergency	3	2.3
	Anaesthesia	1	0.6
	Ear, Nose, Throat	1	1.0
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	3.9
	Medicine	5	3.3
	Obstetrics & Gynaecology	1	1.1
	Ophthalmology	4	1.5
	Orthopaedics & Traumatology	1	0.3
	Paediatrics	2	1.2
	Pathology	1	0.6
	Psychiatry	5	3.3
	Radiology	1	1.1
	Surgery	2	0.4
HKEC Total		**32**	**20.6**
HKWC	Accident & Emergency	2	0.7
	Anaesthesia	5	3.9
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	1	0.1
	Medicine	3	2.1
	Obstetrics & Gynaecology	7	0.5

	Ophthalmology	1	0.1
	Orthopaedics & Traumatology	0[(1)]	<0.1
	Paediatrics	3	3.9

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Pathology	1	0.7
	Psychiatry	1	0.5
	Radiology	2	2.1
	Surgery	3	0.7
	Hospital Management	1	0.6
HKWC Total		**30**	**15.9**
KCC	Accident & Emergency	3	2.1
	Anaesthesia	1	1.0
	Clinical Oncology	1	0.9
	Ear, Nose, Throat	2	2.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	1.2
	Medicine	6	3.1
	Obstetrics & Gynaecology	10	4.3
	Ophthalmology	4	1.2
	Orthopaedics & Traumatology	3	1.5
	Paediatrics	6	4.6
	Pathology	1	0.3
	Psychiatry	4	3.2
	Radiology	0[(1)]	0.4
	Surgery	2	1.6
KCC Total		**47**	**27.8**
KEC	Accident & Emergency	3	1.0
	Anaesthesia	2	1.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	1.4
	Medicine	11	5.3
	Ophthalmology	3	0.6
	Orthopaedics & Traumatology	1	0.2
	Paediatrics	1	0.5
	Pathology	1	1.1
	Psychiatry	1	0.9
	Radiology	1	1.3
	Surgery	5	2.6
KEC Total		**35**	**16.3**
KWC	Accident & Emergency	15	5.5
	Anaesthesia	1	0.5
	Clinical Oncology	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	23	7.3
	Intensive Care Unit	1	0.6
	Medicine	22	8.8
	Neurosurgery	2	1.2
	Obstetrics & Gynaecology	3	2.1

	Ophthalmology	1	0.6
	Orthopaedics & Traumatology	2	1.5
	Paediatrics	18	5.7
	Pathology	1	1.1

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Psychiatry	5	2.5
	Radiology	8	3.1
	Surgery	5	2.1
KWC Total		**108**	**42.8**
NTEC	Accident & Emergency	5	3.4
	Anaesthesia	1	1.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	2.7
	Medicine	8	4.3
	Neurosurgery	1	1.1
	Obstetrics & Gynaecology	2	0.3
	Ophthalmology	3	1.5
	Orthopaedics & Traumatology	1	0.3
	Paediatrics	3	2.6
	Pathology	0(1)	0.2
	Psychiatry	3	1.2
	Radiology	1	1.7
	Surgery	5	2.9
NTEC Total		**37**	**23.5**
NTWC	Accident & Emergency	5	4.0
	Anaesthesia	6	5.7
	Clinical Oncology	1	0.6
	Ear, Nose, Throat	0(1)	0.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	1.6
	Medicine	9	7.4
	Neurosurgery	1	0.4
	Obstetrics & Gynaecology	2	2.0
	Ophthalmology	2	3.5
	Orthopaedics & Traumatology	3	0.8
	Paediatrics	2	1.1
	Pathology	1	2.1
	Psychiatry	2	1.8
	Radiology	2	2.1
	Surgery	7	6.6
NTWC Total		**47**	**40.0**
Grand Total		**337**	**188.7**

Note

(1) The statistics on the number of doctors for 2013-14 and 2014-15 are based on headcounts as at 31 March 2014 and 31 December 2014 respectively. For staff who is

no longer serving in HA as at these two dates, 'no. of doctors' is reflected as 0.

(2) Total remuneration includes basic salary, allowance, gratuity payout, and on cost such as HLISS contribution, excludes D&D benefits and before deduction of HILSS mobilisation.

(3) Estimate on the number of HA doctors involved in part time service for HA by specialty and cluster and the respective total amount of remuneration for 2015-16 is not available as HA will only resort to hiring part-time doctors if there are no full-time doctors available to fill vacancies.

d)

The tables below provide the number of non-HA doctors by specialty and cluster who have provided service to and received remuneration from HA in 2013-14 and 2014-15 (full year projection) and the total amount of remuneration involved.

2013-14

Cluster	**Specialty**	**No. of Honorary Doctor**	**Total Remuneration ($)**
HKWC	Anaesthesia	1	60,000
	Obstetrics & Gynaecology	1	60,000
	Ophthalmology	2	60,000
	Orthopaedics & Traumatology	1	60,000
	Paediatrics	1	60,000
	Pathology	1	60,000
	Surgery	1	60,000
HKWC Total		**8**	**420,000**
KCC	Ophthalmology	1	48,000
KCC Total		**1**	**48,000**
NTEC	Anaesthesia	1	60,000
	Clinical Oncology	1	12,742
	Pathology	2	120,000
	Psychiatry	1	36,000
	Radiology	1	60,000
	Surgery	1	60,000
NTEC Total		**7**	**348,742**
Grand Total		**16**	**816,742**

2014-15 (Full-year projection)

Cluster	**Specialty**	**No. of Honorary Doctor**	**Total Remuneration ($)**
HKWC	Anaesthesia	1	60,000
	Obstetrics & Gynaecology	1	60,000

	Ophthalmology	1	60,000
	Orthopaedics & Traumatology	1	60,000
	Paediatrics	1	60,000
	Pathology	1	60,000
	Surgery	1	60,000
HKWC Total		**7**	**420,000**
KCC	Ophthalmology	1	48,000
KCC Total		**1**	**48,000**

Cluster	**Specialty**	**No. of Honorary Doctor**	**Total Remuneration ($)**
NTEC	Anaesthesia	1	60,000
	Clinical Oncology	1	60,000
	Pathology	2	120,000
	Psychiatry	1	36,000
	Radiology	1	35,000
	Surgery	1	60,000
NTEC Total		**7**	**371,000**
Grand Total		**15**	**839,000**

Note

(1) The statistics on the number of honorary doctors for 2013-14 and 2014-15 are based on headcounts as at 31 March 2014 and 28 February 2015 respectively.

(2) Estimate on the number of non-HA doctors by specialty and cluster who have provided service to and received remuneration for 2015-16 is not available as recruitment of non-HA doctors is based on ad hoc service demand.

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
HAHO – HA Head Office

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1751)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the "Outreach Dental Care Programme for the Elderly", please provide details of the following for the years 2012-13, 2013-14 and 2014-15:

(a) the financial provision for the programme;
(b) the numbers of non-governmental organisations and outreach dental teams participating in the programme (by administrative district of the Social Welfare Department);
(c) the percentage of residential care homes participating in the programme (by administrative district of the Social Welfare Department);
(d) the numbers of elderly beneficiaries and attendances.

Asked by: Hon LEUNG Ka-lau (Member Question No.13)

Reply:

(a) (i) Pilot Project

In 2011, the Government launched the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project) to provide free outreach dental services for elders residing in RCHEs or receiving services in DEs. The Government has earmarked $88 million for implementation of the Outreach Pilot Project.

(ii) Regular Programme

Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, we have turned the Outreach Pilot Project into a regular programme [namely, the Outreach Dental Care Programme for the Elderly (ODCP)] since October 2014 to continue to provide outreach dental services for elders

in these homes/centres and similar facilities. We have included $25.1 million in 2014-15, and $44.5 million as a full year provision for 2015-16.

(b) A total of 24 outreach dental teams from 13 NGOs, and 22 outreach dental teams from 11 NGOs, have been set up under the Outreach Pilot Project and the ODCP respectively. Distribution of these outreach dental teams and the respective NGOs by administrative districts of the Social Welfare Department (SWD) is at **Annex**.

(c) Under the Outreach Pilot Project, the 24 outreach dental teams had approached all 889 registered RCHEs and DEs (including privately run homes), of which 766 (i.e. 86%) participated in the Pilot. Since the launch of the ODCP in October 2014, a total of 261 RCHEs and DEs have participated in the regular programme as at end-February 2015, representing 27% of all the 953 registered RCHEs and DEs. Distribution of the participating RCHEs and DEs by administrative districts of the SWD is as follows:

SWD's Administrative District	**Outreach Pilot Project (April 2011 - September 2014)**			**ODCP (October 2014 - February 2015)**		
	No. of Participating RCHEs and DEs (a)	**Total No. of RCHEs and DEs (b)**	**Percentage (a)/(b)**	**No. of Participating RCHEs and DEs (c)**	**Total No. of RCHEs and DEs (d)**	**Percentage (c)/(d)**
Central, Western, Southern and Islands	88	97	91%	12	114	11%
Eastern and Wan Chai	91	105	87%	25	106	24%
Kwun Tong	47	58	81%	15	63	24%
Wong Tai Sin and Sai Kung	48	61	79%	17	69	25%
Kowloon City and Yau Tsim Mong	110	125	88%	59	135	44%
Sham Shui Po	60	83	72%	21	89	24%
Tsuen Wan and Kwai Tsing	101	103	98%	32	108	30%
Tuen Mun	49	54	91%	23	57	40%
Yuen Long	54	57	95%	27	59	46%
Sha Tin	43	57	75%	5	59	8%
Tai Po and North	75	89	84%	25	94	27%
Total:	**766**	**889**	**86%**	**261**	**953**	**27%**

(d) The number of elders served and the number of attendances under the Outreach Pilot Project and ODCP are as follows:

	No. of elders served	**No. of attendances**
Outreach Pilot Project (from April 2011 to September 2014, i.e. 42 months)	About 70 000	About 125 000
ODCP (as at end-February 2015, i.e. 5 months)	About 16 000	About 16 000

- End -

Annex

Distribution of Outreach Dental Teams and Respective NGOs
by Administrative District of the Social Welfare Department

(A) Outreach Pilot Project

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)
Central, Western, Southern and Islands	香港聖約翰救護機構 Hong Kong St. John Ambulance	1
	東華三院 Tung Wah Group of Hospitals	2
Eastern and Wan Chai	香港防癆心臟及胸病協會 The Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service	1
Wong Tai Sin and Sai Kung	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	九龍樂善堂 The Lok Sin Tong Benevolent Society, Kowloon	1
	東華三院 Tung Wah Group of Hospitals	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)
Sham Shui Po	香港聖公會麥理浩夫人中心 H.K.S.K.H. Lady MacLehose Centre	1
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	仁愛堂 Yan Oi Tong	2
Yuen Long	博愛醫院 Pok Oi Hospital	2
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service	1
	仁愛堂 Yan Oi Tong	1
	Total:	**24**

(B) ODCP

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Central, Western, Southern and Islands	明愛牙科診所 Caritas Dental Clinics	1
	香港防癆心臟及胸病協會 The Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
Eastern and Wan Chai	志蓮淨苑 Chi Lin Nunnery	1
	香港防癆心臟及胸病協會 The Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁愛堂 Yan Oi Tong	1
Wong Tai Sin and Sai Kung	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	1
Sham Shui Po	明愛牙科診所 Caritas Dental Clinics	1
	香港聖公會麥理浩夫人中心 H.K.S.K.H. Lady MacLehose Centre	1
	香港醫藥援助會 Project Concern Hong Kong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	香港聖公會麥理浩夫人中心 H.K.S.K.H. Lady MacLehose Centre	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Yuen Long	明愛牙科診所 Caritas Dental Clinics	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	東華三院 Tung Wah Groupof Hospitals	1
	仁愛堂 Yan Oi Tong	1
	Total:	**22**

*Note : Some outreach dental teams under ODCP have been assigned to serve more than one administrative district.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1752)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2015-16", the Health Branch states that it will "continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy".

Please provide details of the services in 2014-15 and 2015-16 (estimate) and list by each service item of the above initiatives the estimated number of attendances, the facilities required, and the manpower and expenditure involved.

Asked by: Hon LEUNG Ka-lau (Member Question No. 14)

Reply:

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest major PCO primary care initiatives include:

(a) Primary care conceptual models and reference frameworks
Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of the reference frameworks for diabetes and hypertension care has also been launched. Development of new modules under these reference frameworks (e.g. dental health for older adults and injury prevention for children) is in progress while the promulgation of the existing reference frameworks continues.

(b) Primary Care Directory

The web-based and mobile application versions of the sub-directories for doctors, dentists and Chinese Medicine Practitioners have been launched. Development of the optometrists sub-directory is in progress while the promotion of PCD continues.

(c) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The second CHC located within the North Lantau Hospital commenced services in 2013. A new CHC in Kwun Tong has just been commissioned in late March 2015. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit districts needs most.

(d) Publicity Activities

A variety of publicity activities are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

The Government continues to take forward the primary care development strategy and implement, through DH and HA, a series of projects to enhance primary care. These include the Childhood Influenza Vaccination Subsidies Scheme, the Elderly Vaccination Subsidies Scheme, the Elderly Health Care Voucher Scheme, and the Outreach Dental Care Programme for the Elderly.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	**Implementation schedule**
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 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 organisations 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 79 000 patients are expected to benefit from the programme by the end of 2014-15. An additional 14 000 patients are expected to be enrolled in 2015-16.

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 selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.
General Outpatient Clinic Public-Private Partnership Programme (Tin Shui Wai Primary Care Partnership Project) To test the use of public-private partnership model and supplement the provision of public GOPC 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 district in June 2010. As at early March 2015, more than 1 600 patients have participated in the programme. This programme has been extended to end-March 2017, pending the expansion of the GOPC Public-Private Partnership Programme to the Yuen Long district.
General Outpatient Clinic Public-Private Partnership Programme Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice receiving treatment provided by private doctors.	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in July 2014. As at early March 2015, over 3 600 patients have enrolled in the programme. HA is formulating plans to extend the programme to the remaining 15 districts in the next few years.

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. The healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)093

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1753)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

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

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. In this connection, please provide details on the following for 2014-15:

(a) the number of teaching patients received by PPDH;

(b) the number of private fee paying patients received by PPDH; and

(c) the costs of various dental services.

Asked by: Hon LEUNG Ka-lau (Member Question No. 15)

Reply:
(a) The attendance of teaching patients of Prince Philip Dental Hospital (PPDH) in 2014-15 (as at 28 February 2015) is 112 215.

(b) The attendance of private fee paying patients of PPDH in 2014-15 (as at 28 February 2015) is 1 255.

(c) PPDH 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. The Hospital does not have a breakdown of its subvention/expenditure showing the amount for individual services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.1754)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2015-16", the Administration states that it will "continue to oversee the progress of various capital works projects of the Hospital Authority, such as redevelopment of Yan Chai Hospital and Caritas Medical Centre, construction of the new Tin Shui Wai Hospital and the Hong Kong Children's Hospital in Kai Tak, the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital, and to plan for the expansion of United Christian Hospital and the Hong Kong Red Cross Blood Transfusion Service Headquarters, the redevelopment of Kwong Wah Hospital, Queen Mary Hospital and Kwai Chung Hospital, the refurbishment of Hong Kong Buddhist Hospital, the construction of a new acute hospital in Kai Tak, and the extension of the Operating Theatre Block of Tuen Mun Hospital". Please provide details of these items, including the breakdown of estimated expenditure, timetable, types of new services, service capacity, and the new facilities and manpower involved.

Asked by: Hon LEUNG Ka-lau (Member Question No. 16)

Reply:

Construction works of the redevelopment of Yan Chai Hospital commenced in July 2011 and are progressing on schedule with the target completion date of the whole project in early 2016. The approved project estimate (APE) in money-of-the-day (MOD) prices is $590.5 million with an estimated expenditure of $40 million in 2015-16. The project provides a new community health and wellness centre comprising a health resource centre, a primary care centre and a specialist care centre that deliver community-based services which promote continuity of healthcare at different stages of life through "one-stop" integrated services. The estimated additional manpower for the project is approximately 77 staff including about 10 doctors and four nurses.

Construction works of the redevelopment of Caritas Medical Centre, phase 2 commenced in June 2009 and the whole project is targeted for completion in mid-2015. The APE in MOD

prices is $1,719.6 million with an estimated expenditure of $80 million in 2015-16. The project provides a new ambulatory / rehabilitation block to accommodate 260 convalescent / rehabilitation beds, ambulatory care and clinical support facilities to cope with increasing service demands of the community. The estimated additional manpower for the project is approximately 51 staff including about 16 nurses.

Construction works for Tin Shui Wai Hospital (TSWH) commenced in February 2013 for completion in 2016. The APE in MOD prices is $3,910.9 million with an estimated expenditure of $980 million in 2015-16. The new TSWH will be a general hospital with a planned capacity of 300 in patient and day beds in total providing in patient services, ambulatory services including an Accident and Emergency (A&E) department, community care services, diagnostic services and other supporting and administrative services. The estimated additional manpower for TSWH is approximately 1 000 staff including about 70 doctors and 270 nurses.

Construction works for the new Specialist Clinic Building (SCB) at Queen Elizabeth Hospital (QEH) to reprovision the Yaumatei Specialist Clinic (YMTSC) commenced in July 2013 for completion in 2016. The APE in MOD prices is $1,891.6 million with an estimated expenditure of $639 million in 2015-16. The new SCB will be constructed at the site of the old Specialist Outpatient Clinic Building at QEH for reprovisioning the existing HA services at YMTSC and relocating some ambulatory care services of QEH. HA expects that no additional manpower is required for the reprovisioned or relocated services.

Construction works for Hong Kong Children's Hospital (HKCH) commenced in August 2013 and are planned for completion in 2017. The APE in MOD prices is $12,985.5 million with an estimated expenditure of $1,488 million in 2015-16. The new HKCH with a total planned capacity of 468 in patient and day beds will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory. The Hospital Authority (HA) is currently working on the service re-organisation for the whole paediatric service network, including service model development, training and manpower plan. Following this, HA will work out the estimated caseload and manpower requirement for the service provision of HKCH.

The expansion of United Christian Hospital (UCH) project will be carried out in two phases, namely preparatory works and main works. The preparatory works commenced in August 2012 and the APE in MOD prices is $352.3 million with an estimated expenditure of $60 million in 2015-16. Subject to funding approval by the Finance Committee (FC), the main works are planned to commence in stages from 2015 for completion of the whole project in 2022-23. Many existing services including ambulatory care service, cancer service, in patient convalescent and rehabilitation service as well as A&E service will be enhanced under the UCH expansion project to cater for increasing medical needs of the community due to growing and ageing population. The total bed capacity including in patient and day beds in UCH will be increased from about 1 400 to around 1 960 after the expansion of UCH project.

Subject to FC funding approval, the expansion of the Hong Kong Red Cross Blood Transfusion Service (BTS) Headquarters project is planned to start in 2015 for completion in 2020. The estimated cost of the project is in the order of $890 million in MOD prices.

The expanded BTS Headquarters will cater for new and expanded services in order to cope with the projected increase in service levels since BTS is the only organisation responsible for the collection and supply of fully-tested blood and haematopoietic stem cells, and is also a major provider of plasma products in Hong Kong. The expansion project will bring the facilities of BTS up to prevailing international standards, provide adequate space to cope with its projected level of services, and ensure a safe working environment.

The redevelopment of Kwong Wah Hospital (KWH) project will be carried out in two phases. The preparatory works commenced in March 2013. The APE of the project is $552.7 million in MOD prices with an estimated expenditure of $100 million in 2015-16. Subject to funding approval, the main works are planned to commence in stages from 2016 for completion of the whole project in 2022. The redevelopment of KWH will provide new and modernised facilities for service development, 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 Chinese and Western medicine services. The total number of beds in KWH will be increased from about 1 200 to around 1 550 after the redevelopment.

The redevelopment of Queen Mary Hospital, phase 1 project will also be carried out in two phases. Preparatory works of the project, at an APE of $1,592.8 million in MOD prices, commenced in July 2014. Estimated expenditure in 2015-16 is $456 million. The main works will commence in 2017 for completion of the whole phase 1 redevelopment project by 2023-24, subject to FC funding approval. The redevelopment project aims to renew the hospital into a modern medical centre with additional space to meet operational needs, improved accessibility and physical design for cost-effective and efficient clinical operations, and promote integrated research and education.

Subject to funding approval, the first phase of works of the Kwai Chung Hospital redevelopment project is planned to start in 2016 for completion of the whole redevelopment project in 2023. This project involves phased demolition of all existing hospital buildings except Block J and the construction of a new hospital campus for mental health services providing in patient services, rehabilitation facilities, ambulatory care, patient resource and social centre with therapeutic and leisure areas.

Subject to funding approval, the refurbishment of Hong Kong Buddhist Hospital project is planned to start in 2015 for completion in 2019. The estimated cost of the project is in the order of $560 million in MOD prices. This project covers the provision of additional convalescent / rehabilitation beds to strengthen longer-term care and rehabilitation services for elderly people suffering from chronic diseases as well as the refurbishment of existing in patient wards, supporting departments, offices and ancillary facilities.

Subject to funding approval, the first phase of the proposed new acute general hospital in Kai Tak is expected to complete in 2021. According to the preliminary plan, Phase 1 of the new hospital will provide in patient and oncology services, including ambulatory chemotherapy and radiotherapy. When fully developed, the hospital will provide clinical services of major specialties, including A&E service. It will also house a state-of-the-art neuroscience centre to provide specialty services of neuroscience.

The extension of the Operating Theatre (OT) Block of Tuen Mun Hospital is under planning with the necessary pre-construction works being carried out. Subject to funding approval, the project is planned to start in 2016 for completion in 2020. This project involves the construction of a new block adjacent to the existing OT Block in order to accommodate additional OTs as well as expanded A&E and Radiology departments. Functional relationship of A&E, Radiology, OT and in patient services will be improved, and the flow of patient and work flow will be streamlined for efficient delivery of services.

HA will work out the estimated additional manpower requirement for the above eight projects at a later stage when the detailed design and commissioning plans are finalised.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)095

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1755)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Matters Requiring Special Attention in 2015-16 that the Administration will "implement measures to improve patients' access to service including accident and emergency, general outpatient, surgical and endoscopic services". Please provide information on the details of these measures, number of beneficiaries and users, and changes in the manpower and expenditure involved.

Asked by: Hon LEUNG Ka-lau (Member Question No. 17)

Reply:

To meet the growing demand from population growth and ageing, Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure for 2015-16 is projected to reach $54 billion, representing an increase of over 3% as compared to the 2014-15 budget. With the financial provision of $49.9 billion for 2015-16 from the Government to HA, coupled with HA's own income and mobilisation of its internal resources, HA will implement various measures to meet the increasing demand for hospital services and to improve the quality of patient care. Examples of such measures are:

(a) increasing a total of 250 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Tseung Kwan O Hospital, Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital to enhance the capacity of inpatient services, including additional emergency beds;

(b) providing additional operating theatre sessions to allay the waiting list for surgeries;

(c) widening the indications of Special Drug for Multiple Sclerosis and introducing new

drugs of proven safety and efficacy to the Drug Formulary for cancer treatment, chronic Hepatitis C and Crohn's disease to benefit around 4 000 patients annually;

(d) enhancing endoscopy service by performing around 5 300 additional endoscopic procedures;

(e) increasing the episodic quota for general outpatient clinics in five Clusters (namely Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West) by 55 000 attendances for 2015-16;

(f) setting up Hong Kong's fourth Joint Replacement Centre in the New Territories East Cluster[(1)] for performing 90 additional operations for 2015-16 and 250 additional operations per year thereafter;

(g) augmenting mental health services by strengthening manpower of the psychiatric teams and introducing a peer support element to the Case Management Programme for patients with severe mental illness;

(h) relocating the Geriatric Day Rehabilitation Centre of Yan Chai Hospital to the hospital's new wellness centre and expanding the geriatric day places from 20 to 40 places; and

(i) strengthening the Community Geriatric Assessment Team service by conducting 3 000 additional visits to residential care homes for the elderly.

HA will deploy existing staff and recruit additional staff to implement with the above initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

Note [(1)] – The other three existing Joint Replacement Centres are located at the Buddhist Hospital, Yan Chai Hospital and Pok Oi Hospital.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)096**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1759)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
In "Matters Requiring Special Attention in 2015-16", the Administration states that it will continue "the implementation of the established tobacco control policy through promotion, education, legislation, enforcement, taxation and smoking cessation". Please provide details on the expenditure of smoking cessation services in 2014-15 and 2015-16 (estimate).

Asked by: Hon LEUNG Ka-lau (Member Question No. 21)

Reply:

Smoking cessation is an integral part of the Government'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 organisations, academic institutions and health care professions to promote smoking cessation and provide smoking cessation services to the public.

The expenditures / provisions of tobacco control activities managed by the Tobacco Control Office (TCO) of DH for 2014-15 and 2015-16 broken down by types of activities are at **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 these services form an integral part of the respective DH's services, such expenditure could not be separately identified. In addition, HA operates 16 full-time and 42 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counselling and treatment. These smoking cessation services form an integral part of HA's overall service provision, and therefore such expenditure could not be separately identified.

- End -

Annex

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2014-15 Revised Estimate ($ million)	2015-16 Estimate ($ million)
Enforcement		
Programme 1: Statutory Functions	39.4	40.5
Health Education and Smoking Cessation		
Programme 3: Health Promotion	125.7	126.4
(a) General health education and promotion of smoking cessation		
TCO	*46.2*	*46.8*
Subvention to Council on Smoking and Health	*24.3*	*21.4*
Sub-total	***70.5***	***68.2***
(b) Provision for smoking cessation and related services by non-governmental organisations		
Subvention to Tung Wah Group of Hospitals	*37.1*	*39.1*
Subvention to Pok Oi Hospital	*7.8*	*7.6*
Subvention to Po Leung Kuk	*2.0*	*2.0*
Subvention to Lok Sin Tong	*1.9*	*2.3*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*2.3*	*2.3*
Subvention to The University of Hong Kong	*1.5*	*2.3*
Sub-total	***55.2***	***58.2***
Total	**165.1**	**166.9**

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)097

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1762)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) Please tabulate the provisions for various psychiatric centres, as well as the numbers of doctors, nurses, attendances and costs for outpatient services at adult psychiatric clinics, child and adolescent psychiatric clinics, substance abuse assessment units, early psychosis service centres, psychiatric units for learning disabilities, perinatal psychiatric departments and psychogeriatric clinics, and for the related psychiatric consultation-liaison services in Accident and Emergency Department, under the Hospital Authority (HA) from 2010-11 to 2014-15.

(b) Please list the waiting time in the lower quartile (the 25th percentile), median (the 50th percentile), upper quartile (the 75th percentile) and the longest (the 90th percentile) waiting time for new attendances of the above services.

(c) Please provide the number of new and follow-up patients admitted on a referral basis via psychiatric consultation-liaison services in Accident and Emergency Department from 2010-11 to 2014-15.

Asked by: Hon LEUNG Ka-lau (Member Question No. 26)

Reply:

(a)

The table below sets out the number of doctors and nurses working in the psychiatric stream in Hospital Authority (HA) in the past five years (from 2010-11 to 2014-15).

Year	**Psychiatric doctors**[1 & 2]	**Psychiatric Nurses**[1 & 3] **(including Community Psychiatric Nurses)**
2010-11	317	1 944
2011-12	334	2 161
2012-13	332	2 296
2013-14	335	2 375
2014-15 (up to 31 Dec 2014)	338	2 416

Notes:

1. Manpower on full-time equivalent basis including permanent, contract and temporary staff, but excluding HA Head Office staff. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.

As the psychiatric teams in HA provide support for psychiatric patients of different age/diseases groups, HA does not have the requested breakdown on the manpower for supporting individual services.

The table below sets out the total number of attendances of psychiatric specialist out-patient clinics (SOPCs) in the HA from 2010-11 to 2014-15 (up to 31 December 2014).

	2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (Nine months up to 31 Dec 2014) [provisional]**
Total number of attendances of psychiatric SOPCs	739 186	755 745	775 109	791 170	595 068

The table below sets out the costs of providing mental health services from 2010-11 to 2014-15.

	Costs of Mental Health Services ($ million)				
	2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (Revised estimate)**
Inpatient	1,794	1,939	2,103	2,198	2,393
Outpatient	725	821	920	946	1,042
Community Outreach	284	372	439	472	533
Day Hospital	203	226	234	242	263
Total	**3,006**	**3,358**	**3,696**	**3,858**	**4,231**

The costs above include direct staff costs (such as medical, nursing and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as utility expenses and equipment maintenance). Cost breakdown for individual clinic/unit is not available.

(b)

The table below sets out the number of SOPC new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases and the respective waiting time for the psychiatric specialty from 2010-11 to 2014-15 (up to 31 December 2014).

Year	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			
2010-11	4 651	11%	<1	<1	1	2	8 819	21%	1	3	5	7	27 498	66%	2	9	22	50
2011-12	4 435	10%	<1	<1	1	2	8 518	19%	2	3	6	7	31 927	70%	2	12	27	55
2012-13	4 327	9%	<1	1	1	2	8 718	18%	2	4	6	7	33 594	71%	3	16	39	70
2013-14	3 632	8%	<1	1	1	2	9 580	20%	2	4	7	8	33 898	71%	4	20	51	88
2014-15 (up to 31 Dec 2014)	2 744	7%	<1	1	1	2	7 436	20%	2	4	7	8	26 258	72%	6	22	58	83

(c)

The table below sets out the number of hospital admissions to the psychiatry specialty via the Accident and Emergency (A&E) departments in HA from 2010-11 to 2014-15 (up to 31 December 2014).

	Number of Hospital Admissions to Psychiatry Specialty via A&E Department
2010-11	6 705
2011-12	6 972
2012-13	7 437
2013-14	7 769
2014-15 (up to 31 December 2014) [provisional figures]	5 603

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1763)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Matters Requiring Special Attention in 2015-16 that the Administration will "facilitate healthcare service development, including encouraging private hospital development and revamping private healthcare facilities regulatory regime taking into account the outcome of the public consultation". Please give a detailed account of the specific work and the expenditure involved.

Asked by: Hon LEUNG Ka-lau (Member Question No. 27)

Reply:
For encouraging the development of private hospitals, the Food and Health Bureau (FHB) supports the proposal of the Chinese University of Hong Kong (CUHK) to develop the Chinese University of Hong Kong Medical Centre (CUHKMC) within its campus, and will adopt measures to facilitate the development of this non-profit making private teaching hospital. The measures include approving modification of the Conditions of Grant (Land Lease) at a nominal premium, and the creation of a loan of about $4 billion for the development of CUHKMC.

A three-month public consultation on Regulation of Private Healthcare Facilities (PHFs) ended on 16 March 2015. We propose to introduce a new regulatory regime to cover three classes of PHFs, namely (a) hospitals, (b) facilities providing high-risk medical procedures in ambulatory setting; and (c) facilities providing medical services under the management of incorporated bodies. We are now consolidating and analyzing views received during the public consultation and will implement the proposal by legislation. Related expenditure will be absorbed within the existing resources of FHB.

Meanwhile, the Department of Health will continue to support the FHB in the review of the regulation of PHFs and support private hospital development via licensing, enforcement, surveillance, quality assurance and monitoring of compliance with land grants. In

2015-16, the financial provision earmarked for the regulation of private healthcare institutions is $31.6 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1764)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in "Matters Requiring Special Attention in 2015-16" that the Bureau will "continue to oversee the implementation of a pilot initiative to promote preventive care for the elderly through launching a health assessment programme in collaboration with non-governmental organisations (NGOs)". Please provide details of the programme, manpower and expenditure involved as well as the average amount of provision per person received by participating NGOs for delivering the service. Please also provide by districts a list of participating NGOs, number of elderly beneficiaries and the number (or anticipated number) of recipients.

Asked by: Hon LEUNG Ka-lau (Member Question No. 28)

Reply:

With an aim to facilitate early identification of risk factors as well as promote healthy ageing, the Government launched the Elderly Health Assessment Pilot Programme (the Pilot Programme) in July 2013 in collaboration with nine non-governmental organisations (NGOs) to subsidise about 10 000 elders aged 70 or above to receive health assessment from 19 service centres operated by these NGOs throughout the territory.

The list of participating NGOs, broken down by region, is provided below:

Region	NGO (service centre location)
Hong Kong	Hong Kong Sheng Kung Hui Welfare Council Limited (Central)
	Chai Wan Baptist Church Community Health Centre Limited (Chai Wan)
Kowloon	Evangel Hospital (Kowloon City and Cheung Sha Wan)
	United Christian Nethersole Community Health Service (Jordan, Lam Tin and Kwun Tong)

	Po Leung Kuk (Prince Edward)
	The Lok Sin Tong Benevolent Society, Kowloon (Kowloon City and Mong Kok)
	Hong Kong Sheng Kung Hui Welfare Council Limited (Kwun Tong)
	Tung Wah Group of Hospitals (Yau Ma Tei)
	Sik Sik Yuen (Wong Tai Sin)
New Territories	Haven of Hope Christian Service (Hang Hau, Hau Tak, King Lam and Po Lam)
	United Christian Nethersole Community Health Service (Tai Po and Tin Shui Wai)

The Government has earmarked a sum of $12 million for the Pilot Programme. Under the Pilot Programme, the Government provides a subsidy of $1,200 for each elder receiving the health assessment service. Elders enjoying the service will be required to contribute a co-payment of $100. For elders receiving the Comprehensive Social Security Assistance and those already under the medical fee waiver mechanism of the medical social services unit of public hospital/clinic, or the Integrated Family Service Centres or Family & Child Protective Services Unit of the Social Welfare Department, the $100 co-payment will be waived and be borne by the Government.

By the end of December 2014, over 5 300 elders have participated in the Pilot Programme. The expenditure for 2013-14 and 2014-15 (revised estimate) are $2.3 million and $2.2 million respectively. The manpower resources for administering this Pilot Programme are absorbed by the Department of Health.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1765)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under "Matters Requiring Special Attention in 2015-16" that the Bureau will "continue to oversee the setting up of Chinese medicine clinics in the public sector to develop evidence-based Chinese medicine and provide training opportunities for graduates of local Chinese medicine degree programmes." In this connection, please provide:

(a) a breakdown by 18 districts (including overall figures) of the number of Chinese medicine practitioners employed in Chinese medicine clinics, the expenditure involved, the number of attendances and the cost per attendance;

(b) the details of the specific work of the Bureau "to develop evidence-based Chinese medicine" and the expenditure and manpower involved; and

(c) a breakdown by rank of the percentage and number of Chinese medicine practitioners employed in public Chinese medicine clinics who are graduates of local Chinese medicine degree programmes.

Asked by: Hon LEUNG Ka-lau (Member Question No. 30)

Reply:

(a) The Government has established 18 public Chinese medicine clinics (CMCs) (one in each district) to promote the development of "evidence-based" Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. These public CMCs operate on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organization (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation.

In the 2015-16 Estimates, the Government has earmarked $94.5 million for the operation of the CMCs, maintenance of the Toxicology Reference Laboratory, quality

assurance and central procurement of Chinese medicine herbs, development and provision of training in "evidence-based" Chinese medicine, and enhancement and maintenance of the Chinese Medicine Information System.

Details of the Chinese medicine practitioners (CMPs) engaged by these 18 public CMCs and the respective attendances are at **Annex.** These public CMCs do not have a breakdown of their subvention spent on patient attendances.

(b) The public CMCs serve as an effective platform in facilitating the development of evidence-based Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. In this regard, HA actively collaborates with these CMCs and local universities to conduct systematic research programmes on Chinese medicine herbs and diseases. Various training programmes are also organized for both Chinese Medicine and Western Medicine clinical professionals for establishing evidence-based Chinese medicine practice.

(c) Under the tripartite collaboration model, the NGOs are required to provide training placements for fresh graduates of local Chinese medicine degree programmes. Each public CMC is required to employ at least four full-time equivalent of senior CMPs/CMPs and 12 junior CMPs/CMP trainees. As at end-December 2014, 358 CMPs were employed at the 18 public CMCs, of whom 253 are local Chinese medicine degree programme graduates.

- End -

Annex

Number of Chinese Medicine Practitioners Engaged and Attendances at 18 Public Chinese Medicine Clinics

District [Date of opening]	Number of CMPs[1] (as at end-December 2014)	Attendances[2] (in 2014)
Central and Western [December 2003]	19	43 674
Tsuen Wan [December 2003]	22	64 632
Tai Po [December 2003]	25	72 182
Wan Chai [April 2006]	22	63 022
Sai Kung [April 2006]	20	65 681
Yuen Long [April 2006]	21	77 430
Tuen Mun [November 2006]	25	65 895
Kwun Tong [November 2006]	20	66 941
Kwai Tsing [January 2007]	21	61 893
Eastern [March 2008]	17	52 961
North [March 2008]	18	70 226
Wong Tai Sin [December 2008]	20	71 663
Sha Tin [February 2009]	20	62 666
Sham Shui Po [March 2009]	22	72 398
Southern [March 2011]	21	44 982
Kowloon City [December 2011]	13	33 750
Yau Tsim Mong [December 2012]	21	46 866
Islands [July 2014]	11	15 248
Total :	**358**	**1 052 110**

Note: 1. The CMPs are employees of the NGOs operating the public Chinese medicine clinics, and these figures are provided by the respective NGOs.

2. The above attendances cover all kinds of Chinese medicine services provided in the clinics (i.e. Chinese medicine general consultation services, acupuncture, bone-setting, tui-na, etc).

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1766)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out in detail the enhancement schemes (for example, referral of patients in the specialty of Ear, Nose and Throat in the Kowloon East Cluster to the Kowloon Central Cluster) implemented by the Hospital Authority in the past 3 years for patients who have been waiting long for specialist outpatient services, the number of people benefitted under the schemes and the difference in the routine waiting time for a first appointment in the clusters and specialties concerned after the implementation of the schemes (please provide an overall figure, not just figures for those who have received referral arrangement under the schemes).

Asked by: Hon LEUNG Ka-lau (Member Question No. 31)

Reply:

We understand the public's concern on the waiting time for specialist outpatient clinics (SOPC) consultation. The Hospital Authority (HA) has implemented a series of measures as set out below to tackle the problem accordingly.

(i) Triage and prioritization

HA has implemented the triage system for all new SOPC referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into priority 1 (urgent), priority 2 (semi-urgent) and routine categories. HA's targets are to maintain the median waiting time for cases in priority 1 and 2 categories within two weeks and eight weeks respectively. HA has all along been able to keep the median waiting time of priority 1 and priority 2 cases within this pledge. HA will continue to implement the triage system which is effective in ensuring that the cases most in need will be treated timely.

(ii) Enhancing public primary care service

HA is committed to enhancing public primary care services. Patients with stable and less complex conditions can be managed at the Family Medicine and general outpatient clinics (GOPCs), thereby reducing the service demand at SOPC level. HA will continue to promote primary care so that Family Medicine Specialist Clinics (FMSCs) and GOPCs will play a gatekeeping role and help alleviate pressure on SOPC waiting time.

(iii) Enhancing manpower

In 2013-14, HA engaged some 300 part-time doctors as well as "limited registration" doctors to improve the manpower strength. HA also paid around $70 million as special honorarium to increase the service capacity, including that of the SOPCs. HA will continue to engage part-time doctors in future.

We expect that the medical manpower shortage problem will improve when the number of medical graduates starts to go up to 320 in 2015 and to 420 in 2018.

(iv) Public-Private Partnership (PPP)

The pilot public-private partnership (PPP) projects (e.g. the Cataract Surgeries Programme) have proven to be effective in alleviating the pressure of the public healthcare sector and providing more choices to patients. HA will explore the possibility of launching PPP projects to SOPC services with higher demand but of a non-acute nature, especially during the period of manpower shortage in the public sector.

(v) Annual plan programmes implemented to manage SOPC waiting time

HA has implemented a number of programmes in 2013-14 and 2014-15 to increase the capacity to handle SOPC cases and manage waiting time. The details of the programmes are as follows –

Year	**Cluster**	**Program Objectives**
2013-14	KEC, KWC, NTEC & NTWC	Implement Clear Backlog Project - Manage a total of 4 820 new cases for 2013-14 on the SOPC waiting lists in KEC, KWC, NTEC and NTWC
	KEC	Manage KEC surgical new cases with a special new case clinic to handle 4 000 new cases on the waiting list per year
	KWC	Improve the management of SOPC waiting lists by conducting additional doctor sessions and triaging suitable cases to FMSC, covering a total of 780 new cases per year
	NTEC	Improve the management of SOPC waiting lists by conducting additional doctor sessions and expanding the eye specialist clinic capacity to manage a combined total of 4 000 new cases per year

Year	Cluster	Program Objectives
2014-15	KEC	Use special honorarium scheme to alleviate SOPC backlog to manage 1 000 additional SOP new cases (including Specialty of Medicine, Orthopaedics &Traumatology and Eye) for the year 2014-15
	KEC	Pilot a SOPC Queue Management Centre at United Christian Hospital to improve the SOP quota management
	KWC	Enhance FMSC services by managing additional 3 670 FMSC new cases and 5 500 FMSC follow-up cases in 2014-15

In 2015-16, HA will address the issue of SOPC waiting time through service development programmes that have incorporated SOPC elements. For instance, the North Lantau Hospital in Kowloon West Cluster will expand SOPC services, and Kowloon East Cluster will expand the Orthopaedics & Traumatology service to enhance the accessibility of SOPC services there. It is expected that the total number of attendances at SOPC in 2015-16 for HA will increase by around 20,000 when compared to that in the previous year.

(vi) Reducing the disparity in waiting time at SOPCs in different clusters

HA is aware of the disparity in waiting time at SOPCs in different clusters and has implemented measures to improve the situation.

Firstly, in order to enhance transparency, HA has, since April 2013, uploaded the SOPC waiting time on HA's website by phases. Effective from 30 January 2015, the SOPC waiting time information for all eight major specialties (namely Ear, Nose and Throat (ENT), Gynaecology, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics, Psychiatry and Surgery) is available on HA's website. This information facilitates patients' understanding of the waiting time situation in HA and assists them to make informed decisions when considering whether they should pursue cross-cluster treatment.

To let more patients benefit from cross-cluster referral arrangement according to patients' preferences, HA has reminded frontline staff to accept new case bookings from patients residing in other clusters. In February 2015, HA has produced a poster on procedures and practice on the booking of first appointment at SOPC for the information of both the public and staff.

While patients may book medical appointments at SOPCs of their choices, HA will take due account of individual patients' clinical condition and nature of service required in arranging cross-cluster appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, HA staff may recommend and arrange the patients to seek medical care at SOPCs close to their residence to provide greater convenience to the patients as well as to encourage compliance with treatment plan.

Apart from allowing patients to voluntarily book appointments at SOPCs in other clusters, HA has, since 2012, enhanced cross-cluster collaboration by establishing a centrally coordinated mechanism to facilitate pairing-up patients in clusters of longer waiting time with clusters of shorter waiting time. Patients with appropriate clinical conditions waiting

in a suitable specialty of a cluster will be invited to attend to the SOPC in another cluster with shorter waiting time. So far, the centrally-coordinated cross-cluster collaboration is being implemented in the specialties of ENT, Gynaecology, and Ophthalmology.

It should be noted that not all specialties are suitable for cross-cluster arrangement. While specialties with majority of patients having no impaired mobility and short expected treatment period are good candidates for the referral, specialties having more patients who are mobility impaired or require long term follow-up or community support are not. On the other hand, patients with less severe and non-urgent conditions may also choose to wait for their first consultation in the cluster close to their residence and thus have little incentive to receive service in another cluster.

The table below sets out the number of referred new case bookings and the waiting time in each participating hospital cluster in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

Specialty	Programme Start Date	No. of Referred New Case Bookings (As of 31 December 2014)	Involved Clusters	Routine Cases 90th Percentile Waiting Time (Weeks)		
				2012-13	2013-14	2014-15 (Up to 31 December 2014) [Provisional]
Ear, Nose & Throat	August 2012	3 477	KEC*	151	78	64
			KCC#	16	28	35
Gynaecology	April 2013	406	NTEC*	125	128	98
			HKEC#	25	22	34
Ophthalmology	October 2013	613	NTEC*	155	70	66
			HKWC#	28	21	24

Note
* Cluster from which patients are referred
# Cluster to which patients are referred

(vii) Optimising appointment scheduling practices of SOPCs

HA is conducting a comprehensive review of appointment scheduling practices of SOPCs, with particular attention to good practices for achieving optimal utilisation of service capacity including timely filling up cancelled and defaulted appointments. Other good practices for clearing backlog of Routine cases, including engagement of Family Medicine Specialists to attend Routine cases and transferring Routine Residential Care Homes for the Elderly cases to the Community Geriatric Assessment Team, will also be shared among clusters.

In addition, HA is extending an initiative on SOPC Phone Enquiry System, first piloted in the Queen Elizabeth Hospital in Kowloon Central cluster in 2011, to the other six clusters in 2015-16. Apart from answering SOPC enquires and other related functions, the system could facilitate patients in giving advance notice to SOPCs of their intention to cancel or

reschedule their appointments. SOPCs could then fully utilise the released quotas to arrange appointments for other patients and reduce the number of default cases.

HA is also working on a SOPC Operation Manual to align different practices, including appointment scheduling, of SOPCs within HA.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1767)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following by clusters under the Hospital Authority (including all clusters as a whole):

(a) the numbers of infirmary, mentally-ill and mentally-handicapped inpatients, the costs of medical services for these patients, and the numbers of doctors and nurses attending them;

(b) the number of general outpatient attendances; and

(c) the number of specialist outpatient attendances.

Asked by: Hon LEUNG Ka-lau (Member Question No. 32)

Reply:

(a)

The table below sets out the number of patient days (number of inpatient patient days and number of day inpatient discharges & deaths) for infirmary, mentally ill and mentally handicapped inpatient services in each hospital cluster under the Hospital Authority (HA) in 2014-15 (up to 31 December 2014).

Number of patient days in 2014-15 (up to 31 Dec 2014) [Provisional figures]	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary	127 455	39 205	26 478	29 146	70 839	69 813	22 007	**384 943**
Mentally ill	79 013	16 644	94 555	18 480	189 090	108 322	208 393	**714 497**
Mentally handicapped*	-	-	-	-	20 004	-	131 972	**151 976**

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency Department or stayed for more than one day. The calculation of the number of patient days includes that of both inpatients and day inpatients.

HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to the patients in their treatment journeys. The requested data on patient headcount are not readily available.

The table below sets out the estimated costs of inpatient services in each hospital cluster by infirmary, mentally ill and mentally handicapped services in 2014-15.

Type of Beds	Estimated Service Costs ($ million)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Infirmary	271	82	55	65	133	121	39	766
Mentally Ill	287	112	323	70	542	384	675	2,393
Mentally Handicapped*	-	-	-	-	66	-	221	287

* Mentally handicapped beds are provided in KWC and NTWC only.

The inpatient service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment).

It should be noted that the inpatient service costs vary among different cases owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the clusters. The service costs also vary among different clusters due to different case-mix, i.e. the mix of patients of

different conditions in the clusters, which may differ according to the population profile and other factors, including specialisation of the specialties in the clusters. Hence clusters with greater number of patients or heavier load of patients with more complex conditions or requiring more costly treatment would incur a higher service cost. Therefore the service costs cannot be directly compared among clusters.

The table below sets out the full-time equivalent (FTE) strength of doctors and nurses in Psychiatric Services and Medicine by cluster as at 31 December 2014. HA does not have the manpower breakdown for mentally ill, mentally handicapped and infirmary service as they are covered by the manpower under Psychiatric Services and Medicine respectively.

Staff Group	**Cluster**	**Psychiatry**	**Medicine**
Doctors	HKEC	36	154
	HKWC	24	133
	KCC	36	148
	KEC	35	149
	KWC	71	301
	NTEC	60	192
	NTWC	76	137
Doctors Total		**338**	**1213**
Nurses	HKEC	222	722
	HKWC	112	707
	KCC	241	677
	KEC	137	882
	KWC	633	1513
	NTEC	370	1122
	NTWC	701	729
Nursing Total		**2416**	**6352**

Note:

1) The manpower figures above are calculated on FTE basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

2) Psychiatric doctors refer to all doctors working for the specialty of psychiatry except Interns. Psychiatric nurses include all nurses working in psychiatry hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital & Siu Lam Hospital), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.

3) Doctors and nurses working in mentally handicapped department are excluded

4) The services of the medicine department include services for hospice, rehabilitation and infirmary.

(b) & (c)

The table below sets out the number of general outpatient (GOP) and specialist outpatient (SOP) attendances in each hospital cluster under HA in 2014-15 (up to 31 December 2014).

	Cluster							Overall HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Number of GOP attendances in 2014-15 (up to 31 December 2014) [Provisional figures]	438 572	294 085	425 730	707 480	1 242 284	716 694	609 159	**4 434 004**
Number of SOP attendances in 2014-15 (up to 31 December 2014) [Provisional figures]	606 398	641 311	773 278	598 141	1 258 476	845 316	689 131	**5 412 051**

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.1770)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) Please tabulate, by cluster, the number of cataract surgeries carried out by public hospitals, and the number of patients and their waiting time in 2012-13, 2013-14 and 2014-15.

	2012-13	2013-14	2014-15
no. of surgeries			
no. of patients on the waiting list			
Average waiting time by cluster NT East NT West Kln East Kln Central Kln West HK East HK West			
Average costs of surgeries			

(b) In the past three years, how many patients were subsidised by the Hospital Authority to receive cataract surgeries in the private sector? Please tabulate details below.

	2012-13	2013-14	2014-15
no. of surgeries			
no. of patients on the waiting list			
Average waiting time by cluster NT East NT West			

Kln East Kln Central Kln West HK East HK West			

Asked by: Hon LEUNG Ka-lau (Member Question No. 35)

Reply:
(a)

The table below sets out the number of cataract surgeries provided by the Hospital Authority (HA) and the number of patients and their average waiting time by cluster in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

	2012-13	2013-14	2014-15 (up to 31 December 2014)
Number of surgeries			
HKEC	3 936	3 943	3 006
HKWC	3 054	3 330	451*
KCC	6 595	6 068	4 761
KEC	5 038	4 363	2 706
KWC	2 318	2 459	1 769
NTEC	3 757	3 737	3 039
NTWC	2 647	2 699	2 208
Number of patients on the waiting list (as at 31 March of financial year end)			
HKEC	4 213	3 334	2 636
HKWC	1 740	1 351	2 987
KCC	9 964	11 000	10 992
KEC	5 644	6 285	6 228
KWC	3 931	3 618	4 427
NTEC	4 711	4 573	4 370
NTWC	4 701	4 960	4 637
Estimated average waiting time (months) (as at 31 March of financial year end)			
HKEC	13	10	8
HKWC	7	5	*
KCC	18	22	22
KEC	13	17	20
KWC	20	18	23
NTEC	15	15	15
NTWC	21	22	20

* The operating theatres in Grantham Hospital were under renovations in 2014 and some patients originally waiting there had been arranged to undergo operation during the evening

sessions in Queen Mary Hospital as appropriate. Due to this temporary arrangement, the estimated average waiting time for 2014-15 is not available. With the resumption of service in January 2015, the annual cataract throughput will be back to around 3,200 per year. It is anticipated that most patients in the existing waiting list can be operated within 12 months.

The costs for an ambulatory cataract surgery (mainly day cases) were estimated to be $13,750 and $15,460 in 2012-13 and 2013-14 respectively, and are projected to be around $17,020 in 2014-15. These costs were computed with reference to factors such as relative complexity of surgical procedures and operating time, covering both costs of operating procedure (mainly including surgeons, anaesthetics and operating theatre expenditures) and post-surgery stay in hospital.

(b)
The table below sets out the number of patients subsidised by HA to receive cataract surgeries in the private sector and the actual / projected waiting time to receive the surgery in the Cataract Surgeries Programme in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

	2012-13	**2013-14**	**2014-15 (up to 31 December 2014)**
Number of surgeries under the Cataract Surgeries Programme	900	700	875
Actual / Projected time for patient to receive surgery in the Cataract Surgeries Programme after they are listed in HA for cataract surgery	24 months	24 months	24 months (Projected)

Under the Cataract Surgeries Programme, patients who choose to receive the surgeries in the private sector will receive a fixed subsidy of $5,000, subject to a co-payment of no more than $8,000 for each patient.

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)104

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1771)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Between 19 and 22 February 2015 (the first 4 days of the lunar new year), the Hospital Authority increased 1 500 General Outpatient Clinics (GOPC) episode quota to meet the surge in service demand and offered special honorarium to medical staff for extra service sessions. In this connection, please provide information on the following:

(a) the computation of special honorarium;

(b) the total amount of special honorarium granted for the above period;

(c) manpower and service output augmented by special honorarium apart from the above 1 500 GOPC episode quota; and

(d) the utilisation of the above 1 500 GOPC episode quota.

Asked by: Hon LEUNG Ka-lau (Member Question No. 36)

Reply:

(a)

Under the Special Honorarium Scheme (SHS), the honorarium rate is set according to the prevailing pay scale of the job concerned. In general, the hourly rate is 1/140 of the employee's monthly basic salary in general, making reference to the employee's current pay point as well as the duties to be performed.

(b) and (c)

In the recent Lunar New Year holidays, the additional quotas of the General Outpatient Clinics (GOPCs) of the Hospital Authority were mainly delivered through arrangement of duty roster and staff deployment. In addition to medical staff, nursing, pharmacy and supporting manpower was also involved to maintain the service and clinic operation.

(d)

It was estimated that the service utilisation of the GOPCs for the Lunar New Year's Day (i.e. 19 February 2015) was about 80%, that for the second day of the Lunar New Year (i.e. 20 February 2015) was about 90%, and that for the third to the fourth day of the Lunar New Year (i.e. 21 to 22 February 2015) was over 90%.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1772)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority added more than 200 temporary beds from 19 to 22 February 2015 (i.e. the first 4 days of Lunar New Year) when the number of patients reached its peak. Please advise on:

(a) the hospital clusters and hospitals in which the beds were added; and
(b) the difference in ratio of healthcare staff to beds before and after the beds were added.

Asked by: Hon LEUNG Ka-lau (Member Question No. 37)

Reply:

In response to challenges of upsurge in service demand during the influenza peak season, one of the key factors is the capacity to cope with the demand for inpatient service. Other measures included managing demand in community by expanding day follow-up service, reducing avoidable admission as far as possible, enhancing support to Old Age Homes through the Community Geriatric Assessment Services, Community Nursing Services and Visiting Medical Officer programmes to facilitate management of simple cases outside hospitals. Patient flow was also improved by increased ward rounds especially during weekends and public holidays. Manpower was augmented by special honorarium scheme, leave encashment and employment of Temporary Undergraduate Nursing Students.

In 2014-15, Hospital Authority (HA) opened 205 new beds through its annual plan. An additional 282 beds on a time limited basis for six months have also been opened during the surge period from December 2014. In view of the enormous upsurge in service demand from January 2015, various clusters have, with regard to physical space availability and manpower situation, further prepared to add more than 200 beds to accommodate service demand in the remaining period of the winter surge. Since the actual number of temporary beds to accommodate medical patients are highly variable and dependent on the situation of

medical ward congestions of different hospitals at different times during the surge period, breakdown of the numbers of temporary beds added or to be added are not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1773)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

On the implementation of the Elderly Health Care Voucher Scheme, please provide details on the following in 2013 and 2014:

(a) the total amount of claim transactions of Health Care Vouchers;
(b) the number of eligible persons;
(c) the percentage and number of eligible persons who have used Health Care Vouchers by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions);
(d) the average number of Health Care Vouchers used per person by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions); and
(e) the number of service providers participating in the Scheme by category.

Asked by: Hon LEUNG Ka-lau (Member Question No. 38)

Reply:

(a) The numbers of voucher claims under the Elderly Health Care Voucher Scheme are 1 470 439 in 2013 and 2 221 547 in 2014, involving total voucher amount of $315 million and $598 million respectively.

(b) & (c) The table below shows the number of eligible elders and the number of elders who had made use of vouchers in the past 2 years (as at 31 December of the year), broken down by gender and age group:

	2013		2014	
	Number of elders	**% of eligible elders**	**Number of elders**	**% of eligible elders**
(1) Number of elders aged 70 or above*	724 000	-	737 000	-
(2) Number of elders who had made use of vouchers	488 000	67%	551 000	75%
(i) By gender				
- Male	211 000	65%	242 000	73%
- Female	277 000	70%	309 000	76%
(ii) By age group				
- 70 – 75	157 000	60%	175 000	68%
- 76 – 80	147 000	73%	160 000	79%
- Above 80	184 000	70%	216 000	78%

** Source: Hong Kong Population Projections 2012 – 2041, Census and Statistics Department*

We have not kept statistics on the use of vouchers by residence of elders.

(d) The face value of each voucher has been changed from $50 to $1 since 1 July 2014. The table below shows the average amount of vouchers in monetary value used per person in the past 2 years (as at 31 December of the year), broken down by gender and age group:

	Average amount of vouchers used by elders ($)	
	2013	**2014**
(i) By gender		
- Male	1,249	2,085
- Female	1,322	2,232
(ii) By age group		
- 70 – 75	1,136	1,869
- 76 – 80	1,392	2,386
- Above 80	1,341	2,246

We have not kept statistics on the amount of vouchers used by residence of elders.

(e) The table below shows the number of healthcare service providers enrolled in the Scheme in the past 3 years (as at 31 December of the year), broken down by types of healthcare professionals:

	2013	**2014**
Medical Practitioners	1 645	1 782
Chinese Medicine Practitioners	1 282	1 559
Dentists	408	548
Occupational Therapists	39	45
Physiotherapists	267	306
Medical Laboratory Technologists	25	26
Radiographers	19	21
Nurses	79	108
Chiropractors	45	51
Optometrists	167	185
Total:	3 976	4 631

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1774)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 160 of the Budget Speech that the Government shall continue to enhance public healthcare services by providing 250 additional hospital beds. Please provide details of the distribution of the 250 hospital beds by specialty and cluster and a breakdown of the estimated additional expenditure, manpower and service capacity involved.

Asked by: Hon LEUNG Ka-lau (Member Question No. 39)

Reply:

Hospital Authority (HA) has earmarked over $320 million for the opening of 250 beds in 2015-16. The table below sets out the respective numbers of the 250 hospital beds to be opened in each of the clusters.

Cluster	**Number of general beds to be opened in 2015-16**		
	Acute General	Convalescent	Total
Hong Kong East	21	-	21
Hong Kong West	-	-	-
Kowloon Central	-	-	-
Kowloon East	36	-	36
Kowloon West	-	-	-
New Territories East	71	-	71
New Territories West	82	40	122
HA Overall	**210**	**40**	**250**

While the exact distribution of the additional beds by specialty is to be finalised, they are expected to be distributed among Medicine, Surgery, Orthopaedics, Oncology and Emergency Medicine with about half of them to be added to Medicine.

HA will deploy existing staff and recruit additional staff to cope with the opening of the above beds. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.1775)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 141 of the Budget Speech that the Government shall carry out a number of hospital projects. "Projects already under construction or planning include the development of an acute general hospital in the Kai Tak Development Area (Phase 1), Tin Shui Wai Hospital and Hong Kong Children's Hospital; the redevelopment of Kwong Wah Hospital and Queen Mary Hospital; and the expansion of United Christian Hospital. A total of 2 800 additional beds will be provided."

(a) Please provide details of the distribution of the 2 800 hospital beds by specialty and actual planned use, and a breakdown of the estimated additional expenditure, doctor manpower and service capacity involved.

(b) Has the Government put in place a monitoring mechanism to ensure that the 2 800 additional beds will be put into their actual planned uses, and that prior approval of the relevant authority must be obtained for any reduction of beds by the hospitals? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEUNG Ka-lau (Member Question No. 40)

Reply:

(a)

To cater for the long-term demand for healthcare services, a number of hospital projects are being carried out at various stages of works or under planning. A total of around 2 800 additional beds will be provided upon completion of these projects. Descriptions of the individual projects are as follows:

Construction of the proposed new acute general hospital in the Kai Tak Development Area will be carried out in phases. According to the preliminary plan, Phase 1 of the new

hospital will provide in patient and oncology services, including ambulatory chemotherapy, surgery and radiotherapy with around 800 beds.

The new Tin Shui Wai Hospital (TSWH) will be a general hospital with a planned capacity of 300 in patient and day beds in total providing in patient services, ambulatory services including an Accident & Emergency (A&E) department, community care services, diagnostic services and other supporting and administrative services.

The new Hong Kong Children's Hospital (HKCH) with a total planned capacity of 468 in patient and day beds will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory. HA is currently working on the service re-organisation for the whole paediatric service network, including service model development, training and manpower plan.

The total bed capacity in Kwong Wah Hospital (KWH) is planned to increase from about 1 200 to around 1 550 after its redevelopment project. The redevelopment of KWH will provide new and modernised facilities for service development, 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 Chinese and Western medicine services.

The redevelopment of Queen Mary Hospital, phase 1 project aims to renew the hospital into a modern medical centre with additional space to meet operational needs, improved accessibility and physical design for cost-effective and efficient clinical operations, and promote integrated research and education.

The total bed capacity including inpatient and day beds in United Christian Hospital (UCH) is planned to increase from about 1 400 to around 1 960 after the expansion project. Many existing services including ambulatory care service, cancer service, in patient convalescent and rehabilitation service as well as A&E service will be enhanced under the UCH expansion project to cater for increasing medical needs of the community due to growing and ageing population.

Upon completion of the redevelopment of Caritas Medical Centre (CMC) - phase 2 project, CMC's total bed capacity is planned to increase by about 133 as compared to its total bed complement as at March 2014. Through the redevelopment project, a new ambulatory / rehabilitation block will be provided to accommodate convalescent / rehabilitation beds, ambulatory care and clinical support facilities to cope with increasing service demands of the community.

Subject to funding approval of the Legislative Council Finance Committee (LegCo FC), an additional 130 beds are planned to be provided in the refurbishment of Hong Kong Buddhist Hospital project. Besides the provision of additional convalescent / rehabilitation beds to strengthen longer term care and rehabilitation services for elderly people suffering from chronic diseases, the project also covers refurbishment of existing in patient wards, supporting departments, offices and ancillary facilities.

Subject to funding approval of LegCo FC, the total planned bed capacity in Kwai Chung Hospital (KCH) will be increased from about 920 to around 1 000 after the redevelopment of KCH project. The project involves phased demolition of all existing hospital buildings except Block J and the construction of a new hospital campus for mental health services providing in patient services, rehabilitation facilities, ambulatory care, patient resource and social centre with therapeutic and leisure areas.

The Hospital Authority (HA) will work out the detailed operational arrangements involved, including the distribution of beds by specialty (if appropriate), as well as the estimated additional expenditure and manpower, including doctors, at a later stage when the respective detailed design and commissioning plans are finalised taking into consideration of the prevailing and projected demand for services and the actual circumstances as appropriate.

(b)

Hospital beds are crucial medical resources. HA has put in place a mechanism to monitor the operation of hospital beds in the clusters. The use and allocation of hospital beds must be approved by the Cluster Chief Executives concerned and reported to HA Head Office. HA is required to regularly report the overall number of hospital beds to the Food and Health Bureau (FHB) via the Controlling Officer's Report. FHB will also set out the number of hospital beds provided by HA in its Controlling Officer's Report under the relevant Head in the annual Estimates for inspection by the LegCo and the public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1776)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding continuing to develop the electronic health record sharing system (eHRSS), please advise on the following:

(a) Please give a detailed breakdown of the expenditure involved in the preparatory work for the second stage of the eHRSS.

(b) Has the Administration put in place any measures, such as organisation of publicity and promotional activities, to promote the eHRSS among patients and private healthcare professionals? What is the estimated expenditure involved?

Asked by: Hon LEUNG Ka-lau (Member Question No. 41)

Reply:

(a) The eHRSS is being developed as a ten-year, two-stage programme from 2009-10 to 2018-19. The estimated capital expenditure of the project is $1,124 million. In July 2009, the LegCo's Finance Committee approved a capital funding commitment of $702 million for the Stage One Programme. Subject to passage of the eHRSS Bill by the Legislative Council (LegCo) by mid-2015, we aim to commission Stage One eHRSS before end-2015. We plan to seek the approval of LegCo's Finance Committee for the funding commitment for Stage Two development after the Stage One eHRSS has come into operation. Our current preparatory work for Stage Two is absorbed by existing manpower and resources.

(b) We will launch the following publicity and promotional activities to promote the eHRSS:

- an exercise to facilitate migration of Public Private Interface-electronic Patient Record Pilot Project (PPI-ePR)'s patients and healthcare professionals to the

eHRSS

- setting up about 50 eHR registration desks at various healthcare outlets of the Hospital Authority (HA), Department of Health (DH), private hospitals and other private healthcare organisations
- conducting on-site patient registration campaigns at HA and DH healthcare outlets
- production of eHealth News, Announcements in the Public Interests (APIs) and promotional materials to encourage eHR participation
- organising engagement meetings and briefings with healthcare stakeholders and patient groups regarding eHR connectivity issues, patient concerns and eHR legislation
- implementing an eHR Service Provider scheme to train IT vendors to provide support services for using Government-developed eHR system, namely, Clinical Management System On-ramp

We are not able to provide a total cost figure because some of these activities constitute only part of the duties of the staff of the eHR Office of the Food and Health Bureau and the eHR Project Management Office of HA. As for the estimated costs for the relevant outsourced contracts, it will be around $15.1 million with a breakdown as follows:

- design and production of publicity materials: $2.2 million
- APIs and video: $0.99 million
- patient registration campaign: $8.93 million
- PPI-ePR migration: $3 million

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1779)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) In "Matters Requiring Special Attention in 2015-16", the Administration says it will "develop the long-term regulatory framework for medical devices". Please set out details of the measures and the staffing and expenditure involved.
(b) Regarding the procurement of medical equipment, what mechanism is in place for a cluster to discuss and determine the addition or replacement of medical equipment in hospitals under the cluster, and what procurement guidelines are adopted?
(c) Please set out in detail each cluster's expenditure on procuring medical equipment in the past 3 years (2012-13 to 2014-15).

Asked by: Hon LEUNG Ka-lau (Member Question No. 101)

Reply:

(a)
The Administration has been taking steps to put in place statutory regulation of medical devices manufactured, sold and/or used in Hong Kong. To this end, 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 the way for implementing long-term statutory control.

In November 2010, the Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services (HS Panel) on the proposed regulatory framework for medical devices, which had taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, the DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal.

The BIA was completed in 2013. The Administration reported to the LegCo HS Panel in June 2014 on the outcome of the BIA study together with the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical devices.

The Working Group on Differentiation between Medical Procedures and Beauty Services (WG) under the Steering Committee on Review of the Regulation of Private Healthcare Facilities had examined, among others, the safety and health risks of devices commonly used in beauty procedures e.g. high-power medical lasers, intense pulsed light equipment, radiofrequency devices, etc. Given the heterogeneity of the devices involved, the WG considered that the control of their use (particularly energy-emitting devices) should be deliberated under the regulatory framework for medical devices.

Taking into consideration the views and recommendations of the WG, the DH is now in the process of engaging an external consultant to conduct a detailed study to examine overseas experience and practices and the scope of control on the use of the selected medical devices. Upon completion of the study, the Administration will report to the LegCo HS Panel on the outcome of the consultancy study and the details of the legislative proposal.

In 2015-16, a provision of $18.4 million has been earmarked for the DH for the operation of the existing MDACS as well as the preparatory work for the long-term statutory control of medical devices. The number of staff establishment of the Medical Device Control Office of the DH as at 1 March 2015 was 16.

(b)

The Hospital Authority (HA) procures from time to time a wide variety of new and replacement medical equipment items to meet operational requirements. Cluster management deliberates and formulates annual medical equipment requirement plan in respective committees, based on factors such as risk (e.g. obsolescence risk, equipment age, patient / staff safety, etc.), impact on patient care, operational needs and requirement of additional equipment items essential for provision of new or improved services to dovetail with HA's strategic directions. Moreover, HA will make reference to advice from healthcare professionals and overseas to facilitate planning for medical equipment.

Medical equipment items are normally purchased through tender process or by quotations, as appropriate, in accordance with the HA Procurement and Materials Management Manual (PMMM). The PMMM sets out, inter alia, all relevant purchasing and supply regulations and guidelines for compliance in HA including the clusters, and specifies the responsibility and accountability of HA staff who are involved in procurement and materials management activities. Also, HA is subject to the Agreement on Government Procurement of the World Trade Organization.

(c)

Individual hospitals procure medical equipment items with unit cost of $150,000 or below (minor medical equipment items) each year and statistics on these minor medical equipment items are not available. Procurement of medical equipment items with unit cost exceeding $150,000 (major medical equipment items) is co-ordinated by HA Head Office. In the past three years from 2012-13 to 2014-15, HA has procured 1 956 major medical equipment items at a total cost of $1,520 million, with detailed breakdown below:

Year	Number of Major Medical Equipment Items	Expenditure ($million)
2012-13	606	515
2013-14	603	425
2014-15	747	580
Total	1 956	1 520

Among the hundreds of major medical equipment items procured by HA each year, some are of unit cost exceeding $5 million. The table below sets out those major medical equipment items of unit cost exceeding $5 million that were procured by HA in 2014-15, as well as the clusters, hospitals and specialties involved and the expenditure incurred:

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Scanning Systems, Gamma Camera, Single Photon Emission Tomography	HKW	QMH	RAD	5.8
Stereotactic Systems, Image-Guided, Radiosurgical	HKW	QMH	ONC	8.4
Radiosurgery/Radiotheraphy Treatment Planning System, Stereotactic	KC	QEH	ONC	9.3
Telemanipulation Systems, Surgical, Minimally Invasive	KC	QEH	SUR	14.5
Video Systems, Endoscopic	KC	QEH	SUR	5.5
Workstations, Radiotherapy, Planning	KC	QEH	ONC	5.4
Information Systems, Data Management	KE	UCH	PAE	6.1
Radiographic/Fluoroscopic Systems, Cardiovascular	KE	UCH	MED	19.7
Monitoring Systems, Physiologic, Acute Care	KW	CMC	OT	5.7
Video Systems, Endoscopic	KW	CMC	CEU	5.5
Radiographic/Fluoroscopic Systems, Cardiovascular	NTE	PWH	MED	15.0

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Scanning Systems, Magnetic Resonance Imaging, Full-Body	NTE	PWH	RAD	14.1
Radiotherapy Systems, Linear Accelerator	NTW	TMH	ONC	7.7

Abbreviations

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

Hospitals
CMC – Caritas Medical Centre
PWH – Prince of Wales Hospital
QEH – Queen Elizabeth Hospital
QMH – Queen Mary Hospital
TMH – Tuen Mun Hospital
UCH – United Christian Hospital

Specialties
CEU – Combined Endoscopy Unit
MED – Medicine
ONC – Oncology
OT – Operating Theatres
PAE – Paediatrics
RAD – Radiology
SUR – Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1780)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 142 of the Budget Speech that a fund will be set up for the Hospital Authority to make use of investment returns to implement public-private partnership initiatives to alleviate pressure on the public healthcare system due to manpower shortages and surge in demand. One of the initiatives is to extend in phases the General Out-patient Clinic Public-Private Partnership Programme to all 18 districts.

Would the Government please advise of the following:

(1) What are the operational details of the fund, including the composition of the fund administrator (for example, setting up an independent regulatory body or contracting out to the private sector), investment items, target annual rate of return on average, and the proportion of returns to be used in implementing public-private partnership initiatives?

(2) Will there be any adjustment measures to stabilise the source of funding for public-private partnership initiatives in years with fluctuating investment returns?

(3) What are the project details, amount of funding, number of beneficiaries and rate of subsidy for each medical consultation or procedure in respect of the extended public-private partnership programme?

(4) Given the low participation rate of private medical practitioners in the previous public-private partnership programmes implemented by the Hospital Authority, will the Government consider changing the use of the investment returns to, for example, providing direct subsidy for members of the public to purchase private healthcare services, if the condition persists?

Asked by: Hon LEUNG Ka-lau (Member Question No. 102)

Reply:

(1) & (2) The Financial Secretary has pledged in the 2015-16 Budget to allocate to the Hospital Authority (HA) a sum of $10 billion as endowment to generate investment return for funding HA's public-private partnership (PPP) initiatives, including the General Outpatient Clinic (GOPC) PPP Programme. The Government and the HA are now working on the detailed funding proposal, including the estimated annual expenditure for the PPP initiatives, investment framework and governance arrangements. We will seek funding approval of the Finance Committee of the Legislative Council within the 2015-16 financial year.

(3) & (4) The HA is now drawing up detailed plans to extend the GOPC PPP Programme to the remaining 15 districts in the coming few years, including the scope of chronic diseases, number of patients, level of payment to participating private doctors, and the implementation timeframe for individual districts. Since launching the GOPC PPP Programme in the three pilot districts in mid-2014, the overall progress has generally been smooth and satisfactory. The number of participating private doctors has already exceeded the initial target for the entire two-year pilot, and the number of participating patients in the first eight months has already reached the first-year enrolment target of 3 000. The HA will conduct an interim review in mid-2015.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)112

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1781)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned that the Administration will "continue to oversee publicity efforts to promote organ donation in collaboration with relevant organisations". In this connection, please advise of the following:

(a) the details of the publicity efforts, the way(s) to assess the effectiveness of the publicity efforts, as well as the manpower and expenditure involved;

(b) the number of patients waiting for organ transplant and the breakdown of the number of donors by type of organ/tissue to be donated in the past 5 years (2010-2014);

(c) the average waiting time of patients on organ transplant waiting list and the number of organ/tissue donations in the past 5 years (2010-2014).

Asked by: Hon LEUNG Ka-lau (Member Question No. 103)

Reply:

(a) The Department of Health (DH), in collaboration with the Hospital Authority and relevant non-governmental organisations (NGOs), have been making continuous efforts over the years to promote organ donation on various fronts. These include: (i) institution-based networking by inviting Government departments, NGOs and private companies to work in collaboration to promote organ donation and to encourage registration through the Centralised Organ Donation Register (CODR) within their respective institutions; (ii) public education through exhibitions, talks and seminars; (iii) publicity campaigns using various channels, e.g. television, radio, newspapers, internet, etc.; and (iv) E-engagement by making use of social media with a dedicated Facebook fan page entitled "Organ Donation@HK" launched in 2011.

The short-term goal of promoting organ donation is to encourage members of the public to sign up on the CODR and to reduce reluctance and hesitation of individuals and family members to donate organs after death. In the long term, our goal is to create an atmosphere in our society which recognises voluntary organ donation as a commendable act of altruism and something that is the norm rather than the exception.

The expenditure and manpower on the publicity for organ donation cannot be separately identified as it is absorbed by DH's overall provision for health promotion.

(b) and (c) The table below sets out the relevant statistics in the past five years (2010-2014):

Year (as at December 31)	**Organ / Tissue**	**No. of patients waiting for organ / tissue transplant**	**Average waiting time (months)** Note 2	**No. of donations**
2010	Kidney	1 621	48.3	81
	Heart	8	3.8	13
	Lung	12	29.4	2
	Liver	91	19.6	95
	Cornea (piece)	500	24	250
	Bone	NA Note 1	NA	6
	Skin			23
2011	Kidney	1 781	46.1	67
	Heart	20	4.1	9
	Lung	17	19.5	1
	Liver	109	35.5	74
	Cornea (piece)	500	24	238
	Bone	NA	NA	0
	Skin			21
2012	Kidney	1 808	45.1	99
	Heart	17	2.8	17
	Lung	15	33	3
	Liver	121	30.1	78
	Cornea (piece)	500	24	259
	Bone	NA	NA	3
	Skin			6
2013	Kidney	1 991	48.5	82
	Heart	17	5.8	11
	Lung	18	29	4
	Liver	120	34.5	72
	Cornea (piece)	500	24	248
	Bone	NA	NA	3
	Skin			4
2014	Kidney	1 965	50	79
	Heart	28	5.4	9
	Lung	22	27.6	4
	Liver	98	39.9	63
	Cornea (piece)	465	24	337

Year (as at December 31)	**Organ / Tissue**	**No. of patients waiting for organ / tissue transplant**	**Average waiting time (months)** Note 2	**No. of donations**
	Bone	NA	NA	1
	Skin			9

Note 1: NA = Not Applicable. Patients waiting for skin and bone transplant are spontaneous and emergency in nature. As substitutes will be used if no suitable piece of skin or bone is identified for transplant, patients in need of skin and bone transplant are not included in the organ / tissue donation waiting list.

Note 2: "Average waiting time" is the average of the waiting time for patients on the organ / tissue transplant waiting list as at end of that year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1782)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 142 of the Budget Speech that loans shall be offered to non-profit-making organisations for private hospital development to address the acute shortage of private hospital beds.

In this connection, please advise on the following:

(1) There will be an increase of 40% in the number of private hospital beds in the future. These additional beds are to be provided by the private hospital under construction in Wong Chuk Hang, the teaching hospital proposed by the Chinese University of Hong Kong, and existing private hospitals through service expansion. Were these additional beds taken into account when "the acute shortage of private hospital beds" was mentioned in the Budget Speech?

(2) When will the plan to offer loans to non-profit-making organisations for private hospital development be launched? Has the Administration set any target for the total number of additional private hospital beds?

(3) Please provide details of the sites reserved for and to be designated for private hospital development in the future, including their locations, areas, plot ratios and the number of beds to be provided upon completion.

Asked by: Hon LEUNG Ka-lau (Member Question No. 104)

Reply:

The healthcare system of Hong Kong runs on an effective dual-track basis encompassing both public and private elements. We will continue to maintain this dual-track system, which has served us well, and ensure that it can develop in a balanced and sustainable

manner. The private healthcare sector is an integral part of the dual-track system. Our policy is to, in tandem with the Government's continuous investment in public hospital development, promote and facilitate private healthcare development to help redress the imbalance between the public and private sectors in hospital services and increase the overall capacity of the healthcare system in Hong Kong to cope with the rising service demand.

We propose providing a loan of about $4 billion to the Chinese University of Hong Kong (CUHK) for the development of a non-profit making private teaching hospital to be named as the CUHK Medical Centre (CUHKMC). The CUHKUMC will consist of 516 beds (with an expansion potential of an additional 90 beds). Subject to approval of the loan proposal by the Legislative Council Finance Committee, the loan agreement with CUHK will be signed in the latter half of this year.

The Government has not earmarked any Government land for private hospital development, other than a site at Tseung Kwan O for a proposed Chinese medicine hospital project. We will consider proposals by private organisations, including non-profit making charitable organisations, for developing private hospitals on their own land on an individual basis.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)114

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1784)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the vaccination programmes for pneumococcal and seasonal influenza for the elderly and young children, please provide the following information:

(a) costs per dose of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV);

(b) details of the number of private medical practitioners participating in the Elderly Vaccination Subsidy Scheme (EVSS), and the numbers of seasonal influenza and 23vPPV vaccinations given in 2013, 2014 and 2015;

(c) details of the amount of subsidies provided for each dose of seasonal influenza vaccine and 23vPPV in 2013, 2014 and 2015;

(d) details of the number of hospital admissions caused by infections with seasonal influenza and pneumonia with a breakdown by age group in 2013, 2014 and the first 2 months of 2015;

(e) whether PCV13 will be included in the EVSS in the future; if yes, the estimated annual expenditures; if no, the reason(s); and

(f) details of the publicity work and expenditures for the EVSS from 2009 to 2015 and the assessment on its effectiveness.

Asked by: Hon LEUNG Ka-lau (Member Question No. 106)

Reply:

(a) The following figures are the quantities and contract price of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured under Government Vaccination Programme (GVP) :

Vaccine	Number of doses	Total Vaccine Cost
		$million
Seasonal influenza vaccine for 2014-15 season	278 000	14.1
PCV13 (current contract)	230 000	81.8
23vPPV (current contract)	17 500	1.4

(b) The number of private medical practitioners participating in Elderly Vaccination Subsidy Scheme (EVSS) and the numbers of seasonal influenza and 23vPPV vaccinations given in the past 3 vaccination seasons are as follows -

Number of private doctors enrolled under EVSS

	2012-13 (as at 31 March 2013)	**2013-14 (as at 31 March 2014)**	**2014-15 (as at 1 March 2015)**
Number of enrolled private doctors	1 549	1 567	1 618

Numbers of seasonal influenza vaccination and 23vPPV vaccination provided under EVSS

	2012-13	**2013-14**	**2014-15 (as at 1 March 2015)**
No. of seasonal influenza vaccination	141 700	160 100	175 700
No. of 23vPPV vaccination	18 000	22 800	21 900

(c) The subsidy for seasonal influenza vaccine under EVSS was $130 per dose for the 2012-13 and 2013-14 vaccination seasons, and is raised to $160 per dose for the 2014-15 season. The subsidy for pneumococcal vaccination under EVSS is $190 per dose for the 2012-13, 2013-14 and 2014-15 seasons.

(d) According to data provided by the Hospital Authority, the total numbers of hospital admissions for influenza (including ICD-9 diagnosis codes starting with 487) in 2013, 2014, and 2015 (as of 28 February 2015) were 3 123, 5 428, and 4 973 episodes respectively. Age breakdown for the above figures is set out in the table below. The total number of hospital admissions for pneumonia (including ICD-9 diagnosis codes 480 – 486 and 487.0) for the same periods were 74 547, 74 194, and 14 740 respectively, and relevant age breakdown is not available.

Number of Hospital Admissions (Data from Hospital Authority)

	Influenza		
	Age 0-4	Age 5-64	Age 65+
2013	905	1137	1081
2014	1263	2122	2043
2015 (as of 28 Feb 2015)	515	1132	3326

According to data provided by private hospitals, there were 1,582 episodes of in-patient discharges and deaths due to influenza (including ICD-10 diagnosis codes J9 - J11) in 2013. The total number of in-patient discharges and deaths for pneumonia (including ICD-10 diagnosis codes J12-J18) in 2013 was 3 987. Age breakdown for the above figures is provided in the table below. The relevant data for 2014 and 2015 are not available yet.

Number of in-patient discharges and deaths in private hospitals in 2013 (Data from private hospitals)

Age group	Influenza (ICD10: J09-J11)	Pneumonia (ICD10: J12-J18)
0-4	883	1 250
5-64	654	2 062
65 and above	45	675
Total	1 582	3 987

(e) Currently, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the Department of Health recommends either a single dose of 23vPPV or a single dose of PCV13 for elders aged 65 or above. As such, the Government will continue to subsidise a single dose of 23vPPV under EVSS for elders aged 65 or above who have never received subsidised pneumococcal vaccination before. The Government will keep in view SCVPD's recommendation and review the scope of subsidy as necessary.

(f) The Government has arranged in recent years a series of publicity activities to promote vaccination, in particular to the targeted high risk groups. Publicity has been done through Announcements in the Public Interest in mass media; advertisements on the MTR, public buses, newspapers, magazines and on-line apps; promotion on websites; and collaboration with community partners, District Councils and non-governmental organisations to encourage vaccination in the 2014-15 season. Four press conferences were held in August, September, October and November 2014 respectively to encourage Hong Kong residents to receive seasonal influenza vaccination. As local surveys have found that professional

advice is effective in promoting vaccination, relevant experts have been engaged in various publicity activities to promote vaccination to different target groups. Experts from the SCVPD, Hong Kong Academy of Medicine and five specialist colleges also came together to announce a Consensus Statement regarding the importance of seasonal influenza vaccines. Besides, specialists attended media interviews to explain the benefits and the necessity of receiving seasonal influenza vaccination.

The expenditure on the publicity and public education on the prevention of influenza cannot be separately identified as it is absorbed as part of the overall expenditure for health promotion under the Department of Health.

It should be noted that the total number of seasonal influenza vaccination under EVSS as at 1 March 2015 for the 2014-15 vaccination season, as shown in the relevant table at (b) above, has exceeded that of the whole vaccination season in 2013-14 by 15 600 (around 9.7% higher). As the 2014-15 vaccination season is yet to end, it is expected that the number of vaccination would continue to increase in the remaining months of the season. The publicity work of EVSS has been generally effective in bringing about the increase in the number of seasonal influenza vaccination under the scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1786)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the waiting time for specialist outpatient services provided by different clusters as at 1 March 2015:

(a) number of new cases triaged as Priority 1, Priority 2 and Routine categories (by clusters and specialties); and

(b) median waiting time for new cases triaged as Priority 1, Priority 2 and Routine categories (by clusters and specialties).

Asked by: Hon LEUNG Ka-lau (Member Question No. 300)

Reply:

The table below sets out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; and their respective median (50^{th} percentile) waiting time in each hospital cluster for 2014-15 (up to 31 December 2014).

2014-15 (up to 31 December 2014) [Provisional figures]

Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	ENT	938	<1	2 152	3	3 174	35
	MED	1 986	1	2 799	4	4 641	23
	GYN	548	<1	701	3	3 358	11
	OPH	4 246	<1	1 463	6	3 989	12
	ORT	1 484	1	1 758	6	4 307	46
	PAE	178	1	692	5	170	14
	PSY	315	1	711	3	1 665	9
	SUR	1 476	1	3 282	7	5 942	31
HKWC	ENT	608	<1	2 133	6	2 386	26
	MED	1 338	<1	1 459	5	6 507	35
	GYN	1 098	<1	838	5	3 859	18
	OPH	2 676	<1	1 164	4	3 618	7
	ORT	711	<1	1 229	4	6 510	16
	PAE	390	<1	537	4	981	13
	PSY	322	1	727	3	2 144	22
	SUR	1 439	<1	2 014	6	7 630	15
KCC	ENT	1 159	<1	907	3	8 623	28
	MED	1 089	1	1 447	5	6 767	44
	GYN	322	<1	1 415	4	2 456	15
	OPH	5 537	<1	3 486	4	9 836	54
	ORT	216	1	730	2	5 119	65
	PAE	531	<1	409	6	925	16
	PSY	154	<1	742	3	1 314	19
	SUR	1 747	1	2 152	5	10 132	30
KEC	ENT	1 441	<1	1 860	3	4 365	39
	MED	1 329	1	3 298	6	9 558	54
	GYN	984	1	836	6	4 606	51
	OPH	4 317	<1	466	6	9 343	14
	ORT	2 856	<1	2 485	7	7 677	101
	PAE	801	<1	568	7	1 843	16
	PSY	262	1	1 455	5	3 597	30
	SUR	1 336	1	4 920	7	13 511	23

Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
KWC	ENT	2 856	<1	2 955	5	7 553	27
	MED	1 842	<1	4 814	6	16 359	46
	GYN	719	<1	1 763	6	8 270	28
	OPH	5 160	<1	5 218	5	5 042	52
	ORT	2 956	<1	4 123	5	11 127	62
	PAE	2 403	<1	986	5	2 842	12
	PSY	328	1	441	4	10 298	22
	SUR	2 973	1	8 053	6	18 690	40
NTEC	ENT	3 149	<1	2 644	4	5 729	42
	MED	2 118	<1	2 042	5	11 660	70
	GYN	1 604	<1	811	5	6 266	40
	OPH	5 940	<1	2 374	4	7 577	62
	ORT	4 493	<1	1 718	4	10 869	119
	PAE	264	1	369	4	2 400	19
	PSY	976	1	1 879	4	4 157	45
	SUR	1 517	<1	2 409	5	15 392	34
NTWC	ENT	2 149	<1	1 274	3	6 281	55
	MED	992	1	2 331	6	4 374	61
	GYN	870	1	477	6	4 295	17
	OPH	6 757	<1	3 237	3	5 767	60
	ORT	1 262	1	914	4	8 128	77
	PAE	101	1	278	3	1 316	10
	PSY	390	1	1 541	7	3 272	47
	SUR	1 097	1	2 352	6	13 630	58

Abbreviations

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

Cluster:
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster

NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)116

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1787)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the doctor manpower as at 1 March 2015,

(a) please list by hospital cluster, specialty and rank the number of doctors in the establishment;

(b) please list by hospital cluster, specialty and rank the numbers of full-time and part-time doctors employed; and

(c) please list by hospital cluster, specialty and rank the numbers of vacancies for full-time and part-time doctors.

Asked by: Hon LEUNG Ka-lau (Member Question No. 301)

Reply:

(a) and (b)

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health staff and supporting healthcare workers. HA constantly assesses its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In 2015-16, HA plans to recruit about 400 doctors.

As at 31 December 2014, there were 337 part-time doctors working in HA, providing support equivalent to about 126 full-time doctors.

The table below sets out the number of all ranks of doctors (including full-time and part-time) by major specialties in each hospital cluster of the HA in 2014-15 (as at 31 December 2014).

Cluster	Specialty	2014-15 (as at 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total
HKEC	**Accident & Emergency**	5	25	27	**57**
	Anaesthesia	4	13	14	**31**
	Family Medicine	2	8	44	**53**
	Intensive Care Unit	1	6	6	**13**
	Medicine	19	60	75	**154**
	Neurosurgery	2	2	8	**12**
	Obstetrics & Gynaecology	3	6	12	**21**
	Ophthalmology	3	7	10	**19**
	Orthopaedics & Traumatology	5	11	18	**34**
	Paediatrics	6	6	11	**23**
	Pathology	6	9	5	**20**
	Psychiatry	5	13	18	**36**
	Radiology	9	11	20	**40**
	Surgery	8	14	27	**49**
	Others	4	9	14	**27**
	Total	**82**	**200**	**308**	**590**
HKWC	**Accident & Emergency**	3	11	13	**27**
	Anaesthesia	15	23	24	**62**
	Cardio-thoracic Surgery	3	5	3	**11**
	Family Medicine	2	6	34	**42**
	Intensive Care Unit	2	6	6	**14**
	Medicine	23	34	76	**133**
	Neurosurgery	2	4	7	**13**
	Obstetrics & Gynaecology	7	4	16	**27**
	Ophthalmology	2	4	7	**13**
	Orthopaedics & Traumatology	5	8	17	**30**
	Paediatrics	10	14	23	**47**
	Pathology	8	7	10	**25**
	Psychiatry	3	8	13	**24**
	Radiology	9	11	17	**37**

Cluster	Specialty	2014-15 (as at 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total
	Surgery	12	18	48	**78**
	Others	6	5	17	**29**
	Total	**112**	**169**	**331**	**613**
KCC	**Accident & Emergency**	3	18	20	**41**
	Anaesthesia	10	21	26	**57**
	Cardio-thoracic Surgery	3	7	6	**16**
	Family Medicine	1	8	44	**53**
	Intensive Care Unit	2	6	2	**10**
	Medicine	20	47	80	**148**
	Neurosurgery	4	6	10	**20**
	Obstetrics & Gynaecology	7	9	14	**29**
	Ophthalmology	6	15	15	**36**
	Orthopaedics & Traumatology	9	14	12	**35**
	Paediatrics	10	14	21	**45**
	Pathology	8	15	6	**29**
	Psychiatry	4	9	23	**36**
	Radiology	11	13	20	**44**
	Surgery	10	17	28	**55**
	Others	10	15	19	**44**
	Total	**117**	**233**	**346**	**696**
KEC	**Accident & Emergency**	4	26	33	**63**
	Anaesthesia	6	16	20	**41**
	Family Medicine	2	12	73	**87**
	Intensive Care Unit	1	5	5	**11**
	Medicine	18	54	76	**149**
	Obstetrics & Gynaecology	6	6	13	**25**
	Ophthalmology	2	5	11	**18**
	Orthopaedics & Traumatology	6	11	24	**41**
	Paediatrics	5	12	25	**42**
	Pathology	6	12	4	**22**
	Psychiatry	3	17	15	**35**
	Radiology	10	6	12	**28**
	Surgery	11	18	29	**57**
	Others	5	10	14	**29**
	Total	**84**	**210**	**354**	**648**

Cluster	Specialty	2014-15 (as at 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total
KWC	Accident & Emergency	11	47	70	**129**
	Anaesthesia	10	40	35	**85**
	Family Medicine	3	29	129	**161**
	Intensive Care Unit	4	13	17	**34**
	Medicine	38	114	149	**301**
	Neurosurgery	3	7	13	**23**
	Obstetrics & Gynaecology	8	15	26	**49**
	Ophthalmology	3	10	12	**25**
	Orthopaedics & Traumatology	12	24	42	**79**
	Paediatrics	13	30	44	**86**
	Pathology	14	19	16	**49**
	Psychiatry	9	28	34	**71**
	Radiology	16	26	21	**63**
	Surgery	16	42	63	**121**
	Others	7	14	24	**45**
	Total	**167**	**458**	**694**	**1319**
NTEC	Accident & Emergency	8	29	28	**65**
	Anaesthesia	8	24	30	**62**
	Cardio-thoracic Surgery	1	1	3	**5**
	Family Medicine	3	12	72	**87**
	Intensive Care Unit	2	11	16	**29**
	Medicine	24	56	112	**192**
	Neurosurgery	3	1	3	**7**
	Obstetrics & Gynaecology	6	7	15	**29**
	Ophthalmology	2	6	19	**27**
	Orthopaedics & Traumatology	11	22	24	**57**
	Paediatrics	9	20	32	**61**
	Pathology	7	16	10	**33**
	Psychiatry	5	18	38	**60**
	Radiology	11	16	16	**43**
	Surgery	15	23	49	**87**
	Others	9	17	25	**51**
	Total	**123**	**278**	**492**	**893**

Cluster	Specialty	2014-15 (as at 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total
NTWC	Accident & Emergency	5	22	39	**66**
	Anaesthesia	6	16	24	**45**
	Cardio-thoracic Surgery	1	1		**2**
	Family Medicine	2	13	63	**78**
	Intensive Care Unit	2	8	9	**19**
	Medicine	19	40	78	**137**
	Neurosurgery	3	2	7	**12**
	Obstetrics & Gynaecology	6	9	15	**29**
	Ophthalmology	4	7	12	**23**
	Orthopaedics & Traumatology	7	13	27	**47**
	Paediatrics	5	12	22	**39**
	Pathology	5	11	7	**23**
	Psychiatry	10	26	43	**79**
	Radiology	11	5	20	**35**
	Surgery	12	15	38	**65**
	Others	5	10	18	**33**
	Total	**102**	**209**	**422**	**733**

(c)

The manpower shortfall of doctors in 2014-15 is around 340. The manpower shortfall of doctors for 2015-16 is not yet available as the annual recruitment exercise for Resident Trainees is underway.

Notes:

1. The manpower figures 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.

2. The services of the medicine department include services for hospice, rehabilitation and infirmary. The services of the psychiatry department include services for the mentally handicapped.

Abbreviations

SMO/AC – Senior Medical Officer/Associate Consultant
MO/R – Medical Officer/Resident
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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)117

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1788)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

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 2013-14, 2014-15 and 2015-16 (Estimate).

(b) Names of drugs to be added to the Formulary in 2015-16, numbers of patients using and expected to use these drugs in 2013-14, 2014-15 and 2015-16, 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 2015-16, numbers of patients using and expected to use these drugs in 2013-14, 2014-15 and 2015-16, and the estimated expenditure involved in expanding the use of these drugs.

Asked by: Hon LEUNG Ka-lau (Member Question No. 302)

Reply:

(a)

The table below sets out the number of drugs newly incorporated into and removed from the Hospital Authority Drug Formulary (HADF) in 2013-14 and 2014-15. Since appraisal of new drugs is an ongoing process driven by evolving medical evidence, latest clinical development and market dynamics, HA is unable to project the number of new drugs to be incorporated into and removed from the HADF in 2015-16 at present.

	2013-14	2014-15
Number of new drugs incorporated into the HA Drug Formulary	25	52
Number of drugs removed from the HA Drug Formulary	47	28

The amount of drug consumption expenditure on General and Special Drugs in HADF (i.e. the expenditure on General Drugs and Special Drugs prescribed to patients at standard fees and charges) in 2013-14 and 2014-15 (projection based on expenditure figure as at 31 December 2014) are $4,078 million and $4,277 million respectively. In 2015-16, the additional recurrent financial requirements for widening the therapeutic application of a Special Drug for multiple sclerosis and introducing new drugs to HADF for cancer treatment, chronic Hepatitis C and Crohn's disease is $44.5 million. The growth in drug consumption expenditure on General and Special Drugs in the HADF is projected at around 5%.

(b)

The table below sets out the name of the five new drug classes to be incorporated into the HADF as Special Drugs in 2015-16, the patient headcount prescribed with these drugs and the total amount of patients' contribution to purchase these drugs in 2013-14 and 2014-15 (up to 31 December 2014).

Drug Name / Class		2013-14	2014-15 (Up to 31 December 2014)
i) Clofarabine	Patient headcount prescribed with this drug	12	21
	Amount of patients' contribution ($ million)	$3.77	$3.96
ii) Gemcitabine	Patient headcount prescribed with this drug	9 050	7 317
	Amount of patients' contribution ($ million)	$3.68	$2.54
iii) Aprepitant / Fosaprepitant	Patient headcount prescribed with this drug	9 555	8 603
	Amount of patients' contribution ($ million)	$5.73	$5.14
iv) Boceprevir	Patient headcount prescribed with this drug	42	15
	Amount of patients' contribution ($ million)	$1.24	$0.52
v) Adalimumab / Infliximab	Patient headcount prescribed with this drug	3 085	2 776
	Amount of patients' contribution ($ million)	$43.68	$37.01

Note : The patient headcounts have included all patients prescribed with these drugs either as Special or self-finance item drugs for treatment of different diseases; and the amounts of patients' contribution have included the expenditure on drugs for a variety of therapeutic uses other than those to be incorporated into the HADF in 2015-16.

HA will include the above five new drug classes for specified clinical conditions into the HADF as Special Drugs in 2015-16. The table below sets out the estimated expenditure involved and the estimated number of patients who will be benefited.

Drug Name / Class and Therapeutic Use	**Estimated Expenditure Involved ($ Million)**	**Estimated Number of Patients to be Benefited**
i) Clofarabine for acute lymphoblastic leukaemia in paediatric patients	1.8	3
ii) Gemcitabine for metastatic breast cancer	5.5	300
iii) Aprepitant / Fosaprepitant for delayed emesis control in highly emetogenic chemotherapy	9.2	3 800
iv) Boceprevir for chronic Hepatitis C	18.5	150
v) Adalimumab / Infliximab for severe refractory Crohn's Disease	2.5	20

HA has a mechanism in place to regularly appraise new drugs for listing in HADF. Apart from the above five drug classes, other new drugs will be incorporated into HADF within the year as and when appropriate.

(c)

HA will extend the therapeutic application of interferon beta, a Special Drug in HADF, in 2015-16 for treatment of multiple sclerosis.

The table below sets out the patient headcount prescribed with interferon beta in 2013-14 and 2014-15 (up to 31 December 2014).

Drug Name / Class	**2013-14**	**2014-15 (Up to 31 December 2014)**
i) Interferon beta	193	219

The table below sets out the estimated expenditure involved and the estimated number of patients who will be benefited from the extended therapeutic application of interferon beta in 2015-16.

Drug Name / Class	**Estimated Expenditure Involved ($ Million)**	**Estimated Number of Patients to be Benefited**
i) Interferon beta	7.0	70

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 1789)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) The 2014-15 revised estimate of the subvention for the Hospital Authority (HA) has increased by $1.73 billion over the original estimate. Please provide details of the financial provision allocated to individual clusters and explain the reasons.

(b) The 2015-16 estimate of the subvention for the HA has further increased by $169 million over the 2014-15 revised estimate. Please provide details of the additional financial provision to be allocated to individual clusters and explain the reasons.

Asked by: Hon LEUNG Ka-lau (Member Question No. 303)

Reply:

(a)
The increase of $1.73 billion in the 2014-15 revised estimate over the original estimate is mainly due to an increase of $1.79 billion in the recurrent subvention for the Hospital Authority (HA) resulted from 2014 pay adjustment, offset by the return of $0.04 billion for the Government's 50% share of the additional income arising from the non-obstetric services for non-eligible persons and private services at HA's hospitals for 2013-14 and other minor adjustments of $0.02 billion.

(b)
To meet the growing demand from population growth and ageing, HA will continue to strengthen its healthcare services to the public. The overall operating expenditure for 2015-16 is projected to reach $54 billion, representing an increase of over 3% as compared to the 2014-15 budget. With the financial provision of $49.9 billion for 2015-16 from the Government to HA, coupled with HA's own income and mobilisation of its internal resources, HA will implement various measures to meet the increasing demand for hospital services and to improve the quality of patient care. Examples of such measures are:

(i) increasing a total of 250 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Tseung Kwan O Hospital, Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital to enhance the capacity of inpatient services, including additional emergency beds;

(ii) providing additional operating theatre sessions to allay the waiting list for surgeries;

(iii) widening the indications of Special Drug for Multiple Sclerosis and introducing new drugs of proven safety and efficacy to the Drug Formulary for cancer treatment, chronic Hepatitis C and Crohn's disease to benefit around 4 000 patients annually;

(iv) enhancing endoscopy service by performing around 5 300 additional endoscopic procedures;

(v) increasing the episodic quota for general outpatient clinics in five Clusters (namely Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West) by 55 000 attendances for 2015-16;

(vi) setting up Hong Kong's fourth Joint Replacement Centre in the New Territories East Cluster for performing 90 additional operations;

(vii) augmenting mental health services by strengthening manpower of psychiatric teams and introducing a peer support element into the Case Management Programme for people with severe mental illness;

(viii) relocating the Geriatric Day Rehabilitation Centre of Yan Chai Hospital to the hospital's new wellness centre and expanding the geriatric day places from 20 to 40 places; and

(ix) strengthening the Community Geriatric Assessment Team service by conducting 3 000 additional visits to residential care homes for the elderly.

The budget allocation to individual clusters including the additional financial provision for 2015-16 is being worked out by HA and hence not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1790)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Please list out the total population and persons aged 65 or above served/to be served by different clusters and all clusters as a whole under the Hospital Authority in 2013-14, 2014-15 and 2015-16 (Estimate). Please advise on the total provisions earmarked and the total number of doctors, nurses, allied health professionals and general hospital beds, and provide 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 (Member Question No. 304)

Reply:

The table below sets out the budget allocation in respect of each cluster of the Hospital Authority (HA) in 2013-14 and 2014-15. Budget allocation to the clusters for 2015-16 is not yet available.

Cluster	**2013-14 ($ billion)**	**2014-15 (projection as of 31 December 2014) ($ billion)**
HKEC	4.63	5.01
HKWC	4.80	5.21
KCC	5.84	6.27
KEC	4.49	4.95
KWC	9.72	10.67
NTEC	6.91	7.46
NTWC	5.56	6.08
Total for Clusters	**41.95**	**45.65**

The tables below set out the population and the population aged 65 or above in respect of each cluster in 2013, 2014 and 2015.

Population Estimates in 2013 (as at mid-2013)

Districts	**Corresponding Hospital Cluster**	**Population***	**Population aged 65+***
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	777 600	132 000
Central & Western, Southern	HKWC	534 100	80 700
Kowloon City, Yau Tsim	KCC	508 800	85 500
Kwun Tong, Sai Kung	KEC	1 088 100	151 700
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 931 800	304 500
Sha Tin, Tai Po, North	NTEC	1 258 200	152 600
Tuen Mun, Yuen Long	NTWC	1 088 300	114 500
Overall Hong Kong		**7 187 500**	**1 021 500**

Projected Population in 2014 (as at mid-2014)

Districts	**Corresponding Hospital Cluster**	**Population***	**Population aged 65+***
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	774 500	135 300
Central & Western, Southern	HKWC	530 100	83 000
Kowloon City, Yau Tsim	KCC	536 000	91 200
Kwun Tong, Sai Kung	KEC	1 098 000	157 300
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 945 200	314 500
Sha Tin, Tai Po, North	NTEC	1 266 400	160 500
Tuen Mun, Yuen Long	NTWC	1 099 400	121 400
Overall Hong Kong		**7 250 400**	**1 063 600**

Projected Population in 2015 (as at mid-2015)

Districts	**Corresponding Hospital Cluster**	**Population***	**Population aged 65+***
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	775 800	142 500
Central & Western, Southern	HKWC	531 400	87 500
Kowloon City, Yau Tsim	KCC	542 200	95 900
Kwun Tong, Sai Kung	KEC	1 107 700	163 600
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 957 900	325 800
Sha Tin, Tai Po, North	NTEC	1 284 400	170 800
Tuen Mun, Yuen Long	NTWC	1 111 300	129 500
Overall Hong Kong		**7 311 300**	**1 115 400**

*The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC has been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures in the above table have also been adjusted accordingly.

Notes:

The above population figures are based on the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.

It should be noted that geographical population is only one of the many factors involved in determining budget allocation to individual clusters. Other relevant factors that have to be taken into account include differences among clusters on needs for public hospital services (given the different and changing demographic characteristics and economic status of the population), cross-cluster use of HA services, as well as varying complexity of treatments of patients in individual clusters. Since the portfolio of hospitals was not originally planned on a cluster basis and not all clusters started at the same stage, the level and scope of hospital facilities and expertise available in different clusters also vary. As such, budget allocation to clusters should not be measured solely against the residential population in the corresponding catchment districts.

The tables below set out the number 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 2013-14 and 2014-15 (as at 31 December 2014). Relevant information for 2015-16 is not yet available.

2013-14

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population												Catchment district
	Doctors	% of HA Overall	Ratio to overall population	Ratio to people aged 65+	Nurses	% of HA Overall	Ratio to overall population	Ratio to people aged 65+	Allied Health Staff	% of HA Overall	Ratio to overall population	Ratio to people aged 65+	
HKEC	575	10.7%	0.7	4.4	2 443	10.8%	3.1	18.5	746	11.4%	1.0	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	602	11.2%	1.1	7.5	2 553	11.2%	4.8	31.6	838	12.8%	1.6	10.4	Central & Western, Southern
KCC	679	12.7%	1.3	7.9	3 175	14.0%	6.2	37.1	978	15.0%	1.9	11.4	Kowloon City, Yau Tsim
KEC	627	11.7%	0.6	4.1	2 474	10.9%	2.3	16.3	685	10.5%	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 300	24.2%	0.7	4.3	5 337	23.5%	2.8	17.5	1 479	22.6%	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	879	16.4%	0.7	5.8	3 707	16.3%	2.9	24.3	1 018	15.6%	0.8	6.7	Sha Tin, Tai Po, North

NTWC	702	13.1%	0.6	6.1	3 027	13.3%	2.8	26.4	797	12.2%	0.7	7.0	Tuen Mun, Yuen Long
Cluster Total	**5 365**	**100.0%**	**0.7**	**5.3**	**22 716**	**100.0%**	**3.2**	**22.2**	**6 541**	**100.0%**	**0.9**	**6.4**	

2014-15

Cluster	**Number of doctors, nurses and allied health staff and ratio per 1 000 population**												**Catchment district**
	Doctors	**% of HA Overall**	**Ratio to overall population**	**Ratio to people aged 65+**	**Nurses**	**% of HA Overall**	**Ratio to overall population**	**Ratio to people aged 65+**	**Allied Health Staff**	**% of HA Overall**	**Ratio to overall population**	**Ratio to people aged 65+**	
HKEC	590	10.7%	0.8	4.4	2 490	10.6%	3.2	18.4	770	11.3%	1.0	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	613	11.2%	1.2	7.4	2 685	11.4%	5.1	32.4	885	13.0%	1.7	10.7	Central & Western, Southern
KCC	696	12.7%	1.3	7.6	3 265	13.9%	6.1	35.8	992	14.6%	1.9	10.9	Kowloon City, Yau Tsim
KEC	648	11.8%	0.6	4.1	2 578	11.0%	2.3	16.4	707	10.4%	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 319	24.0%	0.7	4.2	5 512	23.5%	2.8	17.5	1 548	22.7%	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	893	16.3%	0.7	5.6	3 806	16.2%	3.0	23.7	1 086	15.9%	0.9	6.8	Sha Tin, Tai Po, North
NTWC	733	13.3%	0.7	6.0	3 149	13.4%	2.9	25.9	830	12.2%	0.8	6.8	Tuen Mun, Yuen Long
Cluster Total	**5 493**	**100.0%**	**0.8**	**5.2**	**23 485**	**100.0%**	**3.2**	**22.1**	**6 816**	**100.0%**	**0.9**	**6.4**	

Notes:

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.

The tables below set out the number and ratio of general beds in HA per 1 000 population by hospital clusters in 2013-14, 2014-15 and 2015-16.

2013-14

Hospital Cluster	**Number of general beds**	**% of overall HA**	**Number of general beds per 1 000 geographical population of catchment districts**	**Number of general beds per 1 000 geographical population aged 65 or above of catchment districts**	**Catchment district**
HKEC	2 004	9.5%	2.6	15.2	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 860	13.5%	5.4	35.4	Central & Western, Southern

Hospital Cluster	Number of general beds	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment district
KCC	3 005	14.2%	5.9	35.1	Kowloon City, Yau Tsim
KEC	2 291	10.8%	2.1	15.1	Kwun Tong, Sai Kung
KWC	5 221	24.7%	2.7	17.1	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 477	16.5%	2.8	22.8	Sha Tin, Tai Po, North
NTWC	2 274	10.8%	2.1	19.9	Tuen Mun, Yuen Long
Overall HA	**21 132**	**100.0%**	**2.9**	**20.7**	

2014-15

Hospital Cluster	Number of general beds (Revised Estimate)	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment district
HKEC	2 044	9.6%	2.6	15.1	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 860	13.4%	5.4	34.5	Central & Western, Southern
KCC	3 029	14.2%	5.7	33.2	Kowloon City, Yau Tsim
KEC	2 295	10.8%	2.1	14.6	Kwun Tong, Sai Kung
KWC	5 244	24.6%	2.7	16.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 539	16.6%	2.8	22.0	Sha Tin, Tai Po, North
NTWC	2 326	10.9%	2.1	19.2	Tuen Mun, Yuen Long
Overall HA	**21 337**	**100.0%**	**2.9**	**20.1**	

2015-16

Hospital Cluster	Number of general beds (Estimate)	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment district
HKEC	2 065	9.6%	2.7	14.5	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 860	13.2%	5.4	32.7	Central & Western, Southern
KCC	3 029	14.0%	5.6	31.6	Kowloon City, Yau Tsim

Hospital Cluster	Number of general beds (Estimate)	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment district
KEC	2 331	10.8%	2.1	14.2	Kwun Tong, Sai Kung
KWC	5 244	24.3%	2.7	16.1	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 610	16.7%	2.8	21.1	Sha Tin, Tai Po, North
NTWC	2 448	11.3%	2.2	18.9	Tuen Mun, Yuen Long
Overall HA	**21 587**	**100.0%**	**3.0**	**19.4**	

Notes:

The bed to population ratios involve the use of the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

It should be noted that the ratios of general beds per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, 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 organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors considered;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

It should also be noted that the above bed information refers only to the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds are not included.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1791)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) Please list by specialty and cluster (including all clusters as a whole and a breakdown by cluster) the number of general inpatient beds, bed occupancy rate, number of attendances, number of patients, number of patient days, average length of stay, cost per inpatient discharged and cost per patient day of services under the Hospital Authority in 2013-14, 2014-15 and 2015-16 (Estimate).

(b) Please explain the computation of bed occupancy rate (e.g. calculating on the basis of occupancy time or number of attendances).

(c) Please list by cluster, hospital, month and specialty the bed occupancy rate in the past year in table form.

Hospital		January	February	…	Annual average
	Medicine				
	Surgery				
	……				
Cluster		January	February	…	Annual average
	Medicine				
	Surgery				
	……				

Asked by: Hon LEUNG Ka-lau (Member Question No. 305)

Reply:

(a) and (c)

The table below sets out (i) the number of hospital beds, (ii) inpatient (IP) bed occupancy rate, (iii) number of inpatient discharges and deaths (IP D&D), (iv) number of day inpatient discharges and deaths (DP D&D), (v) number of patient days and (vi) inpatient average length of stay (IP ALOS) by major specialties in each cluster under the Hospital Authority (HA) in 2013-14, 2014-15 (up to 31 December 2014). For 2015-16 (Estimate), the relevant information for all general specialties is also provided below but the figures by specialties are not yet available.

2013-14

	Cluster							All clusters
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
All General (acute & convalescence) Specialties								
Number of hospital beds[#]	2 004	2 860	3 005	2 291	5 221	3 477	2 274	21 132
IP bed occupancy rate	87%	73%	89%	88%	86%	90%	98%	87%
IP D&D	108 955	109 131	119 697	119 439	258 109	161 658	128 494	1 005 483
DP D&D	64 561	75 963	79 471	47 780	107 707	96 368	70 321	542 171
Patient days	624 865	707 005	968 299	681 761	1 486 923	1 097 641	773 733	6 340 227
IP ALOS (days)	5.1	5.8	7.4	5.3	5.3	6.3	5.4	5.8
Gynaecology								
Number of hospital beds[#]	40	78	29	79	139	60	49	474
IP bed occupancy rate	95%	53%	85%	53%	84%	70%	99%	72%
IP D&D	3 773	4 145	3 756	5 420	10 398	4 167	5 527	37 186
DP D&D	1 328	4 332	3 000	1 500	7 093	4 254	8 259	29 766
Patient days	9 952	14 942	11 823	14 619	27 812	12 901	18 746	110 795
IP ALOS (days)	2.3	2.4	2.3	2.4	2.0	2.0	1.9	2.1
Medicine								
Number of hospital beds[#]	872	950	1 091	1 132	2 267	1 361	987	8 660
IP bed occupancy rate	91%	83%	105%	99%	99%	105%	106%	99%
IP D&D	49 725	44 304	42 104	57 316	110 935	66 336	49 427	420 147
DP D&D	21 981	31 353	25 067	27 209	44 409	35 634	24 650	210 303
Patient days	294 420	280 193	393 712	372 881	749 360	508 836	367 542	2 966 944
IP ALOS (days)	5.0	5.5	8.5	5.5	6.1	7.0	6.7	6.3
Obstetrics								
Number of hospital beds[#]	65	89	130	81	254	145	70	834

	Cluster							All clusters
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
IP bed occupancy rate	71%	59%	69%	58%	63%	57%	90%	65%
IP D&D	3 606	5 192	7 152	5 344	13 464	8 345	7 857	50 960
DP D&D	1 168	1 380	7 768	1 000	5 469	3 159	4 007	23 951
Patient days	14 344	17 143	31 969	16 865	44 033	27 445	26 914	178 713
IP ALOS (days)	3.6	3.0	3.4	2.9	2.8	2.9	2.9	3.0
Orthopaedics & Traumatology								
Number of hospital beds[#]	183	334	298	256	505	456	328	2 360
IP bed occupancy rate	91%	69%	99%	93%	92%	93%	90%	90%
IP D&D	9 571	9 088	8 868	11 214	22 356	16 657	9 870	87 624
DP D&D	7 255	1 440	786	1 019	4 897	2 727	2 054	20 178
Patient days	60 014	72 599	103 138	84 102	159 594	155 170	96 766	731 383
IP ALOS (days)	5.3	7.5	11.1	6.4	6.5	9.0	8.8	7.6
Paediatrics								
Number of hospital beds[#]	54	183	124	110	361	183	84	1 099
IP bed occupancy rate	88%	69%	67%	78%	63%	85%	91%	74%
IP D&D	4 630	5 558	6 256	10 519	19 582	12 973	7 952	67 470
DP D&D	605	7 041	3 416	448	7 076	4 978	1 557	25 121
Patient days	16 300	39 512	30 310	29 952	67 899	51 100	29 592	264 665
IP ALOS (days)	3.5	5.3	4.3	2.7	2.9	3.4	3.4	3.4
Surgery								
Number of hospital beds[#]	258	596	288	336	726	426	310	2 940
IP bed occupancy rate	79%	73%	91%	81%	73%	94%	97%	82%
IP D&D	15 387	20 191	15 190	20 709	41 662	21 172	18 028	152 339
DP D&D	14 154	21 902	12 548	7 601	20 682	17 808	16 179	110 874
Patient days	75 418	142 963	92 352	96 369	191 678	143 250	100 540	842 570
IP ALOS (days)	3.7	5.5	4.9	4.0	3.9	5.5	4.3	4.5

Number of hospital beds as at 31 March 2014

2014-15 (up to 31 December 2014) [Provisional Figures]

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescence) Specialties								
Number of hospital beds[@]	2 044	2 860	3 029	2 295	5 244	3 539	2 326	21 337
IP bed occupancy rate	87%	75%	91%	86%	86%	88%	96%	87%
IP D&D	81 904	84 275	93 551	92 759	199 120	122 329	98 603	772 541
DP D&D	52 542	62 471	60 915	38 185	83 124	75 652	55 977	428 866
Patient days	478 675	549 562	751 929	523 242	1 124 878	827 252	596 932	4 852 470
IP ALOS (days)	5.3	5.8	7.4	5.2	5.2	6.1	5.5	5.7
Gynaecology								
Number of hospital beds[^]	40	78	29	79	139	60	49	474
IP bed occupancy rate	93%	56%	98%	55%	96%	76%	112%	79%
IP D&D	2 875	3 218	3 269	4 355	8 471	3 201	4 639	30 028
DP D&D	1 357	3 778	2 222	1 188	4 884	3 043	6 614	23 086
Patient days	7 767	12 359	10 029	11 376	21 354	10 104	15 523	88 512
IP ALOS (days)	2.2	2.5	2.4	2.3	1.9	2.1	1.9	2.1
Medicine								
Number of hospital beds[^]	912	956	1 092	1 134	2 262	1 411	1 001	8 768
IP bed occupancy rate	89%	85%	103%	94%	97%	100%	103%	96%
IP D&D	35 804	33 350	32 818	43 671	83 838	47 977	37 331	314 789
DP D&D	17 448	25 989	18 319	22 545	34 766	28 108	19 340	166 515
Patient days	219 128	220 607	297 911	288 641	565 790	376 456	280 084	2 248 617
IP ALOS (days)	5.2	5.7	8.4	5.7	6.0	7.1	6.7	6.3
Obstetrics								
Number of hospital beds[^]	62	89	130	81	254	145	70	831
IP bed occupancy rate	83%	63%	76%	63%	70%	66%	96%	72%
IP D&D	2 884	4 324	6 089	4 396	10 910	7 081	6 509	42 193
DP D&D	964	1 135	6 470	872	4 163	2 846	3 377	19 827
Patient days	11 978	13 815	26 658	13 864	36 107	23 873	21 793	148 088
IP ALOS (days)	3.8	2.9	3.3	2.9	2.9	2.9	2.8	3.0
Orthopaedics & Traumatology								
Number of hospital beds[^]	182	328	306	256	513	456	342	2 383
IP bed occupancy rate	94%	73%	107%	89%	89%	90%	86%	89%

	Cluster							All clusters
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
IP D&D	7 604	6 958	6 788	8 654	17 368	12 501	7 752	67 625
DP D&D	6 526	878	582	764	3 957	2 182	1 709	16 598
Patient days	47 540	53 996	84 038	60 917	119 608	113 568	76 140	555 807
IP ALOS (days)	5.1	7.5	11.6	6.0	6.4	8.8	9.1	7.6
Paediatrics								
Number of hospital beds^	54	183	124	110	364	183	84	1 102
IP bed occupancy rate	76%	68%	68%	71%	65%	81%	91%	72%
IP D&D	3 209	4 055	4 719	8 034	14 778	9 062	5 701	49 558
DP D&D	405	5 545	2 448	362	5 432	3 918	1 166	19 276
Patient days	10 631	29 949	22 956	20 561	50 657	36 912	22 246	193 912
IP ALOS (days)	3.5	5.4	4.9	2.3	2.8	3.9	3.6	3.5
Surgery								
Number of hospital beds^	262	597	295	336	723	426	318	2 957
IP bed occupancy rate	89%	74%	98%	86%	73%	94%	89%	83%
IP D&D	12 378	16 104	12 445	16 721	32 735	16 393	14 083	120 859
DP D&D	11 385	17 504	9 542	5 911	16 391	13 620	12 436	86 789
Patient days	63 829	110 876	74 412	77 156	142 986	107 966	76 417	653 642
IP ALOS (days)	3.9	5.3	4.9	4.0	3.7	5.4	4.2	4.4

@ Number of hospital beds as at 31 March 2015
^ Number of hospital beds as at 31 December 2014

2015-16 (Estimate)

	Cluster							All clusters
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
All General (acute & convalescence) Specialties								
Number of hospital beds$^{\Delta}$	2 065	2 860	3 029	2 331	5 244	3 610	2 448	21 587
IP bed occupancy rate	87%	73%	89%	88%	86%	90%	98%	87%
IP D&D	109 000	113 220	127 680	122 570	259 740	163 640	127 850	1 023 700
DP D&D	64 610	84 070	79 680	49 950	108 380	101 860	71 450	560 000
Patient days	629 910	736 270	976 380	689 550	1 499 880	1 111 960	781 050	6 425 000
IP ALOS (days)	5.1	5.8	7.4	5.3	5.3	6.3	5.4	5.8

Δ Number of hospital beds as at 31 March 2016

The table below sets out the average cost per general (acute & convalescence) IP D&D and average cost per general (acute & convalescence) patient day for each major specialty by hospital clusters for 2013-14.

2013-14

Specialty	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Average cost per IP D&D – General (acute & convalescence) ($)								
Obstetrics & Gynaecology	17,370	14,480	11,130	17,650	11,640	13,430	7,850	12,530
Medicine	17,380	18,970	23,820	15,510	17,730	18,700	17,250	18,250
Orthopaedics & Traumatology	22,090	34,340	40,170	30,320	27,450	31,140	33,310	30,480
Paediatrics	17,960	35,820	26,900	18,320	18,630	21,320	19,110	21,610
Surgery	17,790	27,410	23,030	20,500	19,720	22,960	18,700	21,350
Overall average cost	20,350	26,320	27,770	21,370	20,870	23,400	20,000	22,610
Average cost per patient day – General (acute & convalescence) ($)								
Obstetrics & Gynaecology	6,640	6,540	5,460	7,170	5,950	6,580	4,970	6,070
Medicine	3,990	4,550	3,710	3,650	3,650	3,820	3,670	3,820
Orthopaedics & Traumatology	4,990	4,920	4,650	4,260	4,980	4,680	4,840	4,760
Paediatrics	5,410	6,920	5,620	5,390	5,350	5,320	4,750	5,510
Surgery	6,070	5,580	5,630	5,230	5,680	5,730	5,280	5,600
Overall average cost	4,470	5,180	4,110	4,350	4,240	4,180	4,060	4,330

The table below sets out the projected average cost per general (acute & convalescence) IP D&D and average cost per general (acute & convalescence) patient day by hospital clusters in 2014-15. The breakdown by different specialties is not yet available.

2014-15 Revised Estimate

	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Overall average cost per IP D&D ($)	22,290	28,080	28,630	23,470	22,990	25,650	23,050	24,700
Overall average cost per patient day ($)	4,890	5,590	4,500	4,900	4,680	4,620	4,600	4,780

The estimated average cost per general (acute & convalescence) IP D&D and average cost per general (acute & convalescence) patient day for 2015-16 are $25,450 and $4,910 respectively. The breakdown of information by hospital clusters and specialties is not yet available.

Notes:

(i) DP refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. IP are those who have admitted into hospitals via Accident & Emergency Department or stayed for more than one day. The calculation of the number of hospital beds, patient days (including the cost per patient day), and discharges and deaths include that of both IP and DP. The calculation of IP ALOS and bed occupancy rate, on the other hand, does not include that of DP.

(ii) HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not patient headcount as the latter is unable to reflect in full the services (e.g. admissions/attendances, discharges, transfers etc involving possibly multiple specialties, service units and hospitals) delivered to the patients in their treatment journeys. The requested data on patient headcount are not readily available.

(iii) HA also organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Hence information by cluster provides a better picture than that by hospital on service utilisation.

(iv) On bed occupancy rate, the yearly averages for individual major specialties, which are the usual reference for planning and review of service utilisation, are provided instead of the monthly average figures.

(v) It should be noted that ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. Both IP bed occupancy rate and ALOS 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 hospital bed complement and specialisation of the specialties in the cluster. Therefore the figures cannot be directly compared among different clusters or specialties.

(vi) The IP service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). The average cost per patient day and average cost per IP D&D of individual cluster represents an average computed with reference to its

total costs of the respective IP service and the corresponding IP D&D and patient days.

(vii) It should also be noted that the average cost per patient day and average cost per IP D&D vary among different cases and different specialties owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the clusters. The service costs also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to the population profile and other factors, including specialisation of the specialties in the clusters. Hence clusters with greater number of patients or heavier load of patients with more complex conditions or requiring more costly treatment would incur a higher average cost. Therefore the service costs cannot be directly compared among clusters or specialties.

(b) IP bed occupancy rate is calculated as the percentage of time an IP bed is being occupied throughout the reporting period.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1792)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list by cluster (including all clusters as a whole and a breakdown by cluster) the number of new and follow-up attendances of the specialist outpatient services under the Hospital Authority in 2013-14, 2014-15 and 2015-16 (Estimate) as well as the average cost per specialist outpatient attendance.

Asked by: Hon LEUNG Ka-lau (Member Question No. 306)

Reply:

The tables below set out the number of new and follow-up attendances of the specialist outpatient (SOP) services by clusters under the Hospital Authority (HA), by major specialties and their respective total in 2013-14, 2014-15 (up to 31 December 2014) and 2015-16 (Estimate). Breakdown of estimated attendances by specialty in 2015-16 is not yet available.

2013-14

	Cluster / Major Specialty	**ENT**	**GYN**	**MED**	**OBS**	**OPH**	**ORT**	**PAE**	**PSY**	**SUR**	**All specialties**
SOP 1st attendances	HKEC	6 646	5 007	9 536	3 790	11 436	7 204	1 175	2 735	10 832	**67 078**
	HKWC	4 990	5 674	9 185	8 254	9 363	8 938	3 151	2 575	11 047	**76 383**
	KCC	11 393	4 511	8 293	12 126	21 097	5 197	1 779	1 963	12 601	**95 088**
	KEC	7 658	6 680	13 481	3 784	16 798	11 209	3 126	4 547	18 722	**104 959**
	KWC	13 397	9 843	21 719	16 356	16 424	15 049	6 192	8 772	27 127	**150 539**
	NTEC	12 648	8 599	15 041	14 140	20 313	14 830	3 060	6 209	17 395	**128 783**

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
	NTWC	10 192	5 517	7 985	3 061	17 034	8 482	1 866	4 376	14 229	**81 682**
	Overall	**66 924**	**45 831**	**85 240**	**61 511**	**112 465**	**70 909**	**20 349**	**31 177**	**111 953**	**704 512**
SOP Follow-up attendances	HKEC	32 158	23 298	242 797	19 324	120 284	51 596	14 059	78 068	67 097	**724 930**
	HKWC	25 335	39 812	225 288	28 778	80 007	57 580	33 222	57 573	121 694	**767 641**
	KCC	49 666	27 334	203 926	54 665	203 436	52 441	31 325	63 602	85 583	**921 785**
	KEC	24 503	32 891	160 389	29 062	116 882	61 173	33 426	87 519	70 191	**662 038**
	KWC	57 520	52 079	540 979	65 486	128 742	113 084	50 547	214 501	151 570	**1 483 963**
	NTEC	40 666	39 089	268 606	29 366	144 595	94 682	34 296	120 662	75 014	**970 356**
	NTWC	31 008	23 410	186 529	45 829	133 794	57 874	25 557	138 068	66 543	**805 658**
	Overall	**260 856**	**237 913**	**1 828 514**	**272 510**	**927 740**	**488 430**	**222 432**	**759 993**	**637 692**	**6 336 371**
SOP Total attendances	HKEC	38 804	28 305	252 333	23 114	131 720	58 800	15 234	80 803	77 929	**792 008**
	HKWC	30 325	45 486	234 473	37 032	89 370	66 518	36 373	60 148	132 741	**844 024**
	KCC	61 059	31 845	212 219	66 791	224 533	57 638	33 104	65 565	98 184	**1 016 873**
	KEC	32 161	39 571	173 870	32 846	133 680	72 382	36 552	92 066	88 913	**766 997**
	KWC	70 917	61 922	562 698	81 842	145 166	128 133	56 739	223 273	178 697	**1 634 502**
	NTEC	53 314	47 688	283 647	43 506	164 908	109 512	37 356	126 871	92 409	**1 099 139**
	NTWC	41 200	28 927	194 514	48 890	150 828	66 356	27 423	142 444	80 772	**887 340**
	Overall	**327 780**	**283 744**	**1 913 754**	**334 021**	**1 040 205**	**559 339**	**242 781**	**791 170**	**749 645**	**7 040 883**

2014-15 (up to 31 December 2014) [Provisional Figures]

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP 1st attendances	HKEC	5 345	3 294	7 607	2 874	8 876	5 787	925	1 995	7 901	**52 221**
	HKWC	4 016	4 138	7 155	6 715	7 258	6 749	2 413	1 853	8 715	**58 784**
	KCC	8 003	3 376	6 732	8 853	14 539	3 835	1 561	1 726	9 804	**70 999**
	KEC	6 037	4 985	10 316	3 300	11 885	9 363	2 517	3 366	15 548	**82 653**
	KWC	9 873	7 561	17 614	10 423	13 553	11 653	4 995	6 918	21 172	**116 225**
	NTEC	9 180	6 963	11 832	12 154	12 584	11 492	2 489	4 476	13 214	**97 586**
	NTWC	6 268	4 288	5 597	2 398	13 689	6 354	1 472	3 190	10 713	**62 073**
	Overall	**48 722**	**34 605**	**66 853**	**46 717**	**82 384**	**55 233**	**16 372**	**23 524**	**87 067**	**540 541**
SOP Follow-up attendances	HKEC	24 068	17 914	183 517	14 927	92 800	41 336	10 659	59 190	50 895	**554 177**
	HKWC	20 373	30 308	172 273	22 784	52 770	43 078	25 379	43 448	93 952	**582 527**
	KCC	35 567	21 541	149 291	46 873	156 290	39 778	25 637	47 694	64 394	**702 279**
	KEC	18 998	24 905	126 132	22 979	88 048	48 541	25 598	66 685	54 610	**515 488**
	KWC	43 214	39 652	417 839	52 870	96 644	87 205	38 478	159 766	116 350	**1 142 251**
	NTEC	31 063	28 367	207 824	25 161	114 185	69 958	26 137	91 227	57 492	**747 730**
	NTWC	22 861	18 654	143 579	37 871	107 512	45 205	20 371	103 534	51 637	**627 058**
	Overall	**196 144**	**181 341**	**1 400 455**	**223 465**	**708 249**	**375 101**	**172 259**	**571 544**	**489 330**	**4 871 510**
SOP Total attendances	HKEC	29 413	21 208	191 124	17 801	101 676	47 123	11 584	61 185	58 796	**606 398**
	HKWC	24 389	34 446	179 428	29 499	60 028	49 827	27 792	45 301	102 667	**641 311**
	KCC	43 570	24 917	156 023	55 726	170 829	43 613	27 198	49 420	74 198	**773 278**
	KEC	25 035	29 890	136 448	26 279	99 933	57 904	28 115	70 051	70 158	**598 141**

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
	KWC	53 087	47 213	435 453	63 293	110 197	98 858	43 473	166 684	137 522	**1 258 476**
	NTEC	40 243	35 330	219 656	37 315	126 769	81 450	28 626	95 703	70 706	**845 316**
	NTWC	29 129	22 942	149 176	40 269	121 201	51 559	21 843	106 724	62 350	**689 131**
	Overall	**244 866**	**215 946**	**1 467 308**	**270 182**	**790 633**	**430 334**	**188 631**	**595 068**	**576 397**	**5 412 051**

2015-16 (Estimate)

	Cluster	All specialties
SOP 1st attendances	HKEC	67 000
	HKWC	77 200
	KCC	95 000
	KEC	104 900
	KWC	153 500
	NTEC	128 700
	NTWC	81 700
	Overall	**708 000**
SOP Follow-up attendances	HKEC	724 200
	HKWC	767 500
	KCC	924 000
	KEC	667 500
	KWC	1 493 300
	NTEC	970 600
	NTWC	804 900
	Overall	**6 352 000**
SOP Total attendances	HKEC	791 200
	HKWC	844 700
	KCC	1 019 000
	KEC	772 400
	KWC	1 646 800
	NTEC	1 099 300
	NTWC	886 600
	Overall	**7 060 000**

The table below sets out the average cost per SOP attendance for major specialties by hospital clusters under HA for 2013-14.

Specialty	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	785	705	780	875	600	1,040	885	800
O&G	1,060	1,130	770	775	715	720	880	830
MED	1,730	1,890	2,330	2,080	1,670	2,050	2,000	1,900
OPH	535	475	560	460	515	610	540	535

ORT	950	880	780	835	815	1,040	970	900
PAE	1,270	1,800	1,400	1,050	1,320	1,270	1,090	1,320
PSY	1,050	1,180	1,240	1,130	1,100	1,230	1,320	1,170
SUR	1,280	1,590	1,070	1,290	1,210	1,310	1,340	1,300
SOP (overall)	1,070	1,250	1,030	945	1,050	1,150	1,070	1,080

The table below sets out the projected average cost per SOP attendance by hospital clusters in 2014-15. The breakdown by different specialties is not yet available.

	Average cost per SOP attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Projected overall average cost per SOP attendance	1,150	1,360	1,130	1,040	1,170	1,250	1,180	1,180

The estimated average cost per SOP attendance is $1,220 for 2015-16. The breakdown by hospital clusters and specialties is not yet available.

The SOP service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment). The average cost per SOP attendance of individual cluster represents an average computed with reference to its total service costs of the respective SOP service and the corresponding attendances.

It should also be noted that average cost per SOP attendance varies among different cases and different specialties owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. The costs also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to population profile and other factors, including specialisation of the specialties in the clusters. Hence clusters with greater number of patients with more complex conditions or requiring more costly treatment will incur a higher average cost. Therefore the average cost per SOP attendance cannot be directly compared among different clusters or specialties.

Abbreviations

Specialty:
ENT – Eye, Nose & Throat
MED – Medicine
O&G – Obstetrics & Gynaecology

OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

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

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)122**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1793)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the total number and total annual remuneration packages (including basic salary, allowances, contributions for retirement schemes and other benefits) for the Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority for the period of 2013-14 and 2014-15.

Asked by: Hon LEUNG Ka-lau (Member Question No. 307)

Reply:

The table below sets out the number and remunerations (including salaries, allowances, contributions for retirement schemes and other benefits) of the Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority for 2013-14. The actual expenditure for 2014-15 will only be available after the close of the current financial year.

Rank	**Number**	**Remunerations for 2013-14**
Chief Executive	1	$5.1 million
Directors / Deputy Directors / Heads / Cluster Chief Executives	14	$53.1 million
Hospital Chief Executives	20	$61.4 million

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3115)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under "Matters Requiring Special Attention in 2015-16" that the Government will "continue to manage the Health and Medical Research Fund (HMRF) which aims to promote research and development, build research capacity and generate evidence-based knowledge in public health and medical services by funding research projects and facilities in areas of advanced medical research." Please provide details of the operation of the Fund in 2013-14 and 2014-15, including the numbers of applications accepted and research projects funded, and the total amount of funding.

Asked by: Hon LEUNG Ka-lau (Member Question No. 308)

Reply:

On 9 December 2011, LegCo Finance Committee approved a new commitment of $1,415 million for setting up the Health and Medical Research Fund (HMRF), by consolidating the former Health and Health Services Research Fund (HHSRF) and the Research Fund for the Control of Infectious Diseases (RFCID), with a broadened scope for funding health and medical research in Hong Kong. Research projects funded under the former HHSRF and the RFCID have been subsumed under the HMRF.

The 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 and government-commissioned research programmes.

The number of applications received and projects approved under the HMRF and the total amount of approved funding in 2013-14 and 2014-15 are as follows:

	Number of applications received	**Number of research projects approved**	**Total amount of approved funding (in $million)**
2013-14	679	252	285.6
2014-15	905	264	304.4

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2192)

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

Subhead (No. & title): (000) Operational expenses

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise this Committee, in tabular form, on the estimated expenditure in respect of the following units in 2015-16, with information on the establishment, ranks, salaries, relevant allowances for politically appointed officials and directorate civil servants, as well as the amount of personnel related expenses:

1. Health Branch
2. Healthcare Planning and Development Office under the Health Branch
3. eHealth Record Office under the Health Branch
4. Research Office under the Health Branch

Asked by: Hon LEUNG Kwok-hung (Member Question No. 525)

Reply:

Details of the establishment and rank of the 12 civil service directorate posts under the respective units of the Health Branch and the provisions for salaries, job-related allowances and personnel-related expenses for such posts in 2015-16 are as follows –

Rank	**No. of Post**	**Estimated Expenditures in 2015-16**		
		Salaries ($'000)	**Job-related Allowances ($'000)**	**Personnel Related Expenses ($'000)**
(a) Health Branch*				
Administrative Officer Staff Grade A1(D8)	1	2,944	0	0

Rank	No. of Post	Estimated Expenditures in 2015-16		
		Salaries ($'000)	Job-related Allowances ($'000)	Personnel Related Expenses ($'000)
Administrative Officer Staff Grade B1 (D4)	1	2,361	0	0
Administrative Officer Staff Grade B (D3)	1	2,020	0	0
Administrative Officer Staff Grade C (D2)	3	5,425	0	0
Principal Executive Officer (D1)	1	1,600	0	0
(b) Healthcare Planning and Development Office				
Administrative Officer Staff Grade B (D3)	1	2,079	0	0
Administrative Officer Staff Grade C (D2)	1	1,776	0	0
(c) eHealth Record Office				
Administrative Officer Staff Grade B (D3)	1	2,204	0	0
Administrative Officer Staff Grade C (D2)	1	1,899	0	370
Chief Systems Manager (D1)	1	1,572	0	0
(d) Research Office				
Nil	-	-	-	-
Total	**12**			

*Excluding posts in the Healthcare Planning and Development Office, eHealth Record Office and Research Office.

Provisions for salaries in respect of politically appointed officials are reserved under Head 139.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1147)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget speech that "more drugs with proven efficacy will be incorporated into the Hospital Authority Drug Formulary. These include the expansion of clinical application of special drug for treating multiple sclerosis, as well as new drugs for treating cancer, chronic hepatitis C and Crohn's disease. A total of 4 000 patients will benefit each year." In this connection, please inform this Council of the following:

1. What is the expenditure involved in subsidising cancer patients' purchases of target therapy drugs included in the Formulary in the past 3 years?

2. How many target therapy drugs for treating cancers have been incorporated into the Formulary in the past 3 years? Has the Government reviewed whether the target therapy drugs currently included in the Formulary have met the actual needs of patients? Which target therapy drugs for treating cancers will be incorporated into the Formulary in the next 3 years? What will be the expenditure involved? If no such drugs will be incorporated into the Formulary, what are the reasons?

3. Will the Government consider raising the asset limit for applying for the Samaritan Fund drug subsidies so as to benefit more needy patients? If so, what are the details? If not, what are the reasons?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. 2)

Reply:

(1)

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 the Hospital Authority (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 in the HA Drug Formulary covered by the safety net provided through the Samaritan Fund (SF). The total number of target therapy drugs covered by SF is eight as at 2014-15 (up to 31 December 2014).

The table below sets out the nine target therapy drugs and amount of subsidies granted for use of these drugs in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014) :

Cancer Drugs and Indications with Target Therapy	**2012-13**	**2013-14**	**2014-15 (Up to 31 Dec 2014)**
	Amount of Subsidy Granted ($ million)	**Amount of Subsidy Granted ($ million)**	**Amount of Subsidy Granted ($ million)**
1. Bortezomib a) for multiple myeloma	16.58	13.00	8.53
b) for frontline induction therapy of transplant-eligible, younger multiple myeloma patients	4.62	7.72	5.57
2. Cetuximab for initial treatment of locally advanced squamous cell carcinoma of head and neck (1)	1.32	-	-
3. Dasatinib a) for Imatinib resistant chronic myeloid leukaemia	8.56	9.57	7.06
b) for newly diagnosed chronic myeloid leukemia in chronic phase	2.65	4.75	6.55
c) for acute lymphoblastic leukaemia	---	1.25	1.42
4. Imatinib			
a) for acute lymphoblastic leukaemia	2.95	4.07	2.53
b) for chronic myeloid leukaemia	36.39	41.64	30.13
c) for gastrointestinal stromal tumour	18.90	24.41	21.28
5. Nilotinib a) for Imatinib resistant chronic myeloid leukaemia	13.57	13.62	12.04

Cancer Drugs and Indications with Target Therapy	2012-13	2013-14	2014-15 (Up to 31 Dec 2014)
	Amount of Subsidy Granted ($ million)	Amount of Subsidy Granted ($ million)	Amount of Subsidy Granted ($ million)
b) for newly diagnosed chronic myeloid leukemia in chronic phase	1.33	2.94	4.51
6. Rituximab			
a) for malignant lymphoma	13.85	16.49	14.92
b) for maintenance therapy for relapsed follicular lymphoma	0.25	0.53	0.24
c) for chronic lymphoblastic leukaemia	---	1.67	1.07
7. Trastuzumab			
a) for HER2 overexpressed metastatic breast cancer	12.06	19.83	15.88
b) for HER2 positive early breast cancer	57.16	45.05	45.27
8. Erlotinib for Second-line treatment for patients with activating EGFR mutation +ve non-small cell lung cancer	4.43	3.38	2.06
9. Gefitinib for Second-line treatment for patients with activating EGFR mutation +ve non-small cell lung cancer	6.83	4.13	1.98
Total	201.45	**214.05**	**181.04**

Note : (1) Cetuximab for initial treatment of locally advanced squamous cell carcinoma of head and neck was repositioned as a Special Drug in the HA Drug Formulary in 2013-14.

(2)

HA has an established mechanism with the support of 20 specialty panels to regularly evaluate new drugs and review existing drugs in the HA Drug Formulary. The process follows an evidence-based approach, having regard to the principles of safety, efficacy 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 HA 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.

(3)

To benefit more needy patients to be eligible for SF drug subsidy, new initiatives have been introduced since September 2012 to relax the financial assessment criteria of SF applications. A deductible allowance for calculating the applicant's disposable capital was introduced thereby enabling more patients who have to rely on self-financed drugs to meet the financial test under SF and become eligible for the SF subsidy. Moreover, the tiers of patient's contribution ratio for drug expenses were also simplified and the patients' maximum contribution ratio was reduced from 30% to 20% of their annual disposable financial resources (ADFR)[(2)].

HA will continue to regularly review the financial assessment criteria for determining patients' eligibility for SF drug subsidy and the amount of financial assistance, with a view to making SF more accessible to needy patients.

Note : [(2)] ADFR are taken as the annual household disposable income (annual household gross income less allowable deductions during the period) plus disposable capital.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)126

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3268)

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

Subhead (No. & title): (-) Not specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

At present, the Government provides dental care to elders in elderly homes and similar facilities through the Programme on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres (Outreach Dental Care Programme for the Elderly). In this connection, will the Government advise this Committee of the following:

1. The number of elderly persons who have benefited from the outreach dental care services and the resources allocated to the services in the past 3 years, with a detailed breakdown of the expenditure involved.

2. Whether the Government would explore the feasibility of providing mobile dental services to elders living in remote areas so as to benefit more elderly persons in need of the services. If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. 51)

Reply:

1. (i) Pilot Project

In 2011, the Government launched the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project) to provide free outreach dental services for elders residing in RCHEs or receiving services in DEs. A total of about 70 000 elders in these homes and centres were served under the Outreach Pilot Project. The Government has earmarked $88 million for implementation of the Outreach Pilot Project. A breakdown of the financial provision is as follows:

		Financial Provision ($ million)
(a)	Annual grants to non-governmental organizations (NGOs) for operating outreach dental teams	65
(b)	Optional annual grant to NGOs for employing young dentists	13
(c)	One-off capital grant to NGOs for purchasing outreach dental and computer equipment (on a matching basis)	4
(d)	Administrative costs (including software enhancement for NGOs' computer system)	6
	Total:	**88**

(ii) Regular Programme

Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, we have turned the Outreach Pilot Project into a regular programme [namely, the Outreach Dental Care Programme for the Elderly (ODCP)] since October 2014 to continue to provide outreach dental services for elders in these homes/centres and similar facilities. During the period from October 2014 to February 2015, a total of about 16 000 elders have been served under the ODCP. We have included a provision of $25.1 million in 2014-15 under Head 37- Department of Health for the ODCP for the period from October 2014 to March 2015. A breakdown of the financial provision is as follows:

		Financial Provision ($ million)
(a)	Subvention to NGOs for operating outreach dental teams (including annual block grants, subsidy for further curative treatments and one-off capital grant)	19.9
(b)	Administrative costs (including software enhancement for NGOs' computer system)	5.2
	Total:	**25.1**

2. The concept of mobile dental clinic is to provide dental service to people with limited access to such services (e.g. those living in remote and rural areas) by means of well-equipped vehicles (trailers). In the context of Hong Kong, public transportation is relatively more convenient and dental clinics are easily accessible. It should also be noted that the scope of the services that can be provided in mobile dental clinics is limited. We consider the outreach dental services provided under the ODCP more effective to address the dental care needs of those elders in RCHEs and DEs whose

generally physically weak and frail conditions have made it difficult for them to receive dental care services at dental clinics.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0876)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on financial assistance under the Samaritan Fund in the table below:

Year	Total number of applications for financial assistance under the Samaritan Fund		Number of cases approved for subsidy		Amount of subsidies granted ($ million)	
	Non-drug items	Drugs	Full subsidy granted	Partial subsidy granted	Non-drug items	Drugs
2012-13						
2013-14						
2014-15						

Year	Average amount of subsidy granted in each case ($)	
	Non-drug items	Drugs
2012-13		
2013-14		
2014-15		

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 25)

Reply:

The two tables below set out information on financial assistance under the Samaritan Fund:

Year	Total number of applications for financial assistance under the Samaritan Fund		Number of cases approved for subsidy		Amount of subsidies granted ($ million)	
	Non-drug items	Drugs	Full subsidy granted	Partial subsidy granted	Non-drug items	Drugs
2012-13	3 389	1 745	4 279	855	86.9	241.6
2013-14	3 464	2 027	4 665	825	97.7	280.2
2014-15 (Up to 31 December 2014)	2 583	1 642	3 519	705	101.1	233.3

Year	Average amount of subsidy granted in each case ($)	
	Non-drug items	Drugs
2012-13	25,655	138,436
2013-14	28,221	138,234
2014-15 (up to 31 December 2014)	39,151	142,091

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0880)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of doctors:

1. Under this Programme, the estimated figure of the "number of trainees/non-specialists" for this financial year is lower than those in the past 2 financial years. What are the reasons for this?

2. Please list the total number of doctors in the establishment, the number of doctors actually working, the total number of attendances and the average waiting time of the Accident and Emergency (A&E) departments of all public hospitals in each of the past 5 years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 20)

Reply:

1.

Specialist training of doctors normally requires six to seven years (or more) as resident trainees employed by the Hospital Authority (HA). Resident trainees would become specialists after completion of specialist training stipulated by Hong Kong Academy of Medicine. In this regard, the number of resident trainees / non-specialists is mainly determined by number of local graduates.

Due to reduction in medical graduates from local universities in recent years (310 in 2007-09, to 280 in 2010, and further down to 250 in 2011-14), the estimated number of resident trainees/non-specialists in 2015-16 is lower than that in the previous years.

2.

HA delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health staff and supporting healthcare workers. HA constantly assesses its manpower requirements and flexibly deploys its staff having regard to the service and operational needs.

The table below sets out the manpower of doctors in Accident and Emergency (A&E) departments by hospitals in 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15.

Cluster	**Hospital**	**Number of A&E Doctors**				
		2010-11 (as at 31 Mar 2011)	**2011-12 (as at 31 Mar 2012)**	**2012-13 (as at 31 Mar 2013)**	**2013-14 (as at 31 Mar 2014)**	**2014-15 (as at 31 Dec 2014)**
HKEC	PYNEH	32	31	33	34	35
	RH	14	13	17	17	18
	SJH	3	4	4	4	5
HKWC	QMH	28	30	30	29	27
KCC	QEH	35	38	39	40	41
KEC	TKOH	17	18	20	23	23
	UCH	37	36	35	36	40
KWC	CMC	27	23	26	23	25
	KWH	25	24	28	27	25
	NLTH^	0	0	0	15	22
	PMH	30	29	28	30	29
	YCH	28	30	26	31	28
NTEC	AHNH	22	23	22	24	24
	NDH	17	18	19	20	20
	PWH	31	27	24	23	21
NTWC	POH	19	21	23	24	24
	TMH	43	39	36	39	42
Cluster Total		**407**	**404**	**410**	**437**	**447**

The table below sets out the number of A&E attendances in each hospital for 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

Cluster	**Hospital**	**Number of A&E attendances**				
		2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (up to 31 December 2014) [Provisional figures]**
HKEC	PYNEH	154 874	153 816	155 156	152 332	110 806
	RH	86 691	84 594	82 799	80 806	58 894
	SJH	11 046	10 820	10 975	10 712	7 825

Cluster	Hospital	Number of A&E attendances				
		2010-11	2011-12	2012-13	2013-14	2014-15 (up to 31 December 2014) [Provisional figures]
HKWC	QMH	128 398	131 129	132 564	131 577	96 929
KCC	QEH	212 630	211 566	206 214	195 280	142 446
KEC	TKOH	118 917	124 694	132 059	135 270	102 909
	UCH	198 306	187 715	183 774	188 433	136 857
KWC	CMC	134 480	134 021	139 820	136 813	96 992
	KWH	149 502	145 917	142 120	140 983	102 966
	NLTH^	-	-	-	26 931	57 229
	PMH	148 007	151 204	155 381	149 645	103 088
	YCH	143 399	141 919	142 805	140 713	101 595
NTEC	AHNH	125 938	128 506	136 101	136 913	100 710
	NDH	115 730	117 687	115 764	112 777	79 938
	PWH	150 917	155 851	157 719	144 581	103 971
NTWC	POH	125 449	130 725	131 188	131 012	94 723
	TMH	232 965	231 012	228 871	226 228	165 476
Overall HA		**2 237 249**	**2 241 176**	**2 253 310**	**2 241 006**	**1 663 354**

^ North Lantau Hospital (NLTH) has commenced A&E services since September 2013.

The tables below set out the average waiting time for A&E services in various triage categories in each hospital for 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

2010-11

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	5	15	66	122
	RH	0	6	15	46	95
	SJH	0	4	13	20	30
HKWC	QMH	0	5	18	69	118
KCC	QEH	0	6	18	70	106
KEC	TKOH	0	4	12	47	55
	UCH	0	7	17	111	185
KWC	CMC	0	5	16	54	54
	KWH	0	7	17	114	142
	PMH	0	6	17	96	127
	YCH	0	5	18	102	129
NTEC	AHNH	0	6	9	19	20
	NDH	0	6	18	83	125

	PWH	0	10	32	117	117
NTWC	POH	0	3	11	60	77
	TMH	0	2	14	65	77
Overall HA		**0**	**6**	**17**	**74**	**101**

2011-12

Cluster	**Hospital**	**Average waiting time (minute) for A&E services**				
		Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	PYNEH	0	5	15	66	104
	RH	0	6	14	44	91
	SJH	0	6	13	19	26
HKWC	QMH	0	6	19	76	133
KCC	QEH	0	6	20	96	130
KEC	TKOH	0	5	13	51	60
	UCH	0	6	16	126	221
KWC	CMC	0	6	16	44	43
	KWH	0	6	16	118	140
	PMH	0	6	16	77	123
	YCH	0	6	17	95	124
NTEC	AHNH	0	6	10	19	21
	NDH	0	6	17	63	104
	PWH	0	10	30	106	106
NTWC	POH	0	4	12	63	84
	TMH	0	2	15	86	99
Overall HA		**0**	**6**	**17**	**76**	**103**

2012-13

Cluster	**Hospital**	**Average waiting time (minute) for A&E services**				
		Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	PYNEH	0	5	15	72	108
	RH	0	7	15	45	91
	SJH	0	7	13	20	29
HKWC	QMH	0	6	21	79	139
KCC	QEH	0	7	27	144	177
KEC	TKOH	0	5	14	59	63
	UCH	0	7	20	121	210
KWC	CMC	0	7	17	48	50
	KWH	0	9	21	139	169
	PMH	0	7	19	110	157
	YCH	0	6	17	93	124
NTEC	AHNH	0	6	10	23	24
	NDH	0	7	20	82	132

	PWH	0	11	38	134	131
NTWC	POH	0	3	16	84	105
	TMH	0	3	24	121	135
Overall HA		**0**	**7**	**21**	**90**	**114**

2013-14

Cluster	**Hospital**	**Average waiting time (minute) for A&E services**				
		Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	PYNEH	0	5	15	80	121
	RH	0	7	17	65	119
	SJH	0	6	13	21	32
HKWC	QMH	0	7	22	90	155
KCC	QEH	0	9	40	174	207
KEC	TKOH	0	6	14	71	79
	UCH	0	9	24	122	184
KWC	CMC	0	9	21	69	64
	KWH	0	9	35	151	179
	NLTH^	0	6	13	23	24
	PMH	0	7	19	108	160
	YCH	0	5	20	125	159
NTEC	AHNH	0	6	11	26	29
	NDH	0	6	25	106	160
	PWH	0	11	52	174	163
NTWC	POH	0	5	23	111	124
	TMH	0	5	32	149	161
Overall HA		**0**	**7**	**27**	**106**	**124**

2014-15 (up to 31 December 2014) [Provisional figures]

Cluster	**Hospital**	**Average waiting time (minute) for A&E services**				
		Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	PYNEH	0	5	16	104	145
	RH	0	6	17	66	124
	SJH	0	8	15	23	38
HKWC	QMH	0	7	23	103	170
KCC	QEH	0	7	37	158	192
KEC	TKOH	0	6	14	70	82
	UCH	0	9	24	134	203
KWC	CMC	0	7	20	67	65
	KWH	0	7	37	204	226
	NLTH^	0	7	13	25	30

	PMH	0	7	18	105	157
	YCH	0	5	20	123	151
NTEC	AHNH	0	4	11	26	29
	NDH	0	7	24	108	161
	PWH	0	11	45	177	165
NTWC	POH	0	5	21	104	115
	TMH	0	5	30	143	159
Overall HA		**0**	**7**	**26**	**108**	**126**

^ NLTH has commenced A&E services since September 2013.

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding Interns and Dental Officers.

2. Individual figures may not add up to the total due to rounding.

Abbreviations

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

Hospital:
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
SJH – St. John Hospital
QMH – Queen Mary Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)129

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0881)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
Regarding the elderly health care vouchers,

(1) please advise on the budget and the actual expenditure and administrative expenses involved in the Elderly Health Care Voucher Scheme in **each** of the past 3 years; and
(2) please set out in the table below the number of places of practice, number of voucher claim transactions and voucher value involved in **each** of the past 3 years (i.e. from 2012 to 2014).

Breakdown by healthcare professionals	Number of places of practice	Number of voucher claim transactions	Voucher amount claimed
Medical Practitioner			
Chinese Medicine Practitioner			
Dentist			
Occupational Therapist			
Medical Laboratory Technologist			
Radiation Therapist			
Enrolled Nurse			
Registered Nurse			
Chiropractor			
Optometrist			
Total			

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 6)

Reply

1. The estimated and actual voucher expenditures under the Elderly Health Care Voucher (EHV) Scheme and the administrative expenses incurred by the Department of Health (DH) for administering the EHV Scheme in the past three years are as follows:

	(in $ million)		
	2011-12	**2012-13**	**2013-14**
Estimated voucher expenditure	365.7	298.0	507.0
Actual voucher expenditure	104.1	196.0	341.0
Administrative expenses incurred by DH for administering the EHV Scheme	8.7	11.1	10.5

2. The relevant statistics on the EHV Scheme in the past three years are as follows:

Number of Places of Practice (as at 31 December)

	2012	**2013**	**2014**
Medical Practitioners	1 986	2 086	2 422
Chinese Medicine Practitioners	1 539	1 726	2 336
Dentists	430	561	845
Occupational Therapists	62	75	94
Physiotherapists	325	379	473
Medical Laboratory Technologists	47	49	49
Radiographers	37	30	32
Nurses	107	138	175
Chiropractors	44	83	87
Optometrists	368	416	450
Total:	4 945	5 543	6 963

Number of Voucher Claim Transactions

	2012	2013	2014
Medical Practitioners	812 872	1 229 078	1 734 967
Chinese Medicine Practitioners	98 189	190 017	383 613
Dentists	19 239	36 783	73 586
Occupational Therapists	101	79	584
Physiotherapists	3 058	6 922	13 201
Medical Laboratory Technologists	935	1 941	3 697
Radiographers	867	1 507	3 047
Nurses	334	317	921
Chiropractors	377	823	1 975
Optometrists	1 228	2 972	5 956
Total:	937 200	1 470 439	2 221 547

Amount of Vouchers Claimed (in $'000)

	2012	2013	2014
Medical Practitioners	139,683	256,296	444,401
Chinese Medicine Practitioners	13,808	31,968	82,369
Dentists	7,751	20,805	55,131
Occupational Therapists	27	28	390
Physiotherapists	614	1,758	3,981
Medical Laboratory Technologists	362	1,046	2,273
Radiographers	242	512	1,358
Nurses	125	265	773
Chiropractors	171	485	1,276
Optometrists	436	1,541	5,587
Total:	163,219	314,704	597,539

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0882)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding primary care development, please provide a breakdown of the Government's annual recurrent expenditure on health services, the annual recurrent expenditure on health services as a percentage of the Government's total annual recurrent expenditure, the total annual expenditure on primary care services, and the annual expenditure on primary care services as a percentage of the overall annual recurrent expenditure on health services in the past five years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 2)

Reply:

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest major PCO primary care initiatives include:

(a) Primary care conceptual models and reference frameworks
Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of the reference frameworks for diabetes and hypertension care has also been launched. Development of new modules under these reference frameworks (e.g. dental health for older adults and injury prevention for children) is in progress while the promulgation of the existing reference frameworks continues.

(b) Primary Care Directory

The web-based and mobile application versions of the sub-directories for doctors, dentists and Chinese Medicine Practitioners have been launched. Development of the optometrists sub-directory is in progress while the promotion of PCD continues.

(c) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The second CHC located within the North Lantau Hospital commenced services in 2013. A new CHC in Kwun Tong has just been commissioned in late March 2015. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit districts needs most.

(d) Publicity Activities

A variety of publicity activities are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

The Government continues to take forward the primary care development strategy and implement, through DH and HA, a series of projects to enhance primary care. These include the Childhood Influenza Vaccination Subsidies Scheme, the Elderly Vaccination Subsidies Scheme, the Elderly Health Care Voucher Scheme, and the Outreach Dental Care Programme for the Elderly.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	**Implementation schedule**
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 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 organisations 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 79 000 patients are expected to benefit from the programme by the end of 2014-15. An additional 14 000 patients are expected to be enrolled in 2015-16.

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 selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.
General Outpatient Clinic Public-Private Partnership Programme (Tin Shui Wai Primary Care Partnership Project) To test the use of public-private partnership model and supplement the provision of public GOPC 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 district in June 2010. As at early March 2015, more than 1 600 patients have participated in the programme. This programme has been extended to end-March 2017, pending the expansion of the GOPC Public-Private Partnership Programme to the Yuen Long district.
General Outpatient Clinic Public-Private Partnership Programme Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice receiving treatment provided by private doctors.	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in July 2014. As at early March 2015, over 3 600 patients have enrolled in the programme. HA is formulating plans to extend the programme to the remaining 15 districts in the next few years.

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. The healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)131**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0884)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding public Chinese medicine services, please provide the following information:

1. the total number of Chinese Medicine Practitioners (CMPs) in Hong Kong, the number of CMPs in individual public Chinese Medicine clinics, the number of attendances at these clinics and the expenditures involved in each of the past 5 years; and

2. the numbers of registered CMPs and listed CMPs in each of the past 5 years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 10)

Reply:

1. The Government has established a public Chinese Medicine Clinics (CMC) in each of the 18 districts to promote the development of "evidence-based" Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. These public CMCs operate on a tripartite collaboration model involving the Hospital Authority, a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation. The number of Chinese medicine practitioners (CMPs) engaged at and the attendances at these public CMCs in the past 5 years are set out below :

Year	Number of CMPs	Attendances
2010	230	658 697
2011	261	806 385
2012	297	916 308
2013	317	985 923
2014	358	1 052 110

A breakdown of the number of the CMPs at each of these 18 CMCs is at **Annex**.

The provisions earmarked for the operation of the public CMCs in the past 5 years are set out below :

Financial Year	Financial Provision ($ million)
2010-11	77.0
2011-12	81.5
2012-13	86.0
2013-14	90.0
2014-15 (Revised Estimate)	94.5

2. The numbers of registered CMPs and listed CMPs in the past five years from 2010 to 2014 are set out in the following table :

Year	No. of registered CMPs as at end of the year	No. of listed CMPs as at end of the year
2010	6 307	2 772
2011	6 484	2 746
2012	6 639	2 733
2013	6 804	2 715
2014	6 962	2 693

- End -

Annex

Number of Chinese Medicine Practitioners Engaged
at the 18 Public Chinese Medicine Clinics

District [Date of opening]	Number of CMPs*				
	2010	**2011**	**2012**	**2013**	**2014**
Central and Western [December 2003]	14	20	19	19	19
Tsuen Wan [December 2003]	16	18	21	20	22
Tai Po [December 2003]	16	16	19	18	25
Wan Chai [April 2006]	16	19	16	19	22
Sai Kung [April 2006]	18	20	16	18	20
Yuen Long [April 2006]	17	18	23	22	21
Tuen Mun [November 2006]	19	23	23	21	25
Kwun Tong [November 2006]	17	14	16	18	20
Kwai Tsing [January 2007]	16	17	18	20	21
Eastern [March 2008]	10	19	17	17	17
North [March 2008]	18	22	21	16	18
Wong Tai Sin [December 2008]	19	15	20	21	20
Sha Tin [February 2009]	19	20	21	21	20
Sham Shui Po [March 2009]	15	20	21	20	22
Southern [March 2011]	-	-	10	20	21
Kowloon City [December 2011]	-	-	16	17	13
Yau Tsim Mong [December 2012]	-	-	-	10	21
Islands [July 2014]	-	-	-	-	11
Total:	**230**	**261**	**297**	**317**	**358**

*Note: The CMPs are employees of the NGOs operating the public Chinese Medicine Clinics, and these figures are provided by the respective NGOs.

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)132

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0887)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

- please set out the budget allocation for each hospital cluster and each hospital in the clusters for the past 3 years (2012-13, 2013-14 and 2014-15). Please also set out the total population and population aged 65 or above in each cluster.
- When will the Government complete the review on HA and release the findings?
- Will the Government re-organise the hospital clusters and revise the budget allocation criteria for each cluster to include demographic make-up as one of the factors for consideration? If so, what are the details? If not, what are the reasons?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 21)

Reply:

The tables below set out the total population and population aged 65 or above in the districts corresponding to each cluster of the Hospital Authority (HA) in 2012, 2013 and 2014.

Population Estimates in 2012 (as at mid-2012)

Districts	Corresponding Hospital Cluster	Population*	Population aged 65+*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	780 200	125 800
Central & Western, Southern	HKWC	533 600	76 900
Kowloon City, Yau Tsim	KCC	508 700	80 700
Kwun Tong, Sai Kung	KEC	1 074 900	146 000
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 929 300	298 200
Sha Tin, Tai Po, North	NTEC	1 246 500	144 500
Tuen Mun, Yuen Long	NTWC	1 080 300	108 100
Overall Hong Kong		**7 154 600**	**980 300**

Population Estimates in 2013 (as at mid-2013)

Districts	Corresponding Hospital Cluster	Population*	Population aged 65+*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	777 600	132 000
Central & Western, Southern	HKWC	534 100	80 700
Kowloon City, Yau Tsim	KCC	508 800	85 500
Kwun Tong, Sai Kung	KEC	1 088 100	151 700
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 931 800	304 500
Sha Tin, Tai Po, North	NTEC	1 258 200	152 600
Tuen Mun, Yuen Long	NTWC	1 088 300	114 500
Overall Hong Kong		**7 187 500**	**1 021 500**

Projected Population in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population*	Population aged 65+*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	774 500	135 300
Central & Western, Southern	HKWC	530 100	83 000
Kowloon City, Yau Tsim	KCC	536 000	91 200
Kwun Tong, Sai Kung	KEC	1 098 000	157 300
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 945 200	314 500
Sha Tin, Tai Po, North	NTEC	1 266 400	160 500
Tuen Mun, Yuen Long	NTWC	1 099 400	121 400
Overall Hong Kong		**7 250 400**	**1 063 600**

* The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC has been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures in the above table have also been adjusted accordingly.

Note:
The above population figures are based on the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.

The table below sets out the budget allocation for each cluster of HA in the past three years from 2012-13 to 2014-15:

Year	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
	($ billion)						
2012-13	4.39	4.53	5.47	4.12	9.00	6.49	5.20
2013-14	4.63	4.80	5.84	4.49	9.72	6.91	5.56
2014-15 (projection as of 31 December 2014)	5.01	5.21	6.27	4.95	10.67	7.46	6.08

HA arranges its services on a cluster basis and hence budget allocation for the clusters is given above. It should be noted that geographical population is only one of the many factors involved in determining budget allocation to individual clusters. Other relevant factors that have to be taken into account include differences among clusters on needs for public hospital services (given the different and changing demographic characteristics and economic status of the population), cross-cluster use of HA services, as well as varying

complexity of treatments of patients in individual clusters. Since the portfolio of hospitals was not originally planned on a cluster basis and not all clusters started at the same stage, the level and scope of hospital facilities and expertise available in different clusters also vary.

In view of the challenges for healthcare services demand arising from Hong Kong's ageing population, the Government set up the Steering Committee on Review of HA in August 2013 to conduct an overall review on the operation of HA in order to meet the social changes brought about by the ageing population and increasing demand for healthcare services. As at end March 2015, the Steering Committee has met nine times to review HA's management and organisation structure, resource management, staffing arrangement, cost effectiveness, service management and overall management and control. HA's cluster arrangement and internal resource allocation to clusters are areas covered in the Review.

The Steering Committee has completed the initial discussions on various aspects of the review on HA and will consolidate and conclude the discussions and recommendations. It is expected that the review and report will be completed in the first half of 2015.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0888)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government will carry out a number of hospital projects to provide a total of 2 800 additional beds at an estimated cost of $81 billion. In this connection, please set out the expenditure and the number of additional beds, as well as the commencement and anticipated completion dates for each project.

Project	**Expenditure**	**Number of additional beds**	**Commencement date**	**Anticipated completion date**

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 22)

Reply:

To cater for the long-term demand for healthcare services, a number of hospital projects are being carried out at various stages of works or under planning. Details of these projects are summarized below :

Projects currently underway :

Construction works for the phase 2 redevelopment of Caritas Medical Centre commenced in June 2009 and is targeted for whole project completion in mid-2015. The approved project estimate (APE) in money-of-the-day (MOD) prices is $1,719.6 million and the project is planned to provide 133 additional beds.

Construction works for the redevelopment of Yan Chai Hospital commenced in July 2011. The target completion date for the whole project is early 2016 and the APE in MOD prices is $590.5 million.

Construction works for Tin Shui Wai Hospital (TSWH) commenced in February 2013 for completion in 2016. The APE in MOD prices is $3,910.9 million. The new TSWH will be a general hospital with a planned capacity of 300 in-patient and day beds in total.

Construction works for the Hong Kong Children's Hospital (HKCH) commenced in August 2013 and are planned for completion in 2017. The APE in MOD prices is $12,985.5 million. The new HKCH has a total planned capacity of 468 in-patient and day beds.

Construction works for the new Specialist Clinic Building at Queen Elizabeth Hospital to reprovision the Yaumatei Specialist Clinic commenced in July 2013 for completion in 2016 and the APE in MOD prices is $1,891.6 million.

Projects under planning :

Preparatory works for the expansion of United Christian Hospital (UCH) project commenced in August 2012 and the APE in MOD prices is $352.3 million. Subject to funding approval of the Finance Committee (FC), the main works are planned to commence in stages from 2015 for completion of the whole project in 2022-23. The total bed capacity including in-patient and day beds in UCH will increase from about 1 400 to around 1 960 after the expansion project.

Preparatory works for the redevelopment of Kwong Wah Hospital (KWH) commenced in March 2013 and the APE in MOD prices is $552.7 million. Subject to funding approval of FC, the main works are planned to start in stages from 2016 for completion of the whole project in 2022. The total bed capacity in KWH will increase from about 1 200 to around 1 550 after its redevelopment project.

Subject to funding approval for the redevelopment of Kwai Chung Hospital (KCH) project, the first phase of works is expected to start in 2016 for completion of the whole redevelopment project in 2023. The total bed capacity in KCH will increase from about 920 to around 1 000 after its redevelopment.

Subject to funding approval, the refurbishment of Hong Kong Buddhist Hospital project is planned to start in 2015 for completion in 2019. The estimated cost of the project is in the order of $560 million in MOD prices and the project will provide 130 additional beds.

The construction of the proposed new acute general hospital in the Kai Tak Development Area will be carried out in phases. The first phase is planned to start in 2017, subject to funding approval of FC, and expected to complete in 2021. According to the preliminary plan, phase 1 of the new hospital will provide around 800 beds.

Other projects under planning include : the redevelopment of Queen Mary Hospital (QMH), phase 1, the expansion of Hong Kong Red Cross Blood Transfusion Service (BTS)

Headquarters, and the extension of Operating Theatre (OT) Block of Tuen Mun Hospital (TMH). Preparatory works for the redevelopment of QMH phase 1 project commenced in July 2014 and the APE in MOD prices is $1,592.8 million. Subject to funding approval, the main works will commence in 2017 for completion of the whole phase 1 redevelopment project by 2023-24. Subject to FC's funding approval, the expansion of BTS project is planned to start in 2015 for completion in 2020 and the estimated cost of the project is in the order of $890 million in MOD prices. The extension of OT Block of TMH project is planned to start in 2016 for completion in 2020, subject to funding approval.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)134

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0889)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme:

- What was the respective number of healthcare service providers enrolled and withdrawn from the Scheme and their places of practice in each of the past 5 years (2010-2014)? Please provide a breakdown by year and by healthcare professions covered by the Scheme.

- What was the percentage of various healthcare professionals who enrolled in the Scheme and became service providers in each of the past 5 years (2010-2014)? Please provide a breakdown by year and by healthcare professions covered by the Scheme.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 23)

Reply:

The numbers of healthcare service providers enrolled and withdrawn under the Elderly Health Care Voucher Scheme from 2010 to 2014 are at **Annex**.

- End -

Annex

(A) Number of enrolled healthcare service providers and their places of practices from 2010 to 2014 (as at 31 December)

	2010		2011		2012		2013		2014	
	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers (Percentage [Note 2])	Number of Places of Practices
Medical Practitioners	1 432	1 752	1 493	1 794	1 599	1 986	1 645	2 086	1 782 (36%)	2 422
Chinese Medicine Practitioners	762	946	896	1 175	1 120	1 539	1 282	1 726	1 559 (26%)	2 336
Dentists	239	280	277	356	336	430	408	561	548 (33%)	845
Occupational Therapists	19	38	26	52	34	62	39	75	45 (6%)	94
Physiotherapists	188	237	214	284	243	325	267	379	306 (23%)	473
Medical Laboratory Technologists	17	37	17	37	24	47	25	49	26 (3%)	49
Radiographers	16	35	16	35	20	37	19	30	21 (3%)	32
Nurses	45	78	56	91	66	107	79	138	108 (0.7%)	175
Chiropractors	18	23	25	30	33	44	45	83	51 (31%)	87
Optometrists [Note 1]	-	-	46	122	152	368	167	416	185 (25%)	450
Total:	**2 736**	**3 426**	**3 066**	**3 976**	**3 627**	**4 945**	**3 976**	**5 543**	**4 631**	**6 963**

Note:

1. Optometrists were allowed to join the Scheme starting from November 2011.
2. Amongst all the registered healthcare professionals in Hong Kong, there are some who are practising in the public sector or are economically inactive, e.g. not practising in Hong Kong. In calculating the percentage of healthcare professionals enrolled in the Scheme, we have excluded them.

(B) Number of healthcare service providers withdrawn from the Scheme from 2010 to 2014

	2010	2011	2012	2013	2014
Medical Practitioners	49	42	47	52	16
Chinese Medicine Practitioners	10	14	14	27	9
Dentists	9	5	9	11	2
Occupational Therapists	-	-	-	2	2
Physiotherapists	6	1	10	8	3
Medical Laboratory Technologists	-	-	-	-	1
Radiographers	-	-	-	1	-
Nurses	2	1	1	4	-
Chiropractors	4	-	1	1	-
Optometrists (Note)	-	-	2	2	-

Note: Optometrists were allowed to join the Scheme starting from November 2011.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0890)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the drug expenditure of the Hospital Authority (HA), please provide the following details for the past 3 years (from 2012-13 to 2014-15):

- the drug expenditure of HA on General drugs and Special drugs by cluster, and their percentage in the total drug expenditure of HA;
- the number of General drugs, Special drugs, self-financed drugs with safety net and self-financed drugs without safety net prescribed to patients by cluster; and their percentages in the total number of drugs prescribed by HA and by cluster respectively; and
- for self-financed drugs purchased through HA, the expenditures on those with safety net and those without safety net, and the respective numbers of patients involved.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 26)

Reply:

(1)

The table below sets out the consumption expenditure [(1)] by cluster on General drugs and Special drugs prescribed to patients and their respective percentages in the total consumption expenditures of the Hospital Authority (HA) on these drugs from 2012-13 to 2014-15 (projection based on expenditure figure as at 31 December 2014):

Cluster	Drug Category	2012-13		2013-14		2014-15 (Projection based on expenditure figure as at 31 December 2014)	
		Expenditure ($ million)	% of HA's Total Drug Expenditure	Expenditure ($ million)	% of HA's Total Drug Expenditure	Expenditure ($ million)	% of HA's Total Drug Expenditure
Hong Kong East	General drugs	178.0	9.4%	194.9	8.7%	197.2	8.6%
	Special drugs	183.8	10.0%	192.6	10.4%	208.6	10.6%
Hong Kong West	General drugs	212.7	11.2%	230.5	10.3%	232.6	10.1%
	Special drugs	291.1	15.8%	317.3	17.1%	324.8	16.4%
Kowloon Central	General drugs	277.3	14.6%	324.6	14.6%	350.7	15.2%
	Special drugs	235.8	12.8%	234.3	12.6%	246.3	12.5%
Kowloon East	General drugs	303.1	15.9%	403.6	18.1%	427.4	18.6%
	Special drugs	219.1	11.9%	179.6	9.7%	197.3	10.0%
Kowloon West	General drugs	413.6	21.8%	490.4	22.0%	497.3	21.6%
	Special drugs	419.8	22.7%	418.6	22.5%	443.1	22.4%
New Territories East	General drugs	300.6	15.8%	332.8	14.9%	343.7	14.9%
	Special drugs	287.7	15.6%	309.8	16.7%	324.4	16.4%
New Territories West	General drugs	215.2	11.3%	250.8	11.3%	253.7	11.0%
	Special drugs	209.7	11.4%	205.5	11.1%	230.1	11.7%
HA Total [(2)]	**General drugs**	**1,900.6**	**100.0%**	**2,227.5**	**100.0%**	**2,302.7**	**100.0%**
	Special drugs	**1,847.1**	**100.0%**	**1,857.7**	**100.0%**	**1, 974.7**	**100.0%**

Note [(1)]: Consumption expenditure refers to the expenditure on General Drugs and Special Drugs prescribed to patients at standard fees and charges.

Note [(2)]: Figures may not add up to 100% of respective total figures due to rounding.

(2)

The table below sets out the number and the percentage of General drugs, Special drugs, Self-financed Items with safety net and Self-financed Items without safety net, in all drug items prescribed to patients in seven respective clusters from 2012-13 to 2014-15 (actual figures up to 31 December 2014):

Cluster	**Category**		**2012-13**	**2013-14**	**2014-15 (Actual figure up to 31 December 2014)**
Hong Kong East	General drugs	Item dispensed ('000)	4 327.2	4 422.1	4 298.8
		Percentage of HA Total	11.4%	11.4%	11.2%
		Percentage of Cluster Total	88.0%	86.8%	85.4%
	Special drugs	Item dispensed ('000)	484.4	564.2	623.9
		Percentage of HA Total	13.1%	13.2%	13.4%
		Percentage of Cluster Total	9.8%	11.1%	12.4%
	Self-financed drugs with safety net	Item dispensed ('000)	0.8	1.3	1.6
		Percentage of HA Total	4.8%	5.8%	6.2%
		Percentage of Cluster Total	0.02%	0.03%	0.03%
	Self-financed drugs without safety net	Item dispensed ('000)	107.7	109.1	110.0
		Percentage of HA Total	19.0%	18.9%	18.8%
		Percentage of Cluster Total	2.2%	2.1%	2.2%
	Total	**Item dispensed ('000)**	**4 920.0**	**5 096.7**	**5 034.2**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2012-13	2013-14	2014-15 (Actual figure up to 31 December 2014)
Hong Kong West	General drugs	Item dispensed ('000)	2 873.4	2 993.7	2 932.5
		Percentage of HA Total	7.6%	7.7%	7.6%
		Percentage of Cluster Total	84.6%	83.6%	82.5%
	Special drugs	Item dispensed ('000)	376.7	427.5	457.6
		Percentage of HA Total	10.2%	10.0%	9.9%
		Percentage of Cluster Total	11.1%	11.9%	12.9%
	Self-financed drugs with safety net	Item dispensed ('000)	2.8	3.8	4.3
		Percentage of HA Total	16.8%	16.9%	17.1%
		Percentage of Cluster Total	0.08%	0.11%	0.12%
	Self-financed drugs without safety net	Item dispensed ('000)	144.3	155.1	160.0
		Percentage of HA Total	25.4%	26.9%	27.3%
		Percentage of Cluster Total	4.2%	4.3%	4.5%
	Total	**Item dispensed ('000)**	**3 397.1**	**3 580.2**	**3 554.4**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2012-13	2013-14	2014-15 (Actual figure up to 31 December 2014)
Kowloon Central	General drugs	Item dispensed ('000)	4 255.7	4 238.2	4 180.7
		Percentage of HA Total	11.2%	11.0%	10.9%
		Percentage of Cluster Total	90.1%	89.2%	88.3%
	Special drugs	Item dispensed ('000)	401.5	449.1	488.3
		Percentage of HA Total	10.8%	10.5%	10.5%
		Percentage of Cluster Total	8.5%	9.4%	10.3%
	Self-financed drugs with safety net	Item dispensed ('000)	4.8	6.4	7.1
		Percentage of HA Total	29.1%	28.6%	28.2%
		Percentage of Cluster Total	0.10%	0.14%	0.15%
	Self-financed drugs without safety net	Item dispensed ('000)	59.8	59.7	60.3
		Percentage of HA Total	10.5%	10.4%	10.3%
		Percentage of Cluster Total	1.3%	1.3%	1.3%
	Total	**Item dispensed ('000)**	**4 721.8**	**4 753.5**	**4 736.5**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2012-13	2013-14	2014-15 (Actual figure up to 31 December 2014)
Kowloon East	General drugs	Item dispensed ('000)	5 103.7	5 282.0	5 272.2
		Percentage of HA Total	13.4%	13.7%	13.7%
		Percentage of Cluster Total	91.0%	90.1%	89.3%
	Special drugs	Item dispensed ('000)	459.3	528.6	576.5
		Percentage of HA Total	12.4%	12.3%	12.4%
		Percentage of Cluster Total	8.2%	9.0%	9.8%
	Self-financed drugs with safety net	Item dispensed ('000)	0.9	1.3	1.6
		Percentage of HA Total	5.6%	5.8%	6.4%
		Percentage of Cluster Total	0.02%	0.02%	0.03%
	Self-financed drugs without safety net	Item dispensed ('000)	45.4	47.9	50.6
		Percentage of HA Total	8.0%	8.3%	8.6%
		Percentage of Cluster Total	0.8%	0.8%	0.9%
	Total	**Item dispensed ('000)**	**5 609.3**	**5 859.8**	**5 900.9**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2012-13	2013-14	2014-15 (Actual figure up to 31 December 2014)
Kowloon West	General drugs	Item dispensed ('000)	10 265.2	10 294.2	10 409.1
		Percentage of HA Total	27.0%	26.6%	27.1%
		Percentage of Cluster Total	90.4%	89.4%	88.9%
	Special drugs	Item dispensed ('000)	988.8	1 121.5	1 210.9
		Percentage of HA Total	26.7%	26.2%	26.1%
		Percentage of Cluster Total	8.7%	9.7%	10.3%
	Self-financed drugs with safety net	Item dispensed ('000)	3.4	4.6	4.7
		Percentage of HA Total	20.7%	20.4%	18.4%
		Percentage of Cluster Total	0.03%	0.04%	0.04%
	Self-financed drugs without safety net	Item dispensed ('000)	94.1	91.4	90.5
		Percentage of HA Total	16.6%	15.9%	15.4%
		Percentage of Cluster Total	0.8%	0.8%	0.8%
	Total	**Item dispensed ('000)**	**11 351.5**	**11 511.7**	**11 715.2**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2012-13	2013-14	2014-15 (Actual figure up to 31 December 2014)
New Territories East	General drugs	Item dispensed ('000)	6 225.0	6 343.5	6 266.9
		Percentage of HA Total	16.4%	16.4%	16.3%
		Percentage of Cluster Total	90.3%	89.3%	88.5%
	Special drugs	Item dispensed ('000)	570.2	668.5	720.8
		Percentage of HA Total	15.4%	15.6%	15.5%
		Percentage of Cluster Total	8.3%	9.4%	10.2%
	Self-financed drugs with safety net	Item dispensed ('000)	1.6	2.3	2.4
		Percentage of HA Total	9.7%	10.2%	9.7%
		Percentage of Cluster Total	0.02%	0.03%	0.03%
	Self-financed drugs without safety net	Item dispensed ('000)	94.5	92.6	93.1
		Percentage of HA Total	16.7%	16.1%	15.9%
		Percentage of Cluster Total	1.4%	1.3%	1.3%
	Total	**Item dispensed ('000)**	**6 891.3**	**7 106.9**	**7 083.2**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**

Cluster	Category		2012-13	2013-14	2014-15 (Actual figure up to 31 December 2014)
New Territories West	General drugs	Item dispensed ('000)	4 936.8	5 111.0	5 119.0
		Percentage of HA Total	13.0%	13.2%	13.3%
		Percentage of Cluster Total	91.7%	90.3%	89.6%
	Special drugs	Item dispensed ('000)	421.0	522.7	566.4
		Percentage of HA Total	11.4%	12.2%	12.2%
		Percentage of Cluster Total	7.8%	9.2%	9.9%
	Self-financed drugs with safety net	Item dispensed ('000)	2.2	2.8	3.5
		Percentage of HA Total	13.3%	12.4%	13.9%
		Percentage of Cluster Total	0.04%	0.05%	0.06%
	Self-financed drugs without safety net	Item dispensed ('000)	21.2	20.5	21.9
		Percentage of HA Total	3.7%	3.6%	3.7%
		Percentage of Cluster Total	0.4%	0.4%	0.4%
	Total	**Item dispensed ('000)**	**5 381.3**	**5 657.0**	**5 710.8**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**
HA Total	**General drugs**	**Item dispensed ('000)**	**37 986.9**	**38 684.7**	**38 479.2**
		Percentage of HA Total	**89.9%**	**88.8%**	**88.0%**
	Special drugs	**Item dispensed ('000)**	**3 701.8**	**4 282.2**	**4 644.4**
		Percentage of HA Total	**8.8%**	**9.8%**	**10.6%**
	Self-financed drugs with safety net	**Item dispensed ('000)**	**16.5**	**22.6**	**25.2**
		Percentage of HA Total	**0.04%**	**0.05%**	**0.06%**
	Self-financed drugs without safety net	**Item dispensed ('000)**	**567.0**	**576.3**	**586.3**
		Percentage of HA Total	**1.3%**	**1.3%**	**1.3%**
	Total	**Item dispensed ('000)**	**42 272.2**	**43 565.8**	**43 735.1**
		Percentage of HA Total	**100.0%**	**100.0%**	**100.0%**

Note: Figures may not add up to 100% of respective total figures due to rounding.

(3)

The table below sets out the number of patients who purchased Self-financed drugs through HA, the total expenditure incurred by these patients (excluding civil servants / HA employees and their dependents), the number of patients granted with subsidy under the Samaritan Fund and the total amount of subsidies granted to cover expenses on Self-financed drugs from 2012-13 to 2014-15 (actual figure up to 31 December 2014):

	2012-13	**2013-14**	**2014-15 (Up to 31 December 2014)**
Number of patients purchasing Self-financed drugs through HA	37 358*	29 191*	28 950*
Total expenditure incurred by these patients on purchasing Self-financed drugs through HA ($ million)	534.1*	643.4*	785.3*
Number of patients provided with subsidy under Samaritan Fund to cover expenses on Self-financed drugs with safety net	1 667	1 906	1 607
Amount of subsidies granted under Samaritan Fund to cover expenses on Self-financed drugs with safety net ($ million)	241.6	280.2	233.3

* Data of civil servants / HA employees and their dependents excluded.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)136

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0891)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the electronic health record sharing system (eHRSS),

(a) the preparatory work for the second stage of the eHRSS will be commenced. What are the details? What is the expenditure involved? Please provide a detailed breakdown.

(b) what were the respective numbers of patients and private healthcare providers participated in the Public Private Interface – Electronic Patient Record Sharing Pilot Project (PPI-ePR) in each of the past five years (2010-11 to 2014-15)? Please list by year and type of private healthcare providers.

(c) what were the respective numbers of patients and private healthcare providers withdrawn from the PPI-ePR in each of the past five years (2010-11 to 2014-15)? What were the reasons of withdrawal? Please list by year, type of private healthcare providers and reason of withdrawal.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 28)

Reply:

(a) The eHRSS is being developed as a ten-year, two-stage programme from 2009-10 to 2018-19. The estimated capital expenditure of the project is $1,124 million. In July 2009, the Finance Committee of the Legislative Council (LegCo) approved a capital funding commitment of $702 million for the Stage One Programme. Subject to passage of the eHRSS Bill by the LegCo by mid-2015, we aim to commission Stage One eHRSS before end-2015. We plan to seek the approval of LegCo's Finance Committee for the funding commitment for Stage Two development after the Stage One eHRSS has come into operation. The tentative project scope of Stage Two includes radiological image sharing, expansion of the scope of sharable data, new features to enhance patient control/choice,

patient portal, Chinese medicine and relevant pilots. We are currently devising the work plan and reviewing the project estimates. The cost of these preparatory work for Stage Two is absorbed by existing manpower and resources.

(b)

PPI-ePR Participation no. (Cumulative no.)	**2010-11** **(as at Mar 2011)**	**2011-12** **(as at Mar 2012)**	**2012-13** **(as at Mar 2013)**	**2013-14** **(as at Mar 2014)**	**2014-15** **(up to end Feb 2015)**
No. of patients enrolled	138,794	213,692	288,666	354,190	416,303
No. of private medical practitioners enrolled	1,552	1,821	2,073	2,288	2,502
No. of private nurses enrolled	621	741	769	794	850

(c)

PPI-ePR Withdrawal no. (Annual no.)	**2010-11** **(as at Mar 2011)**	**2011-12** **(as at Mar 2012)**	**2012-13** **(as at Mar 2013)**	**2013-14** **(as at Mar 2014)**	**2014-15** **(up to end Feb 2015)**
No. of patient withdrawals	1,626	1,961	2,709	1,875	1,852
No. of healthcare professional withdrawals	140	145	157	109	137

Participation in PPI-ePR is on a voluntary basis. Patients and healthcare professionals can withdraw from PPI-ePR at any time without the need to provide the reasons of withdrawal.

From our best understanding, the main reasons for healthcare professional withdrawals are staff turnover or resignation from the participating healthcare providers. Patients withdraw mainly because of personal reasons.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0892)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Regarding the recurrent allocation to the Hospital Authority (HA),

- what were the provisions for the HA in the past 5 years (i.e. from 2010-11 to 2014-15)? What percentage did the provision account for in the Government's overall public health expenditure of the year?

- what were the HA's expenditures on various items, including staff costs and drug expenditure, in the past 5 years (i.e. from 2010-11 to 2014-15)? What was the respective percentage of each expenditure item in the total recurrent operating expenditure?

	2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15**
Staff costs (percentage in the total recurrent operating expenditure)	--(--%)	--(--%)	--(--%)	--(--%)	--(--%)
Drug expenditure (percentage in the total recurrent operating expenditure)	--(--%)	--(--%)	--(--%)	--(--%)	--(--%)
…	--(--%)	--(--%)	--(--%)	--(--%)	--(--%)
Total expenditure	--	--	--	--	--

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 24)

Reply:

(1)
The table below sets out the Government's financial provision to the Hospital Authority (HA) in the past 5 years:

	2010-11 (Actual)	2011-12 (Actual)	2012-13 (Actual)	2013-14 (Actual)	2014-15 (Revised Estimate)
Financial Provision to HA ($ billion)	34.36	38.63	52.89#	46.32	49.71
Percentage in Total Government Expenditure on Health	86.1%	85.3%	88.8%	68.5% ##	86.4%

The actual financial provision for 2012-13 includes a one-off injection of $10 billion from the Government into the Samaritan Fund.

The decrease in percentage is due to a substantial increase in 2013-14 Government's total expenditure on health attributed mainly to the inclusion of a one-off grant of $13 billion to HA for carrying out minor works projects, which has been accounted for in the total Government expenditure on health for that year but which will only be reflected in HA's actual expenditure over a period of several years.

(2)
The table below sets out the staff costs, drug expenditure and other expenditure of HA as well as the respective percentages of such expenditure in HA's total recurrent operating expenditure* in the past 5 years :

		2010-11	2011-12	2012-13	2013-14	2014-15 (Projection)
Staff Costs	Amount ($ billion)	26.62	29.24	31.86	34.07	37.09
	% of total recurrent operating expenditure	73.9%	73.3%	72.3%	72.6%	72.3%
Drug Expenditure	Amount ($ billion)	3.72	4.21	4.79	5.02	5.28
	% of total recurrent operating expenditure	10.4%	10.5%	10.9%	10.7%	10.3%
Other Expenditure	Amount ($ billion)	5.67	6.46	7.41	7.83	8.91
	% of total recurrent operating expenditure	15.7%	16.2%	16.8%	16.7%	17.4%
Total ($ billion)		36.01	39.91	44.06	46.92	51.28

* HA's recurrent operating expenditure includes staff costs, drug expenditure and other expenditure (e.g. utility charges) and is funded by the Government's financial provision and HA's income including medical income.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)138

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0893)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding mental health services, please set out:

(a) the number of mental patients in the past 5 years (from 2010-11 to 2014-15) by year, type of mental disorder and form of treatment (hospital and community);

(b) the number of psychiatric doctors, nurses, community nurses and allied health professionals in the past 5 years (from 2010-11 to 2014-15) by year and hospital cluster; and

(c) the average waiting time for first appointment at psychiatric specialist out-patient clinics in the past 5 years (from 2010-11 to 2014-15) by year and hospital cluster.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 27)
Reply:
(a)

The table below sets out the total number of psychiatric patients treated, the number of patients diagnosed with severe mental illness (SMI) and the number of psychiatric patients treated in inpatient settings in the Hospital Authority (HA) in the past five years:

	Total no. of psychiatric patients treated	No. of patients diagnosed with SMI	No. of psychiatric patients treated in inpatient settings
2010-11	176 100	43 500	14 000
2011-12	186 900	44 600	14 300
2012-13	197 600	45 500	14 900
2013-14	208 100	46 500	15 200
2014 (January - December, provisional figures)	215 000	47 200	14 600

Note: Figures are rounded to the nearest hundred.

(b)

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses, clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in HA in the past five years:

	Psychiatric doctors[1 & 2]	**Psychiatric Nurses**[1 & 3] **(including Community Psychiatric Nurses)**	**Community Psychiatric Nurses**[1 & 4] **(CPNs)**	**Allied Health Professionals**		
				Clinical Psychologists[1]	**Medical Social Workers**[5]	**Occupational Therapists**[1]
2010-11 (as at 31 March 2011)						
HKEC	32	190	12	6	N/A	13
HKWC	22	85	7	2	N/A	11
KCC	33	214	11	6	N/A	13
KEC	34	108	15	5	N/A	14
KWC	69	543	33	12	N/A	48
NTEC	57	272	25	6	N/A	27
NTWC	70	531	39	7	N/A	46
Overall	**317**	**1 944**	**141**	**44**	**212**	**172**
2011-12 (as at 31 March 2012)						
HKEC	32	214	11	7	N/A	13
HKWC	24	96	6	3	N/A	13
KCC	34	224	11	8	N/A	19
KEC	36	113	17	5	N/A	16
KWC	70	568	22	14	N/A	50
NTEC	62	305	23	8	N/A	32
NTWC	75	640	36	9	N/A	46
Overall	**334**	**2 161**	**125**	**54**	**243**	**189**
2012-13 (as at 31 March 2013)						
HKEC	35	219	9	7	N/A	16
HKWC	24	116	7	4	N/A	20
KCC	36	247	11	9	N/A	23
KEC	35	119	18	8	N/A	15
KWC	68	568	24	17	N/A	54
NTEC	61	337	17	9	N/A	35
NTWC	73	691	42	11	N/A	55
Overall	**332**	**2 296**	**127**	**65**	**243**	**218**
2013-14 (as at 31 March 2014)						
HKEC	35	230	9	8	N/A	17
HKWC	24	113	7	5	N/A	20
KCC	34	238	12	10	N/A	26
KEC	35	133	14	8	N/A	15
KWC	69	608	23	18	N/A	59
NTEC	61	349	23	10	N/A	35
NTWC	77	703	42	12	N/A	55
Overall	**335**	**2 375**	**130**	**71**	**243**	**227**

	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)	Community Psychiatric Nurses[1 & 4] (CPNs)	Allied Health Professionals		
				Clinical Psychologists[1]	Medical Social Workers[5]	Occupational Therapists[1]
2014-15 (as at 31 December 2014)						
HKEC	36	222	9	8	N/A	17
HKWC	24	112	7	5	N/A	22
KCC	36	241	12	10	N/A	25
KEC	35	137	16	9	N/A	17
KWC	71	633	21	20	N/A	61
NTEC	60	370	21	14	N/A	42
NTWC	76	701	42	12	N/A	57
Overall	**338**	**2 416**	**128**	**79**	**243**	**241**

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.
4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.
5. Information on the number of Medical Social Workers supporting psychiatric services in HA is provided by the Social Welfare Department.

(c)

The table below sets out the overall median waiting time (weeks) for first appointment at psychiatric specialist outpatient clinics in each cluster in the past five years:

Cluster	2010-11	2011-12	2012-13	2013-14	2014-15 (up to 31 December 2014) [Provisional figures]
HKEC	< 1	2	5	3	5
HKWC	4	4	5	7	7
KCC	4	5	4	7	9
KEC	5	8	9	11	9
KWC	4	4	15	15	17
NTEC	6	8	6	8	9
NTWC	4	7	6	8	12
Overall	**4**	**6**	**7**	**8**	**10**

Note:

The surge in the median waiting time since 2012-13 in the KWC, as compared to that of previous years, is due to an adjustment made to align the measurement of waiting time with that adopted by other clusters.

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)139

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0894)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information in the following table based on the current position of the Drug Formulary:

Category	**Number of drugs**
Total number of drugs in the Formulary	
General drugs	
Special drugs	
Self-financed items	
Drugs covered by the safety net	
Drugs supported by the Community Care Fund	

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 29)

Reply:

The table below sets out the number of drugs in the Hospital Authority Drug Formulary as at January 2015:

Drug Category	**Number of Drugs**
Total number of drugs in the Formulary	Around 1 300 *
General drugs	897

Drug Category	Number of Drugs
Special drugs	338
Self-financed items	76
Drugs covered by the safety net	21
Drugs supported by the Community Care Fund	9

* Note: A drug may fall in more than one category due to different therapeutic indications or dose presentations.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0902)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialist outpatient (SOP) services of the hospitals under the Hospital Authority,

(1) please provide by cluster the number of attendances and the average length of hospital stay for all SOP users and for those aged 65 or above in each of the last three financial years; and

(2) please provide by cluster the average cost per SOP attendance in each of the last five financial years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 5)

Reply:

(1)

The table below sets out the number of attendances of the specialist outpatient (SOP) services by clusters under the Hospital Authority (HA), as well as the respective numbers in respect of patients aged 65 or above, and their respective total in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014). SOP services are outpatient services and the concept of the "average length of stay" does not apply.

Cluster	2012-13		2013-14		2014-15 (up to 31 December 2014) [Provisional figures]	
	All Ages	Aged 65+	All Ages	Aged 65+	All Ages	Aged 65+
HKEC	775 781	313 992	792 008	327 015	606 398	256 817
HKWC	812 988	261 730	844 024	280 127	641 311	212 410
KCC	1 009 572	357 886	1 016 873	367 496	773 278	281 202
KEC	745 931	254 480	766 997	260 037	598 141	203 649
KWC	1 611 830	560 939	1 634 502	573 098	1 258 476	447 460
NTEC	1 065 505	306 740	1 099 139	323 677	845 316	254 892
NTWC	863 848	224 047	887 340	234 638	689 131	188 783
Overall	**6 885 455**	**2 279 814**	**7 040 883**	**2 366 088**	**5 412 051**	**1 845 213**

(2)

The table below sets out the average cost per SOP attendance by hospital clusters under the HA for 2010-11 to 2014-15.

	Average cost per SOP attendance ($)							
Year	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
2010-11	870	1,150	870	790	880	960	880	910
2011-12	990	1,220	910	855	960	1,040	965	985
2012-13	1,040	1,250	1,000	915	1,020	1,120	1,050	1,050
2013-14	1,070	1,250	1,030	945	1,050	1,150	1,070	1,080
2014-15 (Revised Estimate)	1,150	1,360	1,130	1,040	1,170	1,250	1,180	1,180

The SOP service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment). The average cost per SOP attendance of individual cluster represents an average computed with reference to its total SOP service costs and the corresponding attendances.

It should also be noted that average cost per SOP attendance varies among different cases owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. The costs also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to population profile and other factors, including specialisation of the specialties in the clusters. Hence clusters with greater number of

patients with more complex conditions or requiring more costly treatment will incur a higher average cost. Therefore the average cost per SOP attendance cannot be directly compared among different clusters.

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)141

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0903)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Speech that a fund will be set up to make use of investment returns for public-private partnership initiatives.

1. Please list the public-private partnership initiatives launched, the number of service attendances, as well as the expenditure and the number of healthcare workers involved for the past three years.

2. What is the Government's work plan on this year's public-private partnership initiatives? What are the estimated manpower and expenditure to be involved?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 43)

Reply:

1. The Hospital Authority (HA) has been implementing various initiatives since 2008. The latest position of these programmes is as follows:

Programme	**Implementation**
Cataract Surgeries Programme To assist in increasing throughput of cataract surgeries in the HA.	Launched in February 2008. As at early March 2015, a total of 114 private ophthalmologists have participated in the programme. More than 20 200 patients

Programme	Implementation
	have enrolled in the programme and over 15 500 surgeries have been completed.
General Outpatient Clinic Public-Private Partnership Programme (Tin Shui Wai Primary Care Partnership Project) To test the use of public-private partnership (PPP) model and supplement the provision of public GOPC 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 district in June 2010. As at early March 2015, 11 private doctors and more than 1 600 patients have participated in the programme. This programme has been extended to end-March 2017, pending the expansion of the General Outpatient Clinic Public-Private Partnership Programme to the Yuen Long district.
Haemodialysis Public-Private Partnership Programme To provide subsidies for eligible patients with end-stage renal disease currently under the care of the HA to receive haemodialysis services in qualified community haemodialysis centres.	Launched in March 2010. To date, over 265 patients have benefited from the programme.
Patient Empowerment Programme To collaborate with non-governmental organisations 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 79 000 patients are expected to benefit from the programme by the end of 2014-15. An additional 14 000 patients are expected to be enrolled in 2015-16.
Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector To enhance patient access to radiological investigation services through purchase of Computed Tomography and Magnetic Resonance Imaging services from the private sector.	Launched in May 2012, initially providing service to four groups of cancer patients fulfilling clinical eligibility criteria and was extended to seven other cancer groups from May 2014 onwards. As at early March 2015, five private service providers have taken part in the pilot project with a total of 18 730 scans performed.
General Outpatient Clinic Public-Private Partnership (GOPC PPP) Programme Under the programme, patients with specific	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in July 2014. As at early March 2015, 84 private doctors and over 3 600 patients have enrolled in the

Programme	Implementation
chronic diseases and in stable clinical condition would be given a choice receiving treatment provided by private doctors.	programme. The HA is formulating plans to extend the programme to the remaining 15 districts in the next few years.

Staff disciplines involved for the above programmes include doctors, nurses, dietitians, dispensers, physiotherapists, social workers, occupational therapists, executive officers, technical services assistants and general service assistants, etc.

2. The Financial Secretary has pledged in the 2015-16 Budget to allocate to the HA a sum of $10 billion as endowment to generate investment return for funding HA's PPP initiatives, including the GOPC PPP Programme. The Government and the HA are now working on the detailed funding proposal, including the estimated annual expenditure for the PPP initiatives, investment framework and governance arrangements. We will seek funding approval of the Finance Committee of the Legislative Council within the 2015-16 financial year. The HA is now drawing up detailed plans to extend the GOPC PPP Programme to the remaining 15 districts in the coming few years, including the scope of chronic diseases, number of patients, level of payment to participating private doctors, and implementation timeframe for individual districts.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)142

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1460)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

(1) What is the progress of the preparatory work for the electronic health record sharing system (eHRSS)? Has the failure to commence the first stage of operation as scheduled incurred any additional manpower and expenditure? If yes, what are the details?

(2) Are there any advance preparatory work or project enhancement work before the passage of the Electronic Health Record Sharing System Bill? What are the details?

(3) Will the Government provide additional manpower to process the questions and recommendations made by the Bills Committee on Electronic Health Record Sharing System Bill? If yes, what are the expenditure and manpower involved? If not, what measures will be taken by the Government to expedite the processing of the questions and recommendations made by the Bills Committee so as to facilitate the early passage of the Bill?

Asked by: Hon MOK Charles Peter (Member Question No. 39)

Reply:

(1) & (2) Implementation of the Stage One eHR programme comprises both technical and non-technical preparatory work. We completed the necessary technical work to ensure that the eHR sharing platform core infrastructure, the Clinic Management System (CMS) adaptation modules and CMS On-ramp application, as well as the standardisation and interfacing component, were ready for commissioning in April 2014. Development of some remaining non-core functions is in progress. As for the non-technical preparatory work for the launching of the eHRSS including the drafting of Codes of Practice and other administrative documents; privacy impact assessment; formulation of migration plan for the Public Private Interface-electronic Patient Record Pilot Project to the eHRSS; devising the security and audit framework; and drawing up the publicity and promotion plan, the relevant

tasks will be finalised before the launch of the eHRSS. Meanwhile, the eHRSS Bill was introduced into the Legislative Council (LegCo) on 30 April 2014. Scrutiny of the bill by the Bills Committee is in progress. Subject to passage of the bill by the LegCo by mid-2015, we aim to commission Stage One eHRSS before end-2015. Although registration for participation in the Stage One system could not commence earlier, the rescheduling of the launch has not incurred additional manpower or substantial expenditure.

(3) We have all along been considering and responding to the questions raised at the Bills Committee in a prudent and yet swift manner. Our objective is to facilitate early passage of the bill, which in turn would enable the early commissioning of Stage One eHRSS for the benefits of patients. Apart from agreeing to proposing committee stage amendments to address several major issues discussed, we will follow up on other concerns as appropriate, such as stepping up publicity and promotional activities targeting the elderly and elderly homes upon commissioning of Stage One eHRSS. Preparatory work for relevant follow-up work is in progress, with the additional workload being absorbed by existing manpower and resources.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)143

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1461)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The flu death toll this year has topped 310. During the SARS outbreak, the community voluntarily collected data on districts with incidence and districts where patients had stayed, so that the public could study and make reference to relevant information. In this connection, please advise on the following:

(a) Will the Government release, in machine-readable format on the internet, flu data collected by the Centre for Health Protection, such as those contained in the Flu Express and those about severe seasonal influenza cases? What are the details?
(b) Will the Government set up an interactive information platform with relevant data to raise public awareness of flu? If so, what is the manpower cost involved? If not, what other effective means does the Government have to prevent a flu epidemic?

Asked by: Hon MOK Charles Peter (Member Question No. 40)

Reply:

The Centre for Health Protection (CHP) releases influenza surveillance data in a transparent and timely manner. Apart from press releases and media briefings, latest situation of severe influenza cases are uploaded on the CHP website daily and detailed analyses are given in the weekly Flu Express.

Moreover, the CHP has produced a variety of health education materials on prevention of influenza including a thematic web page, television and radio announcements in public interests, guidelines, pamphlets, posters, booklets, frequently asked questions and exhibition boards. Various publicity and health education channels e.g. websites, television and radio stations, health education hotline, newspapers and media interviews have been deployed for promulgation of health advice. The CHP also launched a dedicated Facebook Page and a

YouTube Channel in February 2015, with a view to further disseminating information on health promotion as well as disease prevention and control to members of the public, especially the younger generation.

In addition, the CHP has also widely distributed health education materials in public and private housing estates, healthcare settings, schools and non-governmental organisations (NGOs), etc. The CHP also keeps the stakeholders including government bureaux and departments, hotel and guesthouse associations, property management associations, Hong Kong Housing Society, District Councils, Healthy Cities Projects, NGOs and ethnic minority groups updated of the latest influenza activity and preventive measures to solicit their co-ordination and support to strengthen the publicity of related health messages.

The Government will continue to explore different means for effective dissemination of disease information and health advices to the public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0589)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Each year upon the formal approval of pay adjustment by the Hospital Authority (HA) Board, the increased salaries will be paid to eligible employees with effect from 1 April. However, back-payment will not be offered to employees who have left their jobs because of "other reasons" within the several months between 1 April and the date on which pay adjustment is formally approved by the HA Board. In this connection, will the HA advise on:

1. the posts and the number of employees who left their jobs because of "other reasons" and were not offered back-payment in the past 3 years;

2. the reasons why those employees who left their jobs because of "other reasons" were not entitled to back-payment.

Asked by: Hon POON Siu-ping (Member Question No. 28)

Reply:

The Hospital Authority (HA), as empowered by the HA Ordinance, is vested with the statutory authority to determine the remuneration and the terms and conditions of employment of its employees.

It has been an established practice of HA that annual pay adjustment to HA's pay scales will be applied to serving employees as at the date when the pay adjustment is approved by the HA Board. Ex-employees who have left HA before the pay scales are adjusted as approved by the Board, through retirement/approved early retirement, termination on grounds of poor health, and death or redundancy/staff surplus are also eligible for the pay adjustment, and no retroactive adjustment will be given to those who have left HA for other

reasons e.g. resignation and completion of contract. The practice has taken into account factors like the need to retain and upkeep morale of serving staff.

The numbers of these non-eligible ex-employees by staff group, i.e. those who have left HA for other reasons during the period from 1 April to before the adjusted pay scales taking effect in July, in the past three years are set out below:

Staff Group	**2012-13**	**2013-14**	**2014-15**
Medical	76	57	83
Nursing	249	201	199
Allied Health	48	57	61
Others	872	907	914

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0591)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Government said that it would set up a fund for the Hospital Authority to make use of investment returns for public-private partnership initiatives. One of these is to extend in phases the General Out-patient Clinic Public-Private Partnership (GOPC PPP) Programme to all 18 districts. In this connection, please inform this Council of the following:

1. The GOPC PPP Programme was launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in 2014. What are the number of participating private doctors, the number of benefited patients, and the amount of subsidy for private doctors in each of the three districts?

2. Which districts are expected to be covered by the GOPC PPP Programme in 2015? Please set out the number of participating doctors, the number of patients to benefit from the Programme, and the amount of subsidy for private doctors in each of the district.

3. The administrative costs for running the GOPC PPP Programme in 2014 and 2015.

Asked by: Hon POON Siu-ping (Member Question No. 41)

Reply:

1. The Hospital Authority (HA) started inviting private doctors to join the General Outpatient Clinic Public-Private Partnership (GOPC PPP) Programme in March 2014. As at early March 2015, 84 private doctors have enrolled in the GOPC PPP Programme.

Kwun Tong	37
Wong Tai Sin	19
Tuen Mun	28
Total:	84

The enrolment process is on-going and private doctors in the three districts are welcome to join at any time.

The first batch of patient invitations was issued in July 2014, with subsequent batches sent out every three to six weeks. As at early March 2015, over 3 600 invited patients have enrolled in the GOPC PPP Programme of whom 3 043 have started receiving medical care from the participating private doctors, as detailed below:

Kwun Tong	1 160
Wong Tai Sin	873
Tuen Mun	1 010
Total:	3 043

Under the Programme, participating private doctors receive a maximum total payment of $2,708 per patient per year (including the fee of $45 paid by patients for each consultation), for a maximum of ten consultations covering chronic and acute care, and the indicated Programme medications needed by individual patients.

2. Initial progress of the GOPC PPP Programme has generally been smooth and satisfactory. The HA will continue to monitor closely the implementation of the GOPC PPP Programme in the three pilot districts and conduct an interim review in mid-2015. Taking into account the responses from private doctors and patients and the findings from the interim review, the HA will map out the detailed roll-out plan for extending the GOPC PPP Programme, including the scope of chronic diseases, number of patients, level of payment to participating private doctors, and implementation timeframe for individual districts.

3. The administrative costs are absorbed by the HA and cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)146

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0593)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please advise on the number of attendances at each of the common mental disorder clinics set up at the psychiatric specialist out-patient clinics (SOPCs) in the past 3 years.

2. Please advise on the numbers of psychiatric doctors, psychiatric nurses, psychologists and allied health professionals at the psychiatric SOPCs in the past 3 years and the numbers projected for 2015.

3. According to the Hospital Authority, how many psychiatric doctors, psychiatric nurses, psychologists and allied health professionals is the psychiatric stream currently short of?

Asked by: Hon POON Siu-ping (Member Question No. 3109)

Reply:

(1)

The table below sets out the number of attendances of patients diagnosed with affective disorders and/or anxiety-related disorders (generally referred to as common mental disorders) receiving psychiatric specialist outpatient (SOP) services in each cluster of the Hospital Authority (HA) in the past three years.

	2012-13[1]	2013-14[1]	2014-15[1] (up to 31 December 2014) [provisional]
HKEC	34 100	35 800	27 400
HKWC	28 200	28 900	21 500
KCC	34 900	34 300	26 700
KEC	47 100	47 300	35 700
KWC	95 900	99 600	75 100
NTEC	59 800	62 300	47 800
NTWC	64 600	68 100	51 000
Total[2]	**364 600**	**376 300**	**285 300**

Notes:

1. Figures are rounded to the nearest hundred.
2. Individual figures may not add up to the total due to rounding.

(2)

HA delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals supporting the psychiatric SOP services in the HA also provide support for other psychiatric services, HA does not have the requested breakdown on the manpower for supporting SOP services only.

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses (CPN), clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in HA in the past three years.

	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including CPN)	CPN[1 & 4]	Allied Health Professionals		
				Clinical Psychologists[1]	Medical Social Workers[5]	Occupational Therapists[1]
2012-13	332	2 296	127	65	243	218
2013-14	335	2 375	130	71	243	227
2014-15 (up to 31 December 2014)	338	2 416	128	79	243	241

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but excluding those in HA Head Office.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.

3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.
5. Information on the number of medical social workers supporting psychiatric services in HA is provided by the Social Welfare Department.

In 2015-16, HA will further expand child and adolescent psychiatric services in the Kowloon East Cluster and strengthen the psychiatric SOP services in the Kowloon West Cluster. It is estimated that an additional three doctors, five psychiatric nurses, two clinical psychologists and three occupational therapists will be required to enhance the services.

(3)

HA adopts a flexible approach in deploying clinical staff to its service units in need. The overall manpower shortfall of doctors, nurses and allied health professionals in all specialties in HA is around 340, 500 and 200 respectively in 2014-15.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)147

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0105)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

According to the Public Accounts Committee (PAC)'s Report no. 63, resources allocated for the provision of elderly health services have not been utilised and managed optimally and effectively to provide timely, efficient and value-for-money services for the elderly. In this connection, will the Administration inform this Committee

a) a breakdown of financial resources and manpower to be allocated for implementing the recommendations offered by the PAC's report in 2015-16; and

b) the timetable with performance targets to implement the PAC report's recommendations, including the comprehensive review on Elderly Health Centres (EHCs)' mode of operation, the expansion of the capacity of EHCs, the optimisation of the effective use of the resources to better deliver its elderly health services for the elderly, measures to resolve the problem of long waiting time for first-time health assessments at EHCs, the problem of low enrolment rates for the Medical Practitioners and Chinese Medical Practitioners under the Elderly Health Care Voucher Scheme and the problem of increasing waiting time for Routine cases of elderly patients at Specialist Out-patient Clinics.

Asked by: Hon SHEK Lai-him, Abraham (Member Question No. 35)

Reply:

a) The additional workload arising from implementation of the recommendations of the PAC's Report No. 63 will be absorbed by the Elderly Health Service (EHS) and the Health Care Voucher Unit (HCVU) of the Department of Health (DH) within their existing resources. Notwithstanding this, resources have been earmarked for the creation of an additional clinical team each in 2014-15 and 2015-16 to cater for the growing demand for the services provided by the EHCs. Each team comprises one

doctor, three nurses and two clerical staff. The first team started operation in March 2015. The financial provision for the team to be established in 2015-16 is $3.3 million.

The projected staff establishment of EHS and HCVU as at 31.3.2016 and their financial provisions for 2015-16 are as follows -

	Projected Staff Establishment as at 31.3.2016	Financial Provision for 2015-16 ($ million)
EHS	256	211.0
HCVU	15	12.0 [Note]

Note: Excluding provision for reimbursement of vouchers under the Elderly Health Care Voucher Scheme and payment of subvention to the non-governmental organisations under the Elderly Health Assessment Pilot Programme.

b) The DH has been following-up on the recommendations in the Public Accounts Committee (PAC) report, including introducing measures to improve the service capacity and the efficiency of EHCs, as well as another round of promotional activities in 2015 to encourage participation of the elderly and the healthcare service providers in the Elderly Health Care Voucher Scheme. The DH will monitor the progress of these measures and report to the PAC regularly.

The Hospital Authority (HA) has implemented or will implement a number of measures in response to the recommendations on elderly services of the PAC. The details of these measures are as follows –

(i) Shortening the waiting time for Specialist Outpatient Clinics (SOPC) consultation

In addition to existing measures to shorten SOPC waiting time such as continuing to implement the triage system, enhancing public primary care service, enhancing manpower and exploring the possibility of launching public-private partnership projects, HA will, in 2015-16, address the issue through service development programmes that have incorporated SOPC elements. For instance, the North Lantau Hospital in Kowloon West Cluster will expand SOPC services, and Kowloon East Cluster will expand the Orthopaedics & Traumatology service to enhance the accessibility of SOPC services there. It is expected that the total number of attendances at SOPC in 2015-16 for HA will increase by around 20,000 when compared to that in the previous year.

(ii) Reducing the disparity in the waiting time for SOPCs in different clusters and displaying updated and comprehensive information related to waiting time

In order to enhance transparency, HA has, since April 2013, uploaded the SOPC waiting time on HA's website by phases. Effective from 30 January 2015, the comprehensive information on the SOPC waiting time for all eight major specialties (namely Ear, Nose and Throat (ENT), Gynaecology, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics, Psychiatry and Surgery) is available on HA's website. The information will facilitate patients' understanding of the

waiting time situation in HA and assist them to make informed decisions when considering whether they should pursue cross-cluster treatment.

To let more patients benefit from cross-cluster referral arrangement according to patients' preferences, HA has reminded frontline staff to accept new case bookings from patients residing in other clusters. In February 2015, HA has produced a poster on procedures and practice on the booking of first appointment at SOPC for the information of both the public and staff.

While patients may book medical appointments at SOPCs of their choices, HA will take due account of individual patients' clinical condition and nature of service required in arranging cross-cluster appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, HA staff may recommend and arrange the patients to seek medical care at SOPCs close to their residence to provide greater convenience to the patients as well as to encourage compliance with treatment plan.

Apart from allowing patients to voluntarily book appointments at SOPCs in other clusters, HA has, since 2012, enhanced cross-cluster collaboration by establishing a centrally coordinated mechanism to facilitate pairing-up patients in clusters of longer waiting time with clusters of shorter waiting time. Patients with appropriate clinical conditions waiting in a suitable specialty of a cluster will be invited to attend to the SOPC in another cluster with shorter waiting time. So far, the centrally-coordinated cross-cluster collaboration is being implemented in the specialties of ENT, Gynaecology, and Ophthalmology.

(iii) <u>Optimising appointment scheduling practices of SOPCs</u>

HA is conducting a comprehensive review of appointment scheduling practices of SOPCs, with particular attention to good practices for achieving optimal utilisation of service capacity including timely filling up cancelled and defaulted appointments. Other good practices for clearing backlog of Routine cases, including engagement of Family Medicine Specialists to attend Routine cases and transferring Routine Residential Care Homes for the Elderly (RCHE) cases to the Community Geriatric Assessment Team (CGAT), will also be shared among clusters.

In addition, HA is extending an initiative on SOPC Phone Enquiry System, first piloted in the Queen Elizabeth Hospital in Kowloon Central cluster in 2011, to the other six clusters in 2015-16. Apart from answering SOPC enquires and other related functions, the system could facilitate patients in giving advance notice to SOPCs of their intention to cancel or reschedule their appointments. SOPCs could then fully utilise the released quotas to arrange appointments for other patients and reduce the number of default cases.

HA is also working on a SOPC Operation Manual to align different practices, including appointment scheduling, of SOPCs within HA.

(iv) Enhancing outreach consultation services by Community Geriatric Assessment Teams

HA has in recent years extended its service coverage of CGATs to more RCHEs. Currently, HA provides CGAT services to 638 (89%) of the RCHEs, and HA has undertaken the following measures to improve CGAT services –

(1) In 2015-16, HA has allocated additional resources to further enhance the CGAT services to better cover RCHE residents. In particular, enhanced support will be provided to the terminally ill residents living in RCHEs to meet their specific needs and improve the quality of end-of-life care;

(2) HA is also assessing the CGAT coverage and will take into account factors such as healthcare manpower (particularly doctors and nurses) when planning the service; and

(3) HA will continue to monitor the healthcare needs as and when required, and through the annual planning exercise in 2016-17 and beyond to bid new resources to meet the needs, particularly in areas where there are expansion of RCHEs.

HA will implement the above measures with its existing resources. A breakdown of financial resources and manpower specifically assigned for these measures is not available.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)148

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1736)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In response to my question in the 2014-15 financial year, the Food and Health Bureau indicated that the "Outreach Dental Care Programme for the Elderly" provided regular dental treatments, such as fillings, extractions and dentures, to about 66 000 elders residing in residential care homes and receiving services in day care centres in 2014, and the services would be expanded in future. Please advise this Committee on the following:

(1) In the 2014-15 financial year, what were the manpower and expenditure required for the programme? What were the manpower and resources involved? Were there any statistics as to which kinds of dental treatment having the biggest demand? How were all the treatment needs catered for?

(2) In the 2015-16 financial year, how will the services of the dental treatment programme be expanded (such as covering services of high medical costs like root canal treatment and crowning)? Will the pool of beneficiaries be expanded in terms of age and number? If so, what are the details? If not, what are the reasons? What is the estimated expenditure?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 38)

Reply:

(1) A provision of $25.1 million and six civil service posts under Head 37 – Department of Health (DH) was included in the 2014-15 Estimates for the launch of the Outreach Dental Care Programme for the Elderly (ODCP) in October 2014. Under the ODCP, 22 outreach dental teams from 11 non-governmental organisations (NGOs) have been set up to provide free outreach dental services for elders in residential care homes/day care centres and similar facilities. Between October 2014 and February 2015 (the latest figures provided by the participating NGOs), about 16 000 elders received an annual oral

check and necessary treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride / X –ray and other curative treatments (such as fillings, extractions and dentures, etc.).

(2) Under the ODCP, the scope of treatments and services for the eligible elders has been expanded to cover fillings, extractions, dentures, root canal treatment, crowns and bridges, etc, which are in line with those provided under the Comprehensive Social Security Assistance dental grant. In addition, the pool of beneficiaries has been expanded to cover elders in similar health conditions and physical environment, which is estimated to be about 3 000 elders. A provision of $44.5 million under Head 37 – DH was included in the 2015-16 Estimates for implementation of ODCP, including these enhancements.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1739)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
The Food and Health Bureau stated, in its reply to my question in the financial year 2014-15, that the Elderly Health Care Voucher Scheme (the Scheme) covered dental services, and that as at end December 2013, over 400 dentists participated in the Scheme. In connection with the above reply, will the Government inform this Committee:

(1) whether there was an increase in the number of dentists participating in the Scheme in the financial year 2014-15? What was the proportion of dental services covered in relation to other health care services covered by the Scheme?

(2) of the estimated increase in the number of cases of elderly using health care vouchers to pay for dental services in the financial year 2015-16?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 41)

Reply:

(1) The relevant statistics in 2013 and 2014 are as follows -

Year	Number of dentists participating in the Scheme (as at 31 December)	Number of voucher claims on dental services	Amount of voucher claimed on dental services (in $ million) (Percentage of total amount of vouchers claimed)
2013	408	36 783	20.81 (7%)
2014	548	73 586	55.13 (9%)

(2) With the annual voucher amount doubled to $2,000 in mid-2014, it is envisaged that the amount of vouchers used on dental services will continue to increase in 2015.

- End -

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 0246)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the Elderly Health Care Voucher Scheme, what are the respective current numbers of elderly persons aged 65-69 and 70 or above in each of the 18 District Council districts? What are the numbers projected for each of the coming 5 years (2016-2020)?

Asked by: Hon WONG Kwok-kin (Member Question No. 5)

Reply:

According to the "Projections of Population Distribution, 2014-2023" published by the Planning Department in 2014, the population projections for the age groups of 65-69 and 70 or above from 2015 to 2020 are as at the Annex.

- End -

Annex

Population projections for the age groups of 65-69 and 70 or above by District Council districts

	2015		2016		2017		2018		2019		2020	
Age Group / District	**65-69**	**≥ 70**	**65-69**	**≥ 70**	**65-69**	**≥ 70**	**65-69**	**≥ 70**	**65-69**	**≥ 70**	**65-69**	**≥ 70**
Central & Western	12 900	28 800	14 300	29 400	14 600	30 900	14 800	32 700	15 100	34 000	15 000	35 600
Eastern	35 200	72 600	38 500	73 900	39 200	77 200	39 600	81 100	40 300	84 600	40 200	88 800
Southern	14 400	31 400	15 600	31 800	16 100	33 000	16 600	34 400	17 300	35 800	17 900	37 300
Wan Chai	8 300	19 500	9 200	20 000	9 400	20 800	9 600	21 800	9 600	22 700	9 600	23 700
Kowloon City	22 000	51 500	23 900	52 500	24 400	54 500	24 700	56 800	25 000	59 700	25 100	63 000
Kwun Tong	34 600	79 400	36 800	80 600	38 700	83 000	39 700	85 200	40 900	87 800	41 400	90 900
Sham Shui Po	20 500	51 800	22 000	52 700	22 900	53 900	23 800	55 500	25 400	58 200	26 700	61 500
Wong Tai Sin	21 500	57 800	22 800	57 700	23 900	58 300	24 700	59 400	25 800	60 500	26 500	62 100
Yau Tsim Mong	16 900	36 100	18 700	37 000	18 700	38 600	18 700	40 500	18 400	42 600	18 200	44 600
Sha Tin	35 100	57 200	39 200	59 300	41 200	62 900	42 900	66 700	45 600	71 000	47 900	75 900
Tai Po	14 100	25 400	15 800	26 400	17 400	27 800	19 000	29 500	20 700	31 400	22 300	33 700
Sai Kung	18 100	31 500	19 600	32 500	20 900	34 100	22 100	36 200	23 300	38 300	24 500	40 600
North	13 100	25 900	14 500	26 500	15 500	27 800	16 500	29 200	17 600	30 700	19 400	33 900
Kwai Tsing	28 400	58 100	29 800	59 100	30 200	61 100	31 100	63 000	31 800	65 200	32 300	67 800
Tsuen Wan	14 600	31 800	15 600	32 600	16 100	34 100	16 500	35 600	16 800	37 300	17 200	39 100
Tuen Mun	26 400	36 800	29 500	38 100	31 500	41 000	32 900	44 400	34 200	48 000	35 800	51 800
Yuen Long	22 600	43 700	25 200	45 300	27 000	47 700	29 100	50 100	31 400	53 400	33 300	56 500
Islands	6 000	11 600	6 700	11 900	7 200	12 800	7 700	13 600	8 300	14 900	8 600	15 800
Total	**364 700**	**750 900**	**397 700**	**767 300**	**414 900**	**799 500**	**430 000**	**835 700**	**447 500**	**876 100**	**461 900**	**922 600**

Source: Projections of Population Distribution 2014-2023, Planning Department

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)151

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0247)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme, please provide the following information:

- the annual number of voucher claims in each of the 18 districts in the past 5 years (from 2010-11 to 2014-15); and
- the current number of places of practice by healthcare service providers enrolled in the Scheme in each of the 18 districts with a breakdown by district and the enrolled healthcare profession.

Asked by: Hon WONG Kwok-kin (Member Question No. 5)

Reply:

Regarding the Elderly Health Care Voucher Scheme, the annual number of voucher claims in each of the 18 districts in the past five years from 2010 to 2014 are at Annex A.

As at end-December 2014, there were a total of 4 631 healthcare service providers enrolled in the Scheme, involving 6 963 places of practice (Note: a service provider can register more than one place of practice for accepting the use of vouchers). A breakdown of the places of practices by enrolled healthcare professions and districts is at Annex B.

- End -

Annex A

Annual number of voucher claims by districts
(according to the places of practices of enrolled healthcare professionals)

Year / District	2010	2011	2012	2013	2014	Total
Central & Western	18 059	22 360	34 482	55 975	82 453	**213 329**
Eastern	45 142	54 549	82 734	129 652	198 192	**510 269**
Southern	18 507	19 738	30 393	51 118	80 428	**200 184**
Wan Chai	9 857	12 351	19 909	33 233	54 390	**129 740**
Kowloon City	29 804	36 237	55 653	84 327	127 350	**333 371**
Kwun Tong	53 947	67 589	104 455	162 422	247 468	**635 881**
Sham Shui Po	37 421	44 682	67 372	102 348	153 490	**405 313**
Wong Tai Sin	50 661	60 237	90 398	138 534	198 599	**538 429**
Yau Tsim Mong	28 351	33 632	50 493	80 461	133 212	**326 149**
Sha Tin	36 967	45 695	67 742	105 603	160 498	**416 505**
Tai Po	17 459	20 055	31 625	52 485	80 590	**202 214**
Sai Kung	18 764	23 681	36 794	59 864	87 044	**226 147**
North	15 697	20 475	30 217	48 438	73 165	**187 992**
Kwai Tsing	43 875	50 774	77 110	113 605	162 681	**448 045**
Tsuen Wan	26 279	33 464	52 366	82 358	124 157	**318 624**
Tuen Mun	30 488	36 860	57 621	94 599	141 131	**360 699**
Yuen Long	19 517	25 846	40 283	63 952	97 600	**247 198**
Islands	3 052	5 118	7 553	11 465	19 099	**46 287**
Total	**503 847**	**613 343**	**937 200**	**1 470 439**	**2 221 547**	**5 746 376**

Breakdown of the places of practices by enrolled healthcare professionals and districts
(Position as at 31 December 2014)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	198	147	70	7	34	3	4	4	15	8	490
Eastern	161	161	66	7	25	0	1	9	5	17	452
Southern	41	51	13	0	2	1	1	0	0	0	109
Wan Chai	146	189	70	3	45	2	1	10	5	48	519
Kowloon City	136	105	48	9	44	1	0	20	1	73	437
Kwun Tong	227	213	96	13	32	10	6	29	3	9	638
Sham Shui Po	96	138	26	4	20	4	1	3	0	1	293
Wong Tai Sin	84	115	41	5	19	0	0	2	0	75	341
Yau Tsim Mong	381	363	136	15	130	16	8	29	34	93	1 205
Sha Tin	129	121	46	13	30	0	0	10	1	31	381
Tai Po	83	109	41	1	8	3	2	23	0	3	273
Sai Kung	129	75	27	8	22	3	1	2	0	8	275
North	54	78	24	0	2	1	0	0	8	1	168
Kwai Tsing	109	78	38	3	11	0	0	15	1	70	325
Tsuen Wan	137	145	25	4	26	5	6	11	9	9	377
Tuen Mun	131	141	33	2	12	0	1	2	0	3	325
Yuen Long	145	80	39	0	8	0	0	6	5	1	284
Islands	35	27	6	0	3	0	0	0	0	0	71
Total	**2 422**	**2 336**	**845**	**94**	**473**	**49**	**32**	**175**	**87**	**450**	**6 963**

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)152

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0437)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme, please advise on:

1. The number of elders participating in the Scheme, the number of voucher claim transactions, and the voucher amount used in the past five years (2010-2014). Please provide a breakdown by year and types of services;

2. The number of elders eligible for the Scheme, and the proportion of actual participants out of the number of eligible elders in each of the past five years (2010-2014); and

3. The estimated number of additional beneficiaries to be gained by lowering the eligible age and the expenditure to be incurred.

Eligible age	**70 or above**	**65 or above**	**60 or above**
Number of eligible elders			
Total expenditure incurred in providing every eligible elder with $2,000 worth of health care vouchers per year			

Asked by: Hon WONG Kwok-kin (Member Question No. 6)

Reply:

1 & 2. Regarding the Elderly Health Care Voucher Scheme, the relevant statistics in the past five years (as at 31 December of the year) are as follows:

	2010	2011	2012	2013	2014
Number of elders who had made use of vouchers	286 000	358 000	424 000	488 000	551 000
Number of eligible elders (i.e. elders aged 70 or above)*	688 000	707 000	714 000	724 000	737 000
Percentage of eligible elders who had made use of vouchers	42%	51%	59%	67%	75%

*Source: Hong Kong Population Projections 2010 – 2039 and Hong Kong Population Projections 2012 – 2041, Census and Statistics Department

As regards the number of voucher claims over the past five years from 2010 to 2014, the detailed breakdown by the enrolled healthcare service providers of the ten healthcare professionals is as below:

	Number of Voucher Claims					
	2010	2011	2012	2013	2014	Total
Medical Practitioners	444 362	539 256	812 872	1 229 078	1 734 967	4 760 535
Chinese Medicine Practitioners	47 519	57 892	98 189	190 017	383 613	777 230
Dentists	9 063	12 718	19 239	36 783	73 586	151 389
Occupational Therapists	15	96	101	79	584	875
Physiotherapists	1 411	1 660	3 058	6 922	13 201	26 252
Medical Laboratory Technologists	435	606	935	1 941	3 697	7 614
Radiographers	554	637	867	1 507	3 047	6 612
Nurses	295	214	334	317	921	2 081
Chiropractors	193	264	377	823	1 975	3 632
Optometrists [Note]	-	-	1 228	2 972	5 956	10 156
Total:	503 847	613 343	937 200	1 470 439	2 221 547	5 746 376

Note: Elders can make use of vouchers to settle the fee for the services provided by Optometrists starting from 1 January 2012.

As regards the amount of voucher claimed over the past five years from 2010 to 2014, the detailed breakdown by the enrolled healthcare service providers of the ten healthcare professionals is as below:

	Amount of the Vouchers Claimed (in $'000)					
	2010	2011	2012	2013	2014	Total
Medical Practitioners	58,185	77,538	139,683	256,296	444,401	976,103
Chinese Medicine Practitioners	5,651	7,176	13,808	31,968	82,369	140,972
Dentists	2,313	3,851	7,751	20,805	55,131	89,851
Occupational Therapists	2	20	27	28	390	467
Physiotherapists	210	275	614	1,758	3,981	6,838
Medical Laboratory Technologists	108	164	362	1,046	2,273	3,953
Radiographers	125	156	242	512	1,358	2,393
Nurses	67	61	125	265	773	1,291
Chiropractors	48	75	171	485	1,276	2,055
Optometrists [Note]	-	-	436	1,541	5,587	7,564
Total:	66,709	89,316	163,219	314,704	597,539	1,231,487

Note: Elders can make use of vouchers to settle the fee for the services provided by Optometrists starting from 1 January 2012.

3. Assuming the eligible age of 70 were to be lowered to 65 or 60, with an annual voucher amount of $2,000 per eligible elder, the estimated financial implications for 2015 are as follows:

	Aged 70 or above	Aged 65 or above	Aged 60 or above
Population Projections*	750 800	1 115 400	1 589 600
Estimated cash flow requirement ($ million) based on (i) take-up rate of 80%, and (ii) voucher utilisation rate of 67.5%	810.9	1,204.6	1,716.8

*Source: Hong Kong Population Projections 2012-2041, Census and Statistics Department

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)153

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0438)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What are the current number of hospital beds and their occupancy rate in each hospital cluster? What are the respective expenditures involved? Please provide a breakdown by hospital cluster, by hospital in each cluster as well as by services, namely general, infirmary, mentally ill and mentally handicapped.

Asked by: Hon WONG Kwok-kin (Member Question No. 7)

Reply:
The table below sets out the number of hospital beds, inpatient bed occupancy rate and the respective estimated costs of inpatient services in each hospital cluster by general, infirmary, mentally ill and mentally handicapped services under the Hospital Authority (HA) in 2014-15.

2014-15 [Provisional figures]	**Cluster**							**HA Overall**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
General (acute and convalescent)								
Number of hospital beds[#]	2 044	2 860	3 029	2 295	5 244	3 539	2 312	21 323
Inpatient bed occupancy rate[^]	87%	75%	91%	86%	86%	88%	96%	87%
Estimated service costs ($ million)	3,057	4,048	4,361	3,343	6,958	5,075	3,562	30,404
Infirmary								
Number of hospital beds[#]	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate[^]	90%	85%	89%	91%	98%	77%	95%	88%
Estimated service costs ($ million)	271	82	55	65	133	121	39	766

2014-15 [Provisional figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Mentally ill								
Number of hospital beds#	400	82	425	80	920	524	1 176	3 607
Inpatient bed occupancy rate^	72%	74%	81%	84%	75%	75%	65%	72%
Estimated service costs ($ million)	287	112	323	70	542	384	675	2,393
Mentally handicapped*								
Number of hospital beds#	-	-	-	-	160	-	500	660
Inpatient bed occupancy rate^	-	-	-	-	49%	-	96%	85%
Estimated service costs ($ million)	-	-	-	-	66	-	221	287

Number of hospital beds as at 31 December 2014
^ Inpatient bed occupancy rate in 2014-15 (up to 31 December 2014)
* Mentally handicapped beds are provided in KWC and NTWC only.

The inpatient service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment).

It should be noted that the inpatient service costs vary among different cases owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the clusters. The service costs also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to the population profile and other factors, including specialisation of the specialties in the clusters. Hence clusters with greater number of patients or heavier load of patients with more complex conditions or requiring more costly treatment would incur a higher service cost. Therefore the service costs cannot be directly compared among clusters. Furthermore, since the financial year of 2014-15 is not yet completed, detailed breakdown of cost information by hospital is not yet available

The table below sets out the number of hospital beds in each hospital by general, infirmary, mentally ill and mentally handicapped services under HA in 2014-15.

		Number of hospital beds as at 31 December 2014			
Cluster	**Hospital**	**General (acute and convalescent)**	**Infirmary**	**Mentally ill**	**Mentally Handicapped**
HKEC	Cheshire Home, Chung Hom Kok	0	240	0	0
	Pamela Youde Nethersole Eastern Hospital	1 273	0	400	0

		Number of hospital beds as at 31 December 2014			
Cluster	**Hospital**	**General (acute and convalescent)**	**Infirmary**	**Mentally ill**	**Mentally Handicapped**
	Ruttonjee Hospital and Tang Shiu Kin Hospital	477	156	0	0
	St. John Hospital	28	59	0	0
	Tung Wah Eastern Hospital	266	12	0	0
	Wong Chuk Hang Hospital	0	160	0	0
HKWC	The Duchess of Kent Children's Hospital at Sandy Bay	133	0	0	0
	Tung Wah Group of Hospitals Fung Yiu King Hospital	192	80	0	0
	Grantham Hospital	322	50	0	0
	MacLehose Medical Rehabilitation Centre	110	0	0	0
	Queen Mary Hospital	1 620	0	82	0
	Tung Wah Hospital	480	70	0	0
	Tsan Yuk Hospital	3	0	0	0
KCC	Hong Kong Buddhist Hospital	324	0	0	0
	Hong Kong Eye Hospital	45	0	0	0
	Kowloon Hospital	792	118	425	0
	Queen Elizabeth Hospital	1 868	0	0	0
KEC	Haven of Hope Hospital	345	116	0	0
	Tseung Kwan O Hospital	625	0	0	0
	United Christian Hospital	1 325	0	80	0
KWC	Caritas Medical Centre	1 026	20	0	160
	Kwai Chung Hospital	0	0	920	0
	Kwong Wah Hospital	1 206	0	0	0
	North Lantau Hospital	40	0	0	0
	Our Lady of Maryknoll Hospital	236	0	0	0
	Princess Margaret Hospital	1 595	138	0	0
	Tung Wah Group of Hospitals Wong Tai Sin Hospital	379	132	0	0
	Yan Chai Hospital	762	38	0	0
NTEC	Alice Ho Miu Ling Nethersole Hospital	516	0	20	0
	Bradbury Hospice	26	0	0	0
	North District Hospital	589	0	0	0
	Prince of Wales Hospital	1 580	0	0	0
	Cheshire Home, Shatin	69	235	0	0
	Shatin Hospital	358	50	144	0
	Tai Po Hospital	401	232	360	0
NTWC	Castle Peak Hospital	0	0	1 156	0
	Pok Oi Hospital	470	135	0	0
	Siu Lam Hospital	0	0	0	500
	Tuen Mun Hospital	1 842	0	20	0

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency department or stayed for more than one day. The calculation of the number of hospital beds includes that of both inpatients and day inpatients. The calculation of bed occupancy rate, on the other hand, does not include that of day inpatients.

HA organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Activity indicators such as occupancy rate should be interpreted at cluster level.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0439)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Regarding healthcare manpower and the number of hospital beds, what were the numbers of doctors, nurses, allied health professionals, care-related support staff and general beds in different hospital clusters in the past 3 years (from 2012-13 to 2014-15)? What were their respective ratios per 1 000 total population and 1 000 persons aged 65 or above in each cluster?

Asked by: Hon WONG Kwok-kin (Member Question No. 8)

Reply:

The tables below set out the numbers of doctors, nurses, allied health professionals and care-related support staff; and general beds in the Hospital Authority (HA) by cluster in 2012-13, 2013-14 and 2014-15, together with their respective ratios to overall population and population aged 65 or above:

2012-13 (as at 31 March 2013)

Cluster	**Number of doctors and ratio per 1 000 geographical population* of catchment districts**			**Catchment Districts**
	Doctors	**Ratio to overall population**	**Ratio to population aged 65 or above**	
HKEC	572	0.7	4.5	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	599	1.1	7.8	Central & Western, Southern
KCC	674	1.3	8.4	Kowloon City, Yau Tsim
KEC	607	0.6	4.2	Kwun Tong, Sai Kung
KWC	1 245	0.6	4.2	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	874	0.7	6.1	Sha Tin, Tai Po, North
NTWC	676	0.6	6.3	Tuen Mun, Yuen Long

Cluster	Number of nurses and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	Nurses	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 348	3.0	18.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 600	4.9	33.8	Central & Western, Southern
KCC	3 069	6.0	38.0	Kowloon City, Yau Tsim
KEC	2 313	2.2	15.8	Kwun Tong, Sai Kung
KWC	5 088	2.6	17.1	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 524	2.8	24.4	Sha Tin, Tai Po, North
NTWC	2 834	2.6	26.2	Tuen Mun, Yuen Long

Cluster	Number of allied health professionals and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	Allied Health Professionals	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	717	0.9	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	826	1.5	10.7	Central & Western, Southern
KCC	940	1.8	11.6	Kowloon City, Yau Tsim
KEC	645	0.6	4.4	Kwun Tong, Sai Kung
KWC	1 359	0.7	4.6	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	999	0.8	6.9	Sha Tin, Tai Po, North
NTWC	752	0.7	7.0	Tuen Mun, Yuen Long

Cluster	Number of care-related support staff and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	Care-related support staff	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	1 220	1.6	9.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	1 164	2.2	15.1	Central & Western, Southern
KCC	1 551	3.0	19.2	Kowloon City, Yau Tsim
KEC	1 083	1.0	7.4	Kwun Tong, Sai Kung
KWC	2 292	1.2	7.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 935	1.6	13.4	Sha Tin, Tai Po, North
NTWC	1 802	1.7	16.7	Tuen Mun, Yuen Long

Cluster	Number of general beds and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	General beds	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 004	2.6	15.9	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 853	5.3	37.1	Central & Western, Southern
KCC	3 004	5.9	37.2	Kowloon City, Yau Tsim
KEC	2 175	2.0	14.9	Kwun Tong, Sai Kung
KWC	5 179	2.7	17.4	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 474	2.8	24.0	Sha Tin, Tai Po, North
NTWC	2 156	2.0	19.9	Tuen Mun, Yuen Long

2013-14 (as at 31 March 2014)

Cluster	Number of doctors and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	575	0.7	4.4	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	602	1.1	7.5	Central & Western, Southern
KCC	679	1.3	7.9	Kowloon City, Yau Tsim
KEC	627	0.6	4.1	Kwun Tong, Sai Kung
KWC	1 300	0.7	4.3	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	879	0.7	5.8	Sha Tin, Tai Po, North
NTWC	702	0.6	6.1	Tuen Mun, Yuen Long

Cluster	Number of nurses and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	Nurses	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 443	3.1	18.5	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 553	4.8	31.6	Central & Western, Southern
KCC	3 175	6.2	37.1	Kowloon City, Yau Tsim
KEC	2 474	2.3	16.3	Kwun Tong, Sai Kung
KWC	5 337	2.8	17.5	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island

NTEC	3 707	2.9	24.3	Sha Tin, Tai Po, North
NTWC	3 027	2.8	26.4	Tuen Mun, Yuen Long

Cluster	Number of allied health professionals and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	Allied Health Professionals	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	746	1.0	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	838	1.6	10.4	Central & Western, Southern
KCC	978	1.9	11.4	Kowloon City, Yau Tsim
KEC	685	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 479	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 018	0.8	6.7	Sha Tin, Tai Po, North
NTWC	797	0.7	7.0	Tuen Mun, Yuen Long

Cluster	Number of care-related support staff and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	Care-related support staff	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	1 341	1.7	10.2	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	1 231	2.3	15.2	Central & Western, Southern
KCC	1 748	3.4	20.4	Kowloon City, Yau Tsim
KEC	1 211	1.1	8.0	Kwun Tong, Sai Kung
KWC	2 478	1.3	8.1	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	2 099	1.7	13.8	Sha Tin, Tai Po, North
NTWC	2 028	1.9	17.7	Tuen Mun, Yuen Long

Cluster	Number of general beds and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	General beds	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 004	2.6	15.2	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 860	5.4	35.4	Central & Western, Southern
KCC	3 005	5.9	35.1	Kowloon City, Yau Tsim
KEC	2 291	2.1	15.1	Kwun Tong, Sai Kung
KWC	5 221	2.7	17.1	Mongkok, Wong Tai Sin, Sham Shui Po,

Cluster	Number of general beds and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	General beds	Ratio to overall population	Ratio to population aged 65 or above	
				Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 477	2.8	22.8	Sha Tin, Tai Po, North
NTWC	2 274	2.1	19.9	Tuen Mun, Yuen Long

2014-15 (as at 31 December 2014)

Cluster	Number of doctors and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	590	0.8	4.4	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	613	1.2	7.4	Central & Western, Southern
KCC	696	1.3	7.6	Kowloon City, Yau Tsim
KEC	648	0.6	4.1	Kwun Tong, Sai Kung
KWC	1 319	0.7	4.2	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	893	0.7	5.6	Sha Tin, Tai Po, North
NTWC	733	0.7	6.0	Tuen Mun, Yuen Long

Cluster	Number of nurses and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	Nurses	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	2 490	3.2	18.4	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 685	5.1	32.4	Central & Western, Southern
KCC	3 265	6.1	35.8	Kowloon City, Yau Tsim
KEC	2 578	2.3	16.4	Kwun Tong, Sai Kung
KWC	5 512	2.8	17.5	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 806	3.0	23.7	Sha Tin, Tai Po, North
NTWC	3 149	2.9	25.9	Tuen Mun, Yuen Long

Cluster	Number of allied health professionals and ratio per 1 000 geographical population* of catchment districts			Catchment Districts
	Allied Health Professionals	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	770	1.0	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	885	1.7	10.7	Central & Western, Southern

KCC	992	1.9	10.9	Kowloon City, Yau Tsim
KEC	707	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 548	0.8	4.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 086	0.9	6.8	Sha Tin, Tai Po, North
NTWC	830	0.8	6.8	Tuen Mun, Yuen Long

Cluster	**Number of care-related support staff and ratio per 1 000 geographical population* of catchment districts**			**Catchment Districts**
	Care-related support staff	**Ratio to overall population**	**Ratio to population aged 65 or above**	
HKEC	1 482	1.9	11.0	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	1 396	2.6	16.8	Central & Western, Southern
KCC	1 972	3.7	21.6	Kowloon City, Yau Tsim
KEC	1 416	1.3	9.0	Kwun Tong, Sai Kung
KWC	2 809	1.4	8.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	2 349	1.9	14.6	Sha Tin, Tai Po, North
NTWC	2 205	2.0	18.2	Tuen Mun, Yuen Long

Cluster	**Number of general beds and ratio per 1 000 geographical population* of catchment districts**			**Catchment Districts**
	General beds	**Ratio to overall population**	**Ratio to population aged 65 or above**	
HKEC	2 044	2.6	15.1	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 860	5.4	34.5	Central & Western, Southern
KCC	3 029	5.7	33.2	Kowloon City, Yau Tsim
KEC	2 295	2.1	14.6	Kwun Tong, Sai Kung
KWC	5 244	2.7	16.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 539	2.8	22.0	Sha Tin, Tai Po, North
NTWC	2 312	2.1	19.0	Tuen Mun, Yuen Long

* The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC has been revised respectively in view of the new services provided to residents of the

nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures in the above table have also been adjusted accordingly.

Notes:

It should be noted that the ratio of doctors, nurses, allied health professionals and care-related support staff and the ratio of general beds per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, 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 organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

The manpower and general beds to population ratios involve the use of the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

It should also be noted that the above bed information refers only to the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds have not been included.

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)155

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0613)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the total number of influenza-associated admissions to various clusters, the number of discharges and number of deaths in each of the past 3 years by age group. With respect to the peak of the influenza season over the past 3 years, please provide information on the respective occupancy rates of medical wards of the clusters, situation of overtime work undertaken by health care workers and the expenditure involved.

Asked by: Hon WONG Kwok-kin (Member Question No. 45)

Reply:

The table below shows the statistics concerning the number of admission to the hospitals of the Hospital Authority (HA) with principal diagnosis of influenza and the number of deaths with the same principal diagnosis reported to the Department of Health in the influenza seasons in 2013, 2014 and 2015.

Influenza season		**2013**		**2014**		**2015 (ongoing)**
		Winter	Summer	Winter	Summer	Winter
Predominating influenza virus strain		Influenza A (H1N1) and Influenza B	Influenza A (H3N2)	Influenza A (H1N1), Influenza A (H3N2) and Influenza B	Influenza A (H3N2)	Influenza A (H3N2)
Admission to HA's hospitals with principal diagnosis of influenza	Aged between 0 and 14	523	421	1 480	166	862*
	Aged between 15 and 64	388	226	1 152	101	882*
	Aged 65 or above	242	610	1 255	303	3 624*
	Total	1 153	1 257	3 887	570	5 368*

Influenza season		**2013**		**2014**		**2015 (ongoing)**
		Winter	Summer	Winter	Summer	Winter
Predominating influenza virus strain		Influenza A (H1N1) and Influenza B	Influenza A (H3N2)	Influenza A (H1N1), Influenza A (H3N2) and Influenza B	Influenza A (H3N2)	Influenza A (H3N2)
Number of deaths with principal diagnosis of influenza reported to the Department of Health	Aged between 0 and 17	0	0	3	1	1
	Aged between 18 and 64	9	3	31	2	25
	Aged 65 or above	2	33	102	15	360
	Total	29	36	136	18	386 (as at noon, 16 March 2015)

* Provisional figures for the period from 28 December 2014 to 7 March 2015.

The table below sets out the average inpatient bed occupancy rate of Medical specialty in 15 acute hospitals of HA during winter surge period in 2013, 2014 and 2015.

Cluster	**Hospital**	**Average Medical Inpatient Bed Occupancy Rate**		
		December 2012 to April 2013	**December 2013 to April 2014**	**December 2014 to February 2015***
Overall (in 15 acute hospitals of HA)		101%	107%	104%
Hong Kong East	Pamela Youde Nethersole Eastern Hospital	94%	102%	96%
	Ruttonjee & Tang Shiu Kin Hospitals	82%	91%	94%
Hong Kong West	Queen Mary Hospital	89%	91%	96%
Kowloon Central	Queen Elizabeth Hospital	110%	117%	119%
Kowloon East	Tseung Kwan O Hospital	114%	105%	107%
	United Christian Hospital	95%	104%	105%

Cluster	Hospital	Average Medical Inpatient Bed Occupancy Rate		
		December 2012 to April 2013	December 2013 to April 2014	December 2014 to February 2015*
Kowloon West	Caritas Medical Centre	110%	115%	107%
	Kwong Wah Hospital	89%	104%	101%
	Princess Margaret Hospital	108%	109%	108%
	Yan Chai Hospital	93%	101%	106%
New Territories East	Alice Ho Miu Ling Nethersole Hospital	97%	103%	101%
	North District Hospital	98%	102%	92%
	Prince of Wales Hospital	121%	125%	102%
New Territories West	Pok Oi Hospital	109%	121%	108%
	Tuen Mun Hospital	102%	105%	107%

* Provisional figure

To cope with the surge in service demand, clusters have been granting special allowances for colleagues to increase work hours so as to enhance clinical and supporting services especially during weekends and long holidays. Since the relevant expenses are subsumed in clusters' overall operating expenditure, the breakdown on the special allowances granted is not available.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 0656)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Hospital Authority's oncology services,

- Please list by hospital cluster the number of new oncology cases received by different hospital clusters in each of the past 5 years (i.e. from 2010 to 2014) and the average waiting time for the first appointment of oncology patients.

- Please list the 10 most common cancers and the number of patients, number of death cases, average waiting time for the first check-up and average cost of treatment per patient of these cancers in the past 5 years (i.e. from 2010-11 to 2014-15) in the table below.

The 10 most common cancers	Number of patients	Number of death cases	Average waiting time for first check-up	Average cost of treatment per patient
Cancer (1)				
…				
Cancer (10)				

Asked by: Hon WONG Kwok-kin (Member Question No. 37)

Reply:

(1)

The table below sets out the number of specialist outpatient clinical oncology new cases and their respective median waiting time in each hospital cluster of the Hospital Authority (HA) from 2010-11 to 2014-15 (up to 31 December 2014).

Cluster	2010-11		2011-12		2012-13		2013-14		2014-15 (up to 31 December 2014) [Provisional figures]	
	Number of new cases	Median Waiting Time (weeks)	Number of new cases	Median Waiting Time (weeks)	Number of new cases	Median Waiting Time (weeks)	Number of new cases	Median Waiting Time (weeks)	Number of new cases	Median Waiting Time (weeks)
HKEC	2 593	<1	2 544	<1	2 651	1	2 804	1	2 206	<1
HKWC	2 326	<1	2 466	1	2 645	1	2 710	1	2 050	<1
KCC	5 651	1	5 901	1	6 202	1	6 226	1	4 894	1
KEC*	560	2	518	1	465	2	489	2	348	2
KWC	2 530	2	2 666	2	2 820	3	2 964	3	2 343	3
NTEC	4 522	1	4 553	1	4 768	1	4 861	1	3 765	1
NTWC	2 857	<1	3 088	<1	3 212	1	3 388	1	2 514	1

*KEC commenced limited onsite oncology service since 2009-10.

(2)

The number of cancer new cases and registered cancer deaths from 2010 to 2012 in Hong Kong are summarised below. Statistics for cancer new cases and registered cancer deaths from 2013 onwards are not yet available.

Ranking* (2012)	Cancer Site	Number of new cases			Number of registered deaths		
		2010	2011	2012	2010	2011	2012
1	Lung	4 480	4 401	4 610	3 696	3 789	3 893
2	Colorectum	4 370	4 450	4 563	1 864	1 904	1 903
3	Liver	1 863	1 858	1 790	1 530	1 536	1 505
4	Stomach	1 107	1 101	1 113	686	687	657
5	Breast	3 025	3 440	3 522	566	554	604
6	Pancreas	513	548	574	473	508	538
7	Prostate	1 492	1 644	1 631	319	299	362
8	Non-Hodgkin lymphoma	779	765	804	362	309	351
9	Nasopharynx	858	862	819	320	352	329
10	Oesophagus	446	413	400	332	337	313
	Others	7 457	7 516	8 022	2 928	2 966	2 881
	All sites	**26 390**	**26 998**	**27 848**	**13 076**	**13 241**	**13 336**

*Ranking according to number of registered deaths in 2012

Detailed statistics on waiting time per types of cancer site or the cost of treatment are not available. In providing treatment and care services for cancer patients, HA adopts a multidisciplinary approach across a number of clinical specialties. Doctors will arrange different forms of examination, pharmaceutical treatment and other adjuvant treatments in the light of the patients' needs, their clinical conditions and the complexity of their diseases. Moreover, cancer patients often require integrated medical services, including general out patient clinic and specialist out patient clinic services, acute care, extended care and hospice

care, etc. Some cancer patients also need treatments for other diseases such as diabetes and hypertension. HA will continue to review and monitor its service provision to ensure that its service can meet the needs of patients.

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)157

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0670)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide the number of attendances of the CGAT service, the list of medical staff of the CGAT by their medical professions, and the expenditure involved in each of the past 3 years.

2. What is the Hospital Authority's plan to strengthen the CGAT service? How much is the expenditure involved? Will there be any reviews regarding the comprehensiveness of the CGAT service?

Asked by: Hon Wong Kwok-kin (Member Question No 43)

Draft Reply:

1.

The Community Geriatric Assessment Teams (CGATs) of the Hospital Authority (HA) provide comprehensive multi-disciplinary care to residents of Residential Care Homes for the Elderly (RCHEs) through regular visits. The primary target group is frail residents with complex health problems and poor functional and mobility status. The services provided include medical consultations, nursing assessments and treatments, as well as community rehabilitation services by allied health professionals.

The number of CGAT attendances to elders living in RCHEs (including subsidised and private RCHEs) and the expenditure involved in the past three years are as follows:

	2012-13 (Actual)	2013-14 (Actual)	2014-15 (Revised Estimate)
Number of attendances	620 068	633 416	637 800
Total service costs ($ million) *	254	267	291

*The CGAT service costs include the direct staff costs (such as doctors and nurses) for providing services to patients; the expenditure incurred for clinical support services (such as pharmacy); and other operating costs (such as travelling expenses).

CGAT staff are members of the hospital medical team coming from specialties like Geriatric of the Medicine. Apart from providing outreach support to RCHEs, they also provide inpatient services in medical wards. Breakdown of the CGAT manpower providing outreach services to RCHEs alone is not available.

2.

HA has regularly reviewed the service of CGATs and has gradually improved its coverage of RCHEs to around 89%. In 2015-16, HA plans to recruit nine additional Registered Nurses and three additional Palliative Care Advanced Practice Nurses to provide CGAT services to more RCHE residents, particularly for the terminally ill residents to improve the quality of end-of-life care. CGATs will conduct 3 000 additional visits to RCHE in 2015-16. The additional recurrent expenditure is estimated to be $7 million.

HA will regularly review the service and manpower provision of outreach services taking into consideration various factors such as demographic changes and projected service demand, and adopt different measures to enhance support and continuity of care in the community.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)158

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0671)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the expenditure on public medical service:

1. Please provide the total population, the population of persons aged 65 or above, the ratio of doctors per 1 000 population, and the per capita medical expenditure of each hospital cluster in each of the past 5 years.

2. What are the current average daily costs for inpatients in general, those aged 65 or above, and those aged under 65?

Asked by: Hon WONG Kwok-kin (Member Question No. 42)

Reply:

(1)

The tables below set out the population and the population aged 65 or above in respect of each hospital cluster of the Hospital Authority (HA) in 2010, 2011, 2012, 2013 and 2014.

Population Estimates in 2010 (as at mid-2010)

Districts	Corresponding Hospital Cluster	Population*	Population aged 65+*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	788 900	119 700
Central & Western, Southern	HKWC	537 500	73 300
Kowloon City, Yau Tsim	KCC	491 500	74 100
Kwun Tong, Sai Kung	KEC	1 037 000	140 100
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 893 800	282 200
Sha Tin, Tai Po, North	NTEC	1 221 700	132 800
Tuen Mun, Yuen Long	NTWC	1 052 400	96 200
Overall Hong Kong		**7 024 200**	**918 500**

Population Estimates in 2011 (as at mid-2011)

Districts	Corresponding Hospital Cluster	Population*	Population aged 65+*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	776 500	120 800
Central & Western, Southern	HKWC	530 200	74 000
Kowloon City, Yau Tsim	KCC	500 200	77 700
Kwun Tong, Sai Kung	KEC	1 058 800	140 800
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 907 500	289 100
Sha Tin, Tai Po, North	NTEC	1 231 300	136 800
Tuen Mun, Yuen Long	NTWC	1 066 000	102 000
Overall Hong Kong		**7 071 600**	**941 400**

Population Estimates in 2012 (as at mid-2012)

Districts	Corresponding Hospital Cluster	Population*	Population aged 65+*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	780 200	125 800
Central & Western, Southern	HKWC	533 600	76 900
Kowloon City, Yau Tsim	KCC	508 700	80 700
Kwun Tong, Sai Kung	KEC	1 074 900	146 000
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 929 300	298 200
Sha Tin, Tai Po, North	NTEC	1 246 500	144 500
Tuen Mun, Yuen Long	NTWC	1 080 300	108 100
Overall Hong Kong		**7 154 600**	**980 300**

Population Estimates in 2013 (as at mid-2013)

Districts	Corresponding Hospital Cluster	Population*	Population aged 65+*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	777 600	132 000
Central & Western, Southern	HKWC	534 100	80 700
Kowloon City, Yau Tsim	KCC	508 800	85 500
Kwun Tong, Sai Kung	KEC	1 088 100	151 700
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 931 800	304 500
Sha Tin, Tai Po, North	NTEC	1 258 200	152 600
Tuen Mun, Yuen Long	NTWC	1 088 300	114 500
Overall Hong Kong		**7 187 500**	**1 021 500**

Projected Population in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population*	Population aged 65+*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	774 500	135 300
Central & Western, Southern	HKWC	530 100	83 000
Kowloon City, Yau Tsim	KCC	536 000	91 200
Kwun Tong, Sai Kung	KEC	1 098 000	157 300
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 945 200	314 500
Sha Tin, Tai Po, North	NTEC	1 266 400	160 500
Tuen Mun, Yuen Long	NTWC	1 099 400	121 400
Overall Hong Kong		**7 250 400**	**1 063 600**

The tables below set out the number and ratio of doctors in HA per 1 000 population by cluster in 2010-11, 2011-12, 2012-13, 2013-14, 2014-15 (as at 31 December 2014).

2010-11 (as at 31 March 2011)

Cluster	Number of doctors and ratio per 1 000 geographical population* of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
HKEC	550	0.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	569	1.1	Central & Western, Southern
KCC	648	1.3	Kowloon City, Yau Tsim
KEC	590	0.6	Kwun Tong, Sai Kung
KWC	1 192	0.6	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	835	0.7	Sha Tin, Tai Po, North
NTWC	656	0.6	Tuen Mun, Yuen Long
Cluster Total	**5 040**	**0.7**	

2011-12 (as at 31 March 2012)

Cluster	Number of doctors and ratio per 1 000 geographical population* of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
HKEC	555	0.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	588	1.1	Central & Western, Southern
KCC	662	1.3	Kowloon City, Yau Tsim
KEC	603	0.6	Kwun Tong, Sai Kung
KWC	1 208	0.6	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	861	0.7	Sha Tin, Tai Po, North
NTWC	674	0.6	Tuen Mun, Yuen Long
Cluster Total	**5 151**	**0.7**	

2012-13 (as at 31 March 2013)

Cluster	Number of doctors and ratio per 1 000 geographical population* of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
HKEC	572	0.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	599	1.1	Central & Western, Southern
KCC	674	1.3	Kowloon City, Yau Tsim
KEC	607	0.6	Kwun Tong, Sai Kung
KWC	1 245	0.6	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	874	0.7	Sha Tin, Tai Po, North
NTWC	676	0.6	Tuen Mun, Yuen Long
Cluster Total	**5 248**	**0.7**	

2013-14 (as at 31 March 2014)

Cluster	Number of doctors and ratio per 1 000 geographical population* of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
HKEC	575	0.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	602	1.1	Central & Western, Southern
KCC	679	1.3	Kowloon City, Yau Tsim
KEC	627	0.6	Kwun Tong, Sai Kung
KWC	1 300	0.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	879	0.7	Sha Tin, Tai Po, North
NTWC	702	0.6	Tuen Mun, Yuen Long
Cluster Total	**5 365**	**0.7**	

2014-15 (as at 31 December 2014)

Cluster	Number of doctors and ratio per 1 000 geographical population* of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
HKEC	590	0.8	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	613	1.2	Central & Western, Southern
KCC	696	1.3	Kowloon City, Yau Tsim
KEC	648	0.6	Kwun Tong, Sai Kung
KWC	1 319	0.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	893	0.7	Sha Tin, Tai Po, North
NTWC	733	0.7	Tuen Mun, Yuen Long
Cluster Total	**5 493**	**0.8**	

* The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC has been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures in the above table have also been adjusted accordingly.

Note:

1. The above population figures are based on the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.

2. The manpower figures 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.

3. The manpower to population ratios involves the use of the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

4. It should be noted that the ratios of doctors in HA per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because :

   (a) in planning for its services, 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 organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;
   (b) patients may receive treatment in hospitals other than those in their own residential districts; and
   (c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

The table below sets out the total expenditures of each hospital cluster for the past five years.

Cluster	**2010-11 ($ billion)**	**2011-12 ($ billion)**	**2012-13 ($ billion)**	**2013-14 ($ billion)**	**2014-15 (projection as of 31 December 2014) ($ billion)**
HKEC	3.92	4.29	4.74	4.91	5.40
HKWC	4.30	4.80	5.20	5.57	6.03
KCC	4.91	5.43	5.90	6.30	6.74
KEC	3.50	3.91	4.30	4.68	5.17
KWC	7.81	8.72	9.55	10.25	11.20
NTEC	5.77	6.42	7.02	7.45	8.03
NTWC	4.46	5.03	5.51	5.85	6.37

The concept of "health expenditure per capita" refers to aggregated expenditures of all healthcare activities comprising both public and private sectors divided by population of a country/region. For reference, the information of per capita health expenditure can be found in the Domestic Health Accounts of Hong Kong (http://www.fhb.gov.hk/statistics/en/dha.htm), which were compiled in accordance with the framework of the International Classification for Health Accounts promulgated by the Organisation for Economic Co-operation and Development (OECD). It is not methodologically appropriate to extend the concept to compare the level of health expenditure per capita between clusters.

(2)

The table below sets out the projected average cost per patient day for each type of bed in 2015-16.

Types of beds	Projected average cost per patient day ($)
General (acute & convalescent)	4,910
Infirmary	1,560
Mentally Ill	2,550
Mentally Handicapped	1,450

The inpatient service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). HA does not collate age-specific unit cost and therefore cost per patient day for patients aged 65 or above and those aged under 65 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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1267)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Government will open a total of 250 additional beds in high needs communities like Kowloon East, New Territories East and New Territories West Clusters to meet the growing demand arising from population growth and ageing.

What will be the distribution and opening schedule of the additional beds? What will be the expenditure to be borne by the Government, including the expenditure on recruiting additional healthcare staff to tie in with the increase in the number of beds? Is there any difficulty in recruiting healthcare staff? Will the progress of providing additional beds be affected?

Asked by: Hon WONG Ting-kwong (Member Question No. 53)

Reply:

The Hospital Authority (HA) has earmarked over $320 million for the opening of 250 beds in 2015-16. A breakdown of the additional beds by clusters is set out in the following table:

Cluster	**Number of general beds to be opened in 2015-16**		
	Acute General	Convalescent	Total
HKEC	21	-	21
HKWC	-	-	-
KCC	-	-	-
KEC	36	-	36
KWC	-	-	-
NTEC	71	-	71
NTWC	82	40	122
HA Overall	**210**	**40**	**250**

The above beds will be opened by first quarter of 2016.

HA will deploy existing staff and recruit additional staff to cope with the opening of the above beds. While the detailed arrangement for manpower deployment is still being worked out, it is expected that HA will be able to open the beds according to the above timeframe.

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)160

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2624)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the initiative to "open a total of 250 additional beds in high needs communities like Kowloon East, New Territories East and New Territories West Clusters", please advise on:

1. the distribution of the additional beds among hospitals; and
2. the number of additional beds, total number of beds and population-bed ratio based on cluster population in each cluster for each of the past 5 years.

Asked by: Hon WU Chi-wai (Member Question No. 19)

Reply:
1.

The table below sets out the additional 250 hospital beds to be opened in 2015-16 in the Hospital Authority (HA), broken down by clusters, hospitals and types:

Cluster/Hospital	**Number of hospital beds to be opened in 2015-16**		
	Acute General	Convalescent	Total
HKEC	**21**	**0**	**21**
PYNEH	*11*	*0*	*11*
RH	*10*	*0*	*10*
KEC	**36**	**0**	**36**
TKOH	*36*	***0***	**36**
NTEC	**71**	**0**	**71**
PWH	*71*	**0**	*71*
NTWC	**82**	**40**	**122**
POH	*76*	*38*	*114*
TMH	*6*	*2*	*8*
HA Overall	**210**	**40**	**250**

2.

The table below sets out the number of additional general beds in HA by hospital clusters in 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15.

Hospital Cluster	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15 (Revised Estimate)**
HKEC	+60	-	+2	-	+40
HKWC	-	-	-	+7	-
KCC	-	-	+2	+1	+24
KEC	+60	-	+40	+116	+4
KWC	-	-	+5	+42	+23
NTEC	-	-	+1	+3	+62
NTWC	+97	+21	+41	+118	+52

The table below sets out the number and ratio of general beds in HA per 1 000 population by hospital clusters in 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15.

2010-11

Hospital Cluster	**Number of general beds**	**Number of general beds per 1 000 geographical population of catchment districts**	**Catchment Districts**
HKEC	2 002	2.5	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 853	5.3	Central & Western, Southern
KCC	3 002	6.1	Kowloon City, Yau Tsim
KEC	2 135	2.1	Kwun Tong, Sai Kung
KWC	5 174	2.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 473	2.8	Sha Tin, Tai Po, North
NTWC	2 094	2.0	Tuen Mun, Yuen Long

2011-12

Hospital Cluster	**Number of general beds**	**Number of general beds per 1 000 geographical population of catchment districts**	**Catchment Districts**
HKEC	2 002	2.6	Eastern, Wan Chai, Islands (excl. Lantau Island)

Hospital Cluster	Number of general beds	Number of general beds per 1 000 geographical population of catchment districts	Catchment Districts
HKWC	2 853	5.4	Central & Western, Southern
KCC	3 002	6.0	Kowloon City, Yau Tsim
KEC	2 135	2.0	Kwun Tong, Sai Kung
KWC	5 174	2.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 473	2.8	Sha Tin, Tai Po, North
NTWC	2 115	2.0	Tuen Mun, Yuen Long

2012-13

Hospital Cluster	Number of general beds	Number of general beds per 1 000 geographical population of catchment districts	Catchment Districts
HKEC	2 004	2.6	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 853	5.3	Central & Western, Southern
KCC	3 004	5.9	Kowloon City, Yau Tsim
KEC	2 175	2.0	Kwun Tong, Sai Kung
KWC	5 179	2.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 474	2.8	Sha Tin, Tai Po, North
NTWC	2 156	2.0	Tuen Mun, Yuen Long

2013-14

Hospital Cluster	Number of general beds	Number of general beds per 1 000 geographical population of catchment districts	Catchment Districts
HKEC	2 004	2.6	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 860	5.4	Central & Western, Southern
KCC	3 005	5.9	Kowloon City, Yau Tsim
KEC	2 291	2.1	Kwun Tong, Sai Kung

Hospital Cluster	Number of general beds	Number of general beds per 1 000 geographical population of catchment districts	Catchment Districts
KWC	5 221	2.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 477	2.8	Sha Tin, Tai Po, North
NTWC	2 274	2.1	Tuen Mun, Yuen Long

2014-15

Hospital Cluster	Number of general beds (Revised Estimate)	Number of general beds per 1 000 geographical population of catchment districts	Catchment Districts
HKEC	2 044	2.6	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 860	5.4	Central & Western, Southern
KCC	3 029	5.7	Kowloon City, Yau Tsim
KEC	2 295	2.1	Kwun Tong, Sai Kung
KWC	5 244	2.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 539	2.8	Sha Tin, Tai Po, North
NTWC	2 326	2.1	Tuen Mun, Yuen Long

The bed to population ratios involve the use of the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

It should be noted that the ratios of general beds per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, 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 organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors considered;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

It should also be noted that the above bed information includes only the general beds in HA. Those of infirmary, mentally ill and mentally handicapped beds are not included given their specific nature.

Abbreviations

Cluster

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

Hospitals

POH – Pok Oi Hospital
PWH – Prince of Wales Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
TKOH – Tseung Kwan O Hospital
TMH – Tuen Mun Hospital

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)161

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2042)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Budget that the Government will launch a territory-wide education and promotion campaign to raise public awareness on mental health. What are the details? What is the expenditure involved? What is the staffing establishment?

Asked by: Hon CHAN Han-pan (Member Question No. 45)

Reply:

The Department of Health will launch a territory-wide public education and publicity campaign on mental health in 2015. The aim of the campaign is to raise public awareness of positive mental health and well-being and increase public knowledge and understanding about mental health. The two major components of the campaign are: a) a mass media promotion and publicity campaign and b) community-based and setting-specific activities. Collaboration with community health promotion partners and other relevant stakeholders will be established to take this initiative forward. A provision of $10 million per annum for three years from 2015-16 to 2017-18 has been earmarked for this purpose. The campaign will be launched through re-deployment of existing manpower.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)162

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2043)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding infant, child and student health, please reply:

(a) What are the details, service utilisation rate, information on waiting time, as well as expenditure of the genetic screening services provided by the Administration in the past?

(b) Currently, participation in certain components of the Integrated Child Health and Development Programme, such as developmental surveillance and parenting education, is not compulsory. What is the utilisation of and waiting time for the above two services? Also, please provide information on the waiting time for preschool vision screening services. Is there an increasing trend in the number of children found to have eye problems in preschool vision screening?

(c) Please set out in table form the number of students in the following three groups, i.e. Primary (Primary 1-6), Junior Secondary (Secondary 1-3) and Senior Secondary (Secondary 4-6), enrolled in the Student Health Service, their percentage in the total number of students in the respective groups, the number of enrolment of non-eligible students, and the number of students who have completed the examinations for the past three years.

Asked by: Hon CHAN Han-pan (Member Question No. 46)

Reply:

(a) The Clinical Genetic Service (CGS) of the Department of Health (DH) provides genetic services on a territory-wide basis. The major services include genetic counselling and genetic screening. Currently, glucose-6-phosphate dehydrogenase deficiency and congenital hypothyroidism are covered in the Neonatal Screening Programme. Current waiting time for genetic counselling is five to six months for routine referrals and within one week for urgent referrals.

The number of family attendance in 2014 is 4 778. Expenditure for 2014-15 (revised estimate) is $31.1 million.

(b) The Family Health Service (FHS) provides child health service through an integrated programme (namely, the Integrated Child Health and Development Programme) which comprises parenting education, immunisation, as well as health and developmental surveillance. Since it is an integrated programme, there is no separate attendance for each component. In 2014, attendance for the child health service is 616 000. New case is usually seen within one to two days.

Vision screening is provided by FHS for pre-school children at the age of four. Waiting time varies among centres, ranging from two to six weeks. Children with suspected eye problems will be referred to ophthalmologist for diagnosis and follow up treatment. The rates of referral to ophthalmologist in the past five years were fairly stable (i.e. between 9% and 11%). There is no increasing trend observed.

(c) The numbers of students enrolled in the Student Health Service for the past three school years are at the **Annex**.

The numbers of non-eligible students who attended the Student Health Service for the past three school years are as follows:

	2011/12	2012/13	2013/14
Non-eligible students who attended Student Health Service	0	30	12

- End -

Annex

Statistics of the Student Health Service from 2011/12 to 2013/14							
		2011/12		2012/13		2013/14	
		Number of student	Enrolment rate (b)/(a)x100%	Number of student	Enrolment rate (b)/(a)x100%	Number of student	Enrolment rate (b)/(a)x100%
Total number of students (a)	Primary (Primary 1-6)	320 011		313 694		316 559	
	Special primary school students	3 662		3 573		3 570	
	All primary students	**323 673**		**317 267**		**320 129**	
	Junior Secondary (Secondary 1-3)	206 243		195 897		185 220	
	Senior Secondary (Secondary 4-7)*	254 059		217 632		203 767	
	Special secondary school students	4 044		3 928		4 161	
	All secondary school students	**464 346**		**417 457**		**393 148**	
Number of enrolled students (b)	Primary (Primary 1-6)	304 924	95.3%	299 203	95.4%	302 706	95.6%
	Special primary school students	3 111	85.0%	3 065	85.8%	3 034	85.0%
	All primary students	**308 035**	**95.2%**	**302 268**	**95.3%**	**305 740**	**95.5%**
	Junior Secondary (Secondary 1-3)	188 591	91.4%	180 382	92.1%	171 581	92.6%
	Senior Secondary (Secondary 4-7)*	196 748	77.4%	175 738	80.8%	167 552	82.2%
	Special secondary school students	2 748	68.0%	2 813	71.6%	2 851	68.5%
	All secondary school students	**388 087**	**83.6%**	**358 933**	**86.0%**	**341 984**	**87.0%**
Number of attended students	Primary (Primary 1-6)	256 342		251 487		253 839	
	Special primary school students	2 404		2 304		2 363	
	All primary students	**258 746**		**253 791**		**256 202**	
	Junior Secondary (Secondary 1-3)	112 360		109 161		104 421	
	Senior Secondary (Secondary 4-7)*	66 700		60 397		57 272	
	Special secondary school students	1 966		1 980		2 028	
	All secondary school students	**181 026**		**171 538**		**163 721**	

* Figures include Secondary 7 students in the Private and International School in 2013/14 though the new academic structure (3-3-4) was implemented in 2012/13.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2044)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What are the details of the services provided by the Administration to patients with special oral healthcare needs or emergency? What is the current demand for such services? How will the Administration enhance the services? What are the expenditures involved?

Asked by: Hon CHAN Han-pan (Member Question No. 47)

Reply:

The Department of Health (DH) provides specialist dental care to groups with special oral healthcare needs through the Oral Maxillofacial Surgery & Dental Units (OMS&DUs) in seven public hospitals. The provision of service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners. In addition, the DH provides free emergency dental services to emergency cases through the general public sessions (GP sessions) at 11 government dental clinics. The scope of service includes pain relief, extraction of tooth, drainage of dental abscess and prescription. Dentists will also give professional advice with regard to the individual needs of patients.

The numbers of patients with special oral healthcare needs and the attendance of emergency cases in the dental clinics of the DH in 2014 are as follows:

	2014 (Actual)
No. of attendances of emergency cases	41 000
No. of patients with special oral healthcare needs	11 000

The expenditures on the dental service provided to patients with special oral healthcare needs and emergency cases have been absorbed within the provisions for dental services

under Programme (4), hence a breakdown of the expenditures is not available. In financial year 2015-16, the provision for dental services under Programme (4) is $51.7 million.

Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminates oral health information through different channels.

Under the Comprehensive Social Security Assistance (CSSA) Scheme, recipients aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items (including dentures, crowns, bridges, scaling, fillings, root canal treatment and tooth extraction), whichever is the less.

Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders aged 70 or above can make use of the vouchers to access, among others, dental services in private dental clinics and dental clinics run by non-governmental organisations (NGOs). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and further increased the annual voucher value from $1,000 to $2,000 in 2014.

In 2011, the Government launched a pilot project to provide free outreach dental services for elders residing in residential care homes or receiving services in day care centres through outreach dental teams set up by NGOs with government subsidies. Having regard to the experience gained and the positive feedback from the NGOs, we have turned the pilot project into a regular programme namely, Outreach Dental Care Programme for the Elderly under DH since October 2014 to continue to provide outreach dental services for elders in similar health conditions and physical environment. In addition, we have enhanced the financial support for NGOs and scope of treatments for the elders under the regular programme.

In addition, the Community Care Fund launched the Elderly Dental Assistance Programme (the Programme) in September 2012 to provide free dentures and related dental services for elders on low income who are users of the home care service or home help service schemes subvented by the Social Welfare Department. To enable more needy elders to benefit from the Programme, the Commission on Poverty agreed to expand the Programme progressively to cover elders who are Old Age Living Allowance recipients by phases, starting with those aged 80 or above in the first phase (involving some 130 000 elders), and to consider extending it to other age groups progressively having regard to the progress of implementation and the overall situation. The expanded Programme is expected to be rolled out in the second half of 2015.

In 2013, the Government launched a four-year pilot project to provide dental services for patients with intellectual disability (ID) aged 18 or above who are recipients of CSSA, disability allowance or medical fee waiver of the Hospital Authority. Eligible patients can receive subsidised check-ups, dental treatment and oral health education in the designated

NGO dental clinic, or other necessary dental services under intravenous sedation or general anaesthesia in the designated private hospital. The Government has set aside $20 million for the pilot project, which would benefit about 1 600 adult patients with ID.

We shall continue our efforts in promotion and education to improve oral health of the public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0728)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

According to the figures under the Indicators of Programme (1) Statutory Functions, the number of inspections of private hospitals registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (the Ordinance) conducted by the Department of Health decreased from 126 in 2013 to 112 in 2014. In this regard, will the Government advise this Committee:

A) What were the reasons for the drop in the number of inspections of private hospitals in 2014?
B) What were the number of cases of suspected non-compliance with the Ordinance by private hospitals uncovered during inspections of private hospitals in 2014 and the nature of the suspected non-compliances? Have follow-up actions been taken against the relevant private hospitals? If yes, what are the details?
C) What are the staffing and estimated expenditure allocated by the Administration to monitor the operation of private hospitals in the coming year? Will the Administration step up inspections to closely monitor the compliance of private hospitals with the Ordinance? If yes, what are the details? If no, what are the reasons?

Asked by: Hon CHAN Kin-por (Member Question No. 8)

Reply:
Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals 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 the standards of good practice, with a view to enhancing patient safety and quality of service. DH conducts inspections to private hospitals for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events.

(A) DH inspects all private hospitals at least twice per year. In 2014, a total of 112 inspections to private hospitals were conducted. The comprehensiveness and efficiency of annual inspections were enhanced by adoption of inspection checklists. The total number of inspections conducted is affected by factors such as applications for new services, and number of complaints received.

(B) In 2014, there were no contraventions to the Ordinance detected, and four cases of non-compliance with COP were identified. Three cases involved policies and procedures of hospital practices and one case involved reporting of sentinel event. DH issued regulatory letters to the private hospitals concerned and followed up on the remedial measures.

(C) In 2014-15, additional resources has been allocated for enhancing the regulatory control of healthcare institutions, to support private hospital development via licensing, enforcement, surveillance, quality assurance and review and monitoring of compliance with land grants. The total number of posts involved in the regulation of private healthcare institutions was 37, and the total financial provision (revised estimate) was $31.3 million. The target number of inspections set for private hospitals has been revised from “not less than once a year” to “not less than twice a year” starting from 2014. DH has stepped up monitoring compliance with the Ordinance, COP and land grant conditions by private hospitals. DH is also assisting the Food and Health Bureau in the review of the regulatory control of private healthcare facilities, including the work of the Steering Committee on Review of the Regulation of Private Healthcare Facilities and its working groups.

In 2015-16, the number of posts and financial provision earmarked for the regulation of private healthcare institutions are 37 and $31.6 million, respectively.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)165**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0729)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
As mentioned in the Matters Requiring Special Attention in 2015–16 under Programme (2) Disease Prevention, the Department of Health will prepare for the launching of a pilot colorectal cancer screening programme for persons at specific ages. In this connection, what will be the staffing complement and the estimated expenditure allocated by the Administration in 2015–16 for launching the pilot colorectal cancer screening programme? It is expected that the pilot colorectal cancer screening programme will be introduced by end 2015 the earliest. As such, when will the specific details of the programme be finalised and announced?

Asked by: Hon Chan Kin Por (Member Question No. 9)

Reply:
The Department of Health is developing a colorectal cancer screening pilot programme to provide subsidised screening to specific age groups. The financial provision in 2015-16 is $71.9 million which covers eight time-limited civil service posts, screening materials and professional services, laboratory analysis, publicity and education, and administrative expenses.

A multi-disciplinary cross-sectoral taskforce and four working groups were formed in 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme. Criteria for participation, method of screening, service delivery model, operational logistics, and mode of subsidy have been deliberated and will be finalised in the coming months. An information system is being built to serve the function of a screening registry. Meanwhile, potential service providers, users and community partners are engaged in active dialogue for the purpose of publicising and promoting the programme. The programme is expected to be announced and introduced by end 2015 the earliest if preparatory work proceeds smoothly.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)166**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2065)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Policy Address that "the Department of Health will strengthen the manpower of the multi-disciplinary healthcare teams of the Child Assessment Centres to provide early assessment and professional diagnosis". Please give an account of the policy with financial details, as well as how it is expected to improve the existing service and shorten the waiting time.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 271)

Reply:

The Government has allocated funding for 2015-16 and onwards for the conversion of non-civil-service contract positions to civil service posts in order to strengthen the manpower support and enhance the service capacity to meet the rising number of referred cases. The ten civil service posts include four Medical & Health Officers, four Clinical Psychologists and two Speech Therapists.

In addition, CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment with a view to enhancing service efficiency. It is expected that CAS will be able to complete assessments for at least 90% of the newly referred cases within six months. The financial provision for CAS in 2015-16 is $110.2 million.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)167**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0779)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the work of the Tobacco Control Office (TCO), please set out the actual, revised and estimated expenditures for 2013-14, 2014-15 and 2015-16 as well as the staff establishment for the three years.

2. How many premises were inspected and fixed penalty notices (FPNs) issued by TCO for 2013-14 and 2014-15 respectively? Among these FPNs, how many of them were not paid on time and what were the respective amounts involved?

Asked by: Hon HO Chun-yan, Albert (Member Question No. 3)

Reply:

1. The expenditures / provisions and staffing situation of the Tobacco Control Office (TCO) in 2013-14, 2014-15 and 2015-16 are at **Annexes 1 and 2** respectively.

2. TCO conducts inspections to venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted and the fixed penalty notices (FPNs) issued for smoking offences by TCO in 2013 and 2014 are as follows -

	2013	2014
Complaints received	18 079	17 354
Inspections conducted	27 461	29 032
FPNs issued	8 330	7 834

As of 6 March 2015, the numbers of FPNs which have not been paid are 185 and 283 for 2013 and 2014 respectively, involving a total unsettled payment of $702,000. Court warrants for non-payment have been issued for the recovery of unsettled payment of penalty.

- End -

Annex 1

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2013-14 ($ million)	2014-15 Revised Estimate ($ million)	2015-16 Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	42.7	39.4	40.5
Health Education and Smoking Cessation			
Programme 3: Health Promotion	120.2	125.7	126.4
(a) General health education and promotion of smoking cessation			
TCO	*48.2*	*46.2*	*46.8*
Subvention to Council on Smoking and Health	*22.0*	*24.3*	*21.4*
Sub-total	***70.2***	***70.5***	***68.2***
(b) Provision for smoking cessation and related services by non-governmental organisations			
Subvention to Tung Wah Group of Hospitals	*34.7*	*37.1*	*39.1*
Subvention to Pok Oi Hospital	*7.3*	*7.8*	*7.6*
Subvention to Po Leung Kuk	*2.2*	*2.0*	*2.0*
Subvention to Lok Sin Tong	*1.9*	*1.9*	*2.3*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*1.3*	*2.3*	*2.3*
Subvention to The University of Hong Kong		*1.5*	*2.3*
Sub-total	***50.0***	***55.2***	***58.2***
Total	**162.9**	**165.1**	**166.9**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2013-14	2014-15	2015-16 Estimate
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	2	2
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9
Sub-total	***107***	***107***	***107***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	1
Scientific Officer (Medical)	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	3	3	3
Hospital Administrator II/ Health Promotion Officer/	4	4	4
Sub-total	***10***	***10***	***10***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	17
Motor Driver	1	1	1
Sub-total	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)168

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0780)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the use of elderly health care vouchers by the elders, what is the frequency of use of the vouchers by categories in 2014-15?

2. Unused voucher amount of each year can be retained for use in the following years. The unspent voucher amount can be carried forward but subject to an accumulation limit of $4,000. Please provide the number of elderly people who have an unspent voucher amount in 2014-15, its percentage in the total number of eligible elderly people and the amount involved.

3. Regarding the Department of Health's "Outreach Dental Care Programme for the Elderly", what is the revised amount of subvention for 2014-15 and the estimate for 2015? What is the total number of non-governmental organisations participating in the programme? What is the number of elders benefited?

Asked by: Hon HO Chun-yan, Albert (Member Question No. 4)

Reply:

1. The number of voucher claims broken down by types of healthcare professionals in 2014 is provided below:

Healthcare Professionals	Number of Voucher Claims
Medical Practitioners	1 734 967
Chinese Medicine Practitioners	383 613
Dentists	73 586
Occupational Therapists	584
Physiotherapists	13 201
Medical Laboratory Technologists	3 697

Radiographers	3 047
Nurses	921
Chiropractors	1 975
Optometrists	5 956
Total:	2 221 547

2. Details of the number of elders with unspent vouchers and the amount involved (as at 31 December 2014) are as below:

(a) Number of elders who had made use of vouchers but with unspent vouchers	(b) Number of eligible elders (i.e. aged 70 or above)*	=(a)/(b)x100% Percentage of elders with unspent vouchers against the number of eligible elders	Total amount of unspent vouchers ($ million)
487 000	737 000	66%	1,001

*Source: Hong Kong Population Projections 2012 – 2041, Census and Statistics Department

3. The revised estimate of subvention for 2014-15 and the estimate for 2015-16 in respect of the "Outreach Dental Care Programme for the Elderly" (ODCP) are $19.9 million and $39.9 million respectively.

Under the ODCP, 22 outreach dental teams from 11 non-governmental organisations have been set up to provide free outreach dental services for elders in residential care homes / day care centres and similar facilities covering about 69 000 elders.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)169

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0796)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the appointment time for new dermatology cases within 12 weeks, the target is set to be over 90%. However, the actual percentage was 53% in 2013 and 48% in 2014. Patients were unable to receive treatment within the target time. What are the reasons for that?

Asked by: Hon HO Chun-yan, Albert (Member Question No. 20)

Reply:

The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. DH endeavours to fill vacancies arising from staff departure through recruitment of new doctors and internal deployment within DH. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)170**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0798)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the recruitment of temporary staff, how many staff were and will be recruited in 2013-14, 2014-15 and 2015-16 respectively?

2. Regarding subventions, how many subvented organisations will there be in 2015-16? Please list the names of the subvented organisations and the use of subventions.

Asked by: Hon HO Chun-yan, Albert (Member Question No. 22)

Reply:

1. The financial provision for departmental expenses in respect of "Temporary staff" is mainly for the employment of non-civil service contract (NCSC) staff for meeting service need that is short-term or where the mode of delivery of the service is under review. The number of NCSC staff in the Department varies from time to time in accordance with the changing service needs. Therefore, it is not possible to project the number of NCSC staff to be engaged by the Department in 2015-16. However, the numbers of full-time NCSC staff engaged by the Department in 2013-14 and 2014-15 were as follows:

Financial Year (as at 31 December)	Number of full-time NCSC Staff
2013-14	663
2014-15	538

2. In 2015-16, the Department of Health will subvent the following organisations / programmes with subvented services listed below:

Organisations / Programmes subvented by the Department of Health	Subvented Services
Programme (2) : Disease Prevention	
Family Planning Association of Hong Kong	Provision of family planning services.
Elderly Health Assessment Pilot Programme (EHAPP) Note 1	Provision of baseline health assessment, follow-up consultations and health promotion sessions to elders under the EHAPP.
Outreach Dental Care Programme for the Elderly Note 2	Provision of free outreach dental care services and promotion of the importance of oral hygiene and oral health to elders in residential care homes and similar facilities, and provision of oral care training to their caregivers.
Programme (3) : Health Promotion	
Hong Kong St. John Ambulance	Provision of first aid / ambulance services in emergency and organisation of first aid / home nursing courses for the general public.
Hong Kong Red Cross	Organisation of Standard First Aid Courses and Standard First Aid Refresher Courses to the general public.
Hong Kong Council on Smoking and Health	Provision of a focal point for promotional initiatives in support of tobacco control.
Tung Wah Group of Hospitals – Smoking Cessation Programme	Provision of clinical and counselling services to quitters, educational and publicity programmes to the public, and training programmes to healthcare workers on smoking cessation.
Pok Oi Hospital – Smoking Cessation Programme by Traditional Chinese Medicine	Provision of acupuncture and counselling services to quitters, and educational and publicity programmes to the public.
Po Leung Kuk – School-based Smoking Prevention Programme	Development and implementation of a pilot programme for smoking prevention in kindergartens, and organisation of health promotion activities against tobacco targeting at schools.
Lok Sin Tong – Smoking Cessation Programme in Workplace	Provision of outreach smoking cessation programme targeting at workplace.

Organisations / Programmes subvented by the Department of Health	Subvented Services
United Christian Nethersole Community Health Service – Smoking Cessation Programme for Ethnic Minorities and New Immigrants	Provision of centre-based & outreach counselling and smoking cessation services for ethnic minorities and new immigrants.
Life Education Activity Programme – Smoking Prevention Programme for Primary and Secondary Schools	Provision of interactive health promotion classes to deliver smoke-free messages to primary and secondary school students and carrying out of evaluation on the effectiveness of the Programme.
The University of Hong Kong – Smoking Cessation Evaluation and Training Project	Designing a model of best practices of a smoking cessation service for a middle-resource country of Western Pacific Region, and planning and developing a tool for monitoring and evaluating the progress of smoking cessation service.
Programme (4) : Curative Care	
Tung Wah Group of Hospitals – Chinese Medicine General Outpatient Clinics	Provision of free bone-setting and herbalist services.
Programme (6) : Treatment of Drug Abusers	
Society for the Aid and Rehabilitation of Drug Abusers	Provision of residential treatment and rehabilitation programmes for drug abusers and counselling service to the clients of the Methadone Treatment Programme.
Caritas Hong Kong	Provision of residential treatment and rehabilitation programmes for drug abusers.
Hong Kong Christian Service	Provision of residential treatment and rehabilitation programmes for drug abusers.

Note 1: The organisations subvented under the Elderly Health Assessment Pilot Programme are: (i) Evangel Hospital, (ii) United Christian Nethersole Community Health Service, (iii) Chai Wan Baptist Church Community Health Centre Limited, (iv) Po Leung Kuk, (v) The Lok Sin Tong Benevolent Society, Kowloon, (vi) Hong Kong Sheng Kung Hui Welfare Council Limited, (vii) Tung Wah Group of Hospitals, (viii) Sik Sik Yuen, and (ix) Haven of Hope Christian Service.

Note 2: The organisations subvented under the Outreach Dental Care Programme for the Elderly are: (i) Caritas Dental Clinics Limited, (ii) Chi Lin Nunnery, (iii) Christian Family Service Centre Dental Services Limited, (iv) Haven of Hope Christian Service, (v) The Hong Kong Tuberculosis, Chest & Heart Diseases Association, (vi) H.K.S.K.H. Lady MacLehose Centre, (vii) Pok Oi Hospital, (viii) Project Concern Hong Kong, (ix) TWGHs Dental Services Limited, (x) Yan Chai Hospital, and (xi) Yan Oi Tong.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)171

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1982)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the registration applications from healthcare professionals processed by statutory boards/councils, please advise on the operating expenditures, manpower, numbers of registration applications and the average processing time for each application in 2014. Besides, the number of applications in 2015 is expected to increase compared to 2014. Does the Administration have sufficient manpower to cope with the work? If no, will the Government allocate additional resources and manpower for the work? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 28)

Reply:

In 2014, the Department of Health (DH) processed 5 678 applications for registration from healthcare professionals. The types and numbers of applications, and the average time required for approval are as follows:-

Healthcare Profession	**No. of applications for registration processed in 2014**	**Average time required for approval**
Chiropractors	16	2 - 3 months
Dental Hygienists (Enrolled)	20	1 – 2 months
Dentists	98	
- *Full registration*	*(93*)*	2 - 3 weeks
- *Specialist registration*	*(5)*	2 - 3 months
Medical Practitioners	1 333	
- *Full registration*	*(299)*	1 day
- *Provisional registration*	*(399)*	2 - 3 weeks
- *Limited registration*	*(184)*	2 weeks

Healthcare Profession	No. of applications for registration processed in 2014	Average time required for approval
- *Temporary registration*	*(110)*	2 weeks
- *Specialist registration*	*(341)*	2 - 3 months
Midwives	83	1 week
Nurses (Registered and Enrolled)	2 788	2 - 3 weeks (for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	114	1 week
Registered Chinese Medicine Practitioners	268	5 weeks
Supplementary Medical Profession Practitioners - Medical Laboratory Technologists - Occupational Therapists - Optometrists - Physiotherapists - Radiographers	958	1 week (for applicants holding qualifications prescribed under the law) 2 - 3 months (for applicants holding other qualifications)
Total:	5 678	

(including 40 cases of deemed-to-be registered dentists)*

The registration applications have to be processed according to the legislations governing the respective healthcare professions, and to be approved by the relevant statutory boards/councils or registrars. The time required for granting approval for registration applications from different healthcare professions varies given the different approval procedures involved.

At present, DH has 20 staff members designated for providing secretariat support to the statutory boards and councils in processing registration and other related applications from 13 healthcare professions. The operating expenditure involved in processing registration applications is around $10.8 million in 2014-15.

DH expects that there will be around 5 800 registration applications in 2015, representing a 2.2% increase as compared with those of last year. The department will absorb the additional workload by flexible redeployment of existing manpower resources.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)172

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1983)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As regards supporting the Food and Health Bureau in the review of the regulation of private healthcare institutions and supporting private hospital development, please advise on the progress and details of work, as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 29)

Reply:

The Department of Health (DH) is assisting the Food and Health Bureau (FHB) in the review of the regulatory control of private healthcare facilities (PHFs), including the work of the Steering Committee on Review of the Regulation of PHFs and its working groups. The review proposed to introduce a new regulatory regime to cover three classes of PHFs, namely (a) hospitals, (b) facilities providing high-risk medical procedures in ambulatory setting and (c) facilities providing medical services under the management of incorporated bodies. A three-month public consultation exercise on the proposal has been conducted and ended on 16 March 2015. Subject to the outcomes of the consultation, the Government aims to introduce a legislative proposal to the Legislative Council in 2015-16.

In 2015-16, the number of posts and financial provision earmarked for regulation of PHFs (including licensing of healthcare institutions, supporting FHB in the review of regulation of PHFs and supporting private hospital development) are 37 and $31.6 million, respectively.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)173

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1984)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In 2014, the number of attendances for maternal health service increased substantially by 11 000 as compared with 2013. It is estimated that the number in 2015 will be more or less the same as that of the previous year. In this regard, has the Department earmarked sufficient resources, including manpower, to meet the demand this year? If yes, what are the details of the manpower and resources involved? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 30)

Reply:

Maternal health service is provided by the Maternal and Child Health Centres (MCHCs) under the Family Health Service (FHS) of the Department of Health. As the manpower and financial provision for maternal health service are subsumed under the overall provision for FHS, the expenditure for maternal health service could not be separately identified. The staff establishment and financial provision for FHS in 2015-16 are 860 and $712.6 million respectively.

We will continue to closely monitor the situation and allocate sufficient resources to meet the demand for maternal and child health service.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)174**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1985)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The number of school children participating in the Student Health Service (primary school students) is increasing. In this regard, has the Department earmarked sufficient resources, including manpower, to meet the demand for this year? If yes, what are the details of the manpower and resources involved? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 31)

Reply:

For the school year 2014/15, it is estimated that the number of primary school students participating in the Student Health Service is increasing, but the number of secondary school students participating in the Student Health Service is decreasing due to the decreasing number of secondary school students. A breakdown of the number of school students participating in the Student Health Service for the recent three years is as follows:

	2012-13 (Actual)	2013-14 (Actual)	2014-15 (Estimate)
Primary school students	302 000	306 000	311 000
Secondary school students	359 000	342 000	322 000
Total	661 000	648 000	633 000

The Department has already earmarked sufficient resources, including manpower, to meet the demand. The financial provision for Student Health Service in 2015-16 is $196.7 million. The number of staff establishment of the Student Health Service in 2015-16 is 422.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)175**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1986)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
The number of primary school students participating in the School Dental Care Service has been increasing over the past two years. It is estimated that the number in 2015 will be 10 500 more than that in 2014. In this regard, has the Department earmarked sufficient resources, including manpower, to meet the demand for this year? If yes, what are the details of the manpower and resources involved? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 32)

Reply:
The School Dental Care Service (SDCS) of the Department of Health (DH) promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong. The increase in the estimated participating students in SDCS in 2014-15 over the past two years is mainly due to the increase in the total number of primary students in recent years.

The DH has earmarked sufficient resources for SDCS to cope with the increase in demand of dental services due to the increased number of students. The annual expenditure of the SDCS in financial years 2013-14, 2014-15 and 2015-16 are as follows-

Financial Year	Annual Expenditure ($ million)
2013-14	227.8
2014-15 (Revised Estimate)	229.6
2015-16 (Estimate)	240.6

Despite the increase in the number of participating students, the DH will absorb the additional workload by flexible redeployment of resources.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)176

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1987)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The number of attendances for health assessment and medical consultation at elderly health centres has been increasing. Please advise on:

1. the average waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres in 2014; and

2. in 2015-16, has the Department earmarked sufficient resources, including manpower, to meet the demand for this year? If yes, what are the details of the manpower and resources involved? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 33)

Reply:

1. The median waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres (EHCs) in 2014 are as follows –

EHC	Median Waiting Time (months)	Number of elders on the waiting list (as at end of December 2014)
Sai Ying Pun	30.5	1 089
Shau Kei Wan	24.9	1 288
Wan Chai	34.4	2 002
Aberdeen	16.2	595
Nam Shan	18.2	969
Lam Tin	15.0	489
Yau Ma Tei	32.9	934
San Po Kong	24.0	423

Kowloon City	31.4	840
Lek Yuen	21.9	1 766
Shek Wu Hui	14.3	396
Tseung Kwan O	27.0	1 480
Tai Po	22.4	783
Tung Chung	12.9	917
Tsuen Wan	15.8	1 065
Tuen Mun Wu Hong	17.3	1 124
Kwai Shing	13.7	330
Yuen Long	10.7	684
Total	20.1	17 174

Note: Provisional figures.

2. The financial provision in 2015-16 for the EHCs is $132.9 million, which includes $3.3 million for the creation of an additional clinical team to enhance service capacity. The additional clinical team comprises one doctor, three nurses and is supported by two clerical staff.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)177

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1988)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Attendances at health education activities organised by Elderly Health Centres and Visiting Health Teams continued to show significant increases. Does the Administration have sufficient manpower to cope with the work? If no, will the Government allocate additional resources and manpower for the work? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 34)

Reply:

The increase in attendance at health education activities in 2014 is due to the organisation of larger scale activities involving a bigger audience with no additional manpower required. The projected increase in attendance in 2015 is contributed by the increase of service capacity as a result of an additional clinical team created in 2015.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)178**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1989)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the preparation for the launching of a pilot colorectal cancer screening programme for persons at specific ages, please advise on the progress and details of work, the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 35)

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme to provide subsidised screening to specific age groups. The financial provision in 2015-16 is $71.9 million which covers eight time-limited civil service posts, screening materials and professional services, laboratory analysis, publicity and education, and administrative expenses.

A multi-disciplinary cross-sectoral taskforce and four working groups were formed in 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme. Criteria for participation, method of screening, service delivery model, operational logistics, and mode of subsidy have been deliberated and will be finalised in the coming months. An information system is being built to serve the function of a screening registry. Meanwhile, potential service providers, users and community partners are engaged in active dialogue for the purpose of publicising and promoting the programme. The programme is expected to be announced and introduced by end 2015 the earliest if preparatory work proceeds smoothly.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)179

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1990)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Child Assessment Service,

a. the completion times for assessment of new cases in child assessment centres within six months for the past two years were 89% and 84% respectively, falling short of the target of 90%. Please advise on the reasons for failing to meet the target;

b. please advise on the number of children who had received Child Assessment Service, and the number of these children who were assessed as having development disabilities, broken down by their developmental problems, for each of the past three years;

c. please advise on the average waiting time for new cases in child assessment centres, the staffing of these centres, and the number of children they can assess each year; and

d. it is stated in the 2015 Policy Address that the Department of Health will strengthen the manpower of the multi-disciplinary healthcare teams of the child assessment centres. Please advise on the details, including the estimated expenditure, manpower, number of additional service quotas and reduction in waiting time for new cases.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 36)

Reply:

a. In the past four years, the number of newly referred cases received by the Child Assessment Service (CAS) has been on an increasing trend. There was an increase of 12% in 2014 compared with 2011.

b. The numbers of newly referred cases received by the CAS in 2012, 2013 and 2014 are 8 733, 8 775 and 9 494 (provisional figure) respectively.

The numbers of newly diagnosed cases of developmental conditions in the CAS from 2012 to 2014 are as follows:-

Number of newly diagnosed conditions	**Number of cases**		
	2012	**2013**	**2014 (Provisional figure)**
Attention Problems/Disorders	2 182	2 325	2 541
Autistic Spectrum Disorder	1 567	1 478	1 720
Borderline Developmental Delay	1 891	1 915	2 073
Developmental Motor Coordination Problems/Disorders	1 744	1 928	1 849
Dyslexia & Mathematics Learning Disorder	518	482	535
Hearing Loss (Moderate to profound grade)	97	88	109
Language Delay/Disorders and Speech Problems	2 764	3 098	3 308
Physical Impairment (i.e. Cerebral Palsy)	47	55	41
Significant Developmental Delay/Mental Retardation	1 036	1 213	1 252
Visual Impairment (Blind or Low Vision)	41	41	36

Note: A child might have been diagnosed with more than one developmental disability/problem.

c. Nearly all new cases were seen within three weeks in the past three financial years from 2011-12 to 2013-14. Assessment for nearly 90% of newly registered cases was completed within six months in the above period. The actual waiting time depends on the complexity and conditions of individual cases. The DH has not compiled statistics on the average waiting time for assessment of new cases nor the average number of assessment capacity each year.

The staff establishment of the CAS as at 1 March 2015 was as follows:-

Grades	**Number of posts**
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	16
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	27
Professional Support	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	17
Occupational Therapist I	7
Physiotherapist I	5
Optometrist	2
Speech Therapist	10
Technical Support	
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1

Grades	Number of posts
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	11
Clerical Assistant	17
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**136**

d. Noting the continuous increase in the requirement for the service provided by the CAS, the Government has allocated funding for 2015-16 and onwards for the conversion of non-civil-service contract positions to civil service posts in order to strengthen the manpower support and enhance the service capacity to meet the rising number of referred cases. The ten civil service posts include four Medical & Health Officers, four Clinical Psychologists and two Speech Therapists.

In addition, CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment with a view to enhancing service efficiency. It is expected that CAS will be able to complete assessments for at least 90% of the newly referred cases within six months. The financial provision for CAS in 2015-16 is $110.2 million.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)180

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1756)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration please set out in detail, by types of sexually transmitted infections (STIs), the number of attendances at social hygiene clinics of the Department of Health, the number/percentage/mean age of male and female attendees and the unit cost of treatment for 2010-11 to 2014-15?

Types of STIs	Male (no.)	Male (%)	Female (no.)	Female (%)	Total attendances	Mean age of male	Mean age of female	Cost of treatment

Asked by: Hon LEUNG Ka-lau (Member Question No. 18)

Reply:

The numbers of attendances at the social hygiene clinics under the Department of Health over the past five years are appended below –

Year	**Total attendance***	
2010	86 072	(68:32)
2011	79 818	(67:33)
2012	84 287	(69:31)
2013	88 066	(71:29)
2014	85 782	(70:30)

* The figures in brackets refer to the male:female ratio of the attendances.

Non-gonococcal urethritis/non-specific genital infection (NGU/NSGI), genital warts (GW), gonorrhoea (GC), syphilis, and genital herpes (GH) are the five commonest sexually transmitted infections (STIs) seen in the social hygiene clinics. The numbers of new diagnoses of these five STIs and all STIs over the past five years are appended below:

Year	**NGU/NSGI**	**GW**	**GC**	**Syphilis**	**GH**	**Other STIs**	**Total**
2010	6 338 (53:47)	1 771 (71:29)	968 (88:12)	1 032 (51:49)	594 (69:31)	1 641	12 344 (55:45)
2011	5 805 (59:41)	1 677 (70:30)	1 202 (89:11)	989 (54:46)	583 (70:30)	1 524	11 780 (59:41)
2012	6 002 (58:42)	1 883 (70:30)	1 222 (89:11)	1 013 (52:48)	658 (65:35)	1 440	12 218 (59:41)
2013	6 451 (60:40)	1 902 (69:31)	1 211 (88:12)	999 (56:44)	888 (69:31)	1 461	12 912 (60:40)
2014	5 941 (59:41)	1 947 (72:28)	1 163 (86:14)	1 082 (66:34)	846 (68:32)	1 637	12 616 (59:41)

*The figures in brackets refer to the male:female ratio of the new diagnoses.

A breakdown of the mean age of attendees for individual STIs and the average unit cost for treating each type of STI are not available.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)181

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1757)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Administration's financial provision includes "meeting claims under subsidised vaccination schemes". Regarding the vaccination programmes for pneumococcal and seasonal influenza for the elderly and young children, please list out the following information of the two vaccination programmes in 2013-14, 2014-15 and 2015-16 (estimate) respectively:

(a) the number of participating elders, its percentage in the number of eligible persons, and the amount of subsidy claims;

(b) the number of participating young children, its percentage in the number of eligible persons, and the amount of subsidy claims; and

(c) the number of participating doctors.

Asked by: Hon LEUNG Ka-lau (Member Question No. 19)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide pneumococcal and influenza vaccination to eligible elders and children –

- Government Vaccination Programme (GVP), which provides free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 or above;

- Childhood Influenza Vaccination Subsidy Scheme (CIVSS), which provides subsidised influenza vaccination for children between the age of six months to less than six years;

- Elderly Vaccination Subsidy Scheme (EVSS), which provides subsidised influenza and pneumococcal vaccination to elderly aged 65 or above;

- Hong Kong Childhood Immunisation Programme, which includes provision of pneumococcal conjugate vaccine to eligible children at two, four, six months of age followed by a booster dose at 12 months at DH's Maternal and Child Health Centres; and

- The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme, which commenced on 2 December 2013 by phases and ended on 30 June 2014. The Programme provides a choice for Hong Kong residents aged from two to under five years old (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary. Since 13 December 2013, the Childhood Vaccination Subsidy Scheme (PCV13 booster) (CVSS (PCV13 booster)), being part of the Programme, commenced to provide eligible children with one subsidised dose of PCV13 from enrolled private doctors. For better utilisation of resources, enrolled private doctors under the CVSS (PCV13 booster) who have not yet used up the PCV13 supplied by the Government may continue to provide subsidised vaccination to eligible children or eligible elders (as from 2 March 2015) until all PCV13 supplied by the Government have been used up or are expired.

The statistics on vaccination under these programmes/schemes are detailed at the Annex. It should be noted that many target group members may have received vaccination outside the Government's vaccination programme/schemes and hence are not reflected in the statistics.

- End -

Annex

Seasonal influenza vaccination provided under the Government Vaccination Programme (GVP), Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS)

Target groups	Vaccination programme/scheme	2013-14			2014-15 (as at 1 Mar 2015)		
		No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group	No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	GVP	2 700	Not applicable	12.9%	2 300	Not applicable	11.7%
	CIVSS	62 000	10.7		53 700	10.6	
Elderly aged 65 or above	GVP	176 100	Not applicable	32.7%	186 900	Not applicable	34.1%
	EVSS	160 100	20.8		175 700	28.2	
Total:		**400 900**	**31.5**		**418 600**	**38.8**	

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme/scheme	2013 -14			2014-15 (as at 1 Mar 2015)		
		No. of recipients ^	Subsidy Paid ($ million)	Accumulative Percentage of population in the age group vaccinated+	No. of recipients ^	Subsidy Paid ($ million)	Accumulative Percentage of population in the age group vaccinated+
Elderly aged 65 or above*	GVP	13 700	Not applicable	32.4%	13 300	Not applicable	34.2%
	EVSS	22 800	4.3		21 900	4.2	
Total:		**36 500**	**4.3**		**35 200**	**4.2**	

* According to latest recommendation from relevant Scientific Committee, elders aged 65 or above require a single dose of pneumococcal vaccination.

^ Refers to new recipients only.

+ Based on the accumulated number of recipients excluding those already deceased

The Department of Health has reserved $26.4 million for CIVSS and $49.3 million for EVSS to meet the subsidy payments for 2015-16. Out of the $49.3 million under EVSS, $4.4 million is reserved for subsidy payments of pneumococcal vaccination under EVSS for 2015-16.

Childhood PCV13 Booster Vaccination Programme(the Programme) ※

	No. of recipients (as at 1 Mar 2015)	**Percentage of population in the age group**
Eligible paediatric patients receiving vaccination at Hospital Authority institutions	351	
Eligible children receiving vaccination at Maternal and Child Health Centres	1 252	
Eligible children receiving vaccination at enrolled private doctors under Childhood Vaccination Subsidy Scheme (PCV13 booster)	21 658	
Total:	**23 261**	**22.2%[##]**

※The Programme commenced on 2 December 2013 by phases and ended on 30 June 2014. Since 13 December 2013, the Childhood Vaccination Subsidy Scheme (PCV13 booster) (CVSS (PCV13 booster)), being part of the Programme, commenced to provide eligible children with one subsidised dose of PCV13 from enrolled private doctors. Free vaccine is provided to the doctor's clinics and an injection fee of $50 for each dose of PCV13 given to eligible children will be reimbursed to the doctors through the e-Health System.

As at 1 March 2015, the cost of all PCV13 used under the Programme amounted to $7.8 million and the subsidies for private doctors amounted to $1.1 million.

[##]Some children received the PCV13 supplementary dose in private sector not covered by the scheme. As such, the actual coverage should be higher. It also does not reflect the overall coverage of PCV13 vaccination in the Childhood Immunisation Programme.

Total number of private doctors enrolled under CIVSS, EVSS and CVSS (PCV13 booster)

	2013-14 (as at 31 March 2014)	**2014-15 (as at 1 March 2015)**	**2015-16 (Estimate)**
Number of enrolled private doctors	1 634	1 679	1 700

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)182

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1758)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health (DH) states that the targets of the frequency of inspections of private hospitals (including maternity homes) and nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance are not less than twice a year and not less than once a year respectively. Please set out in detail:

(a) the numbers of private hospitals, maternity homes and nursing homes that had to be inspected and the numbers of inspections conducted by the DH in 2014-15;

(b) the key areas and criteria for inspections, record method and manpower involved in the inspections in 2014-15; and

(c) whether non-compliance cases were found during inspections in the past three years (2012-13, 2013-14, 2014-15); if yes, please list out the types and provide a breakdown of the cases.

Asked by: Hon LEUNG Ka-lau (Member Question No. 20)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals 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 the standards of good practice, with a view to enhancing patient safety and quality of service. DH conducts inspections to private hospitals for purposes including annual renewal of registration, applications for changes in services and investigating complaints and adverse events.

(a) As at 31 December 2014, a total of 11 private hospitals, ten maternity homes and 55 nursing homes were registered under the Ordinance. DH conducted a total of 112 and 132 inspections to private hospitals (including maternity homes) and nursing homes respectively.

(b) The key areas for inspections would be those covered by the Ordinance and the COP, which include organisation and administration of the institution, accommodation and equipment, human resources management, quality management of services, policies and procedures, rights of patients, patient care, risk management, medical records, reporting of incidents and standards on specific types of clinical services and support services. The findings will be documented in inspection and investigation reports. In 2014-15, the number of posts involved in the enforcement of the ordinances was 28.

(c) DH monitors the compliance with the Ordinance and COP by private hospitals through inspection and investigation of complaints and adverse events. The number of non-compliance cases in the past three years is as follows -

	2012	2013	2014
Private Hospitals (including Maternity Homes)	8	3	4
Nursing Homes	5	3	1
Total	13	6	5

The cases were related to non-compliance with requirements of the COP concerning staffing, accommodation, equipment and related policies and procedures. DH has issued regulatory letters to the private hospitals and nursing homes concerned and monitored their remedial actions.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)183**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1760)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health (DH) estimates that it has to manage 1 726 civil servants working in the Hospital Authority (HA) in 2015. Please:

(a) list DH's expenditure involved in related management work as well as the number and ranks of the staff concerned;

(b) list in the table below the ranks and expenditure on remunerations (including basic salaries, allowances, contributions for retirement schemes and other benefits) for the above civil servants working in HA:

	Number of staff	Expenditure on remunerations
list by different ranks		

Asked by: Hon LEUNG Ka-lau (Member Question No. 22)

Reply:

(a) The provision for the personnel management of civil servants working in HA in 2015-16 is $8.7 million. The number of staff responsible for this programme is 22, comprising 20 administration staff in the Hospital Staff Unit (HSU) of DH and two staff in DH headquarters who indirectly provide support to this programme. The establishment in HSU is as follows-

Rank	Number
Senior Executive Officer	1
Executive Officer I	1
Senior Clerical Officer	2
Clerical Officer	4
Assistant Clerical Officer	7
Clerical Assistant	4
Office Assistant	1
Total	20

(b) Expenditure on the salaries and allowances of civil servants working in HA is fully reimbursed by HA. In the 2015-16 Estimates, gross provision of $912 million is shown under Subhead 003 Recoverable salaries and allowances (General), a breakdown of which is at the **Annex**.

- End -

Annex

Breakdown of Gross Provision under Subhead 003 Recoverable salaries and allowances (General) for Civil Servants Working in HA in 2015-16

GRADE	Number of staff (as projected at 1.4.2015)	Gross Provision ($'000)
Medical & Health Officer Grades	86	109,708
Nursing & Allied Grades	796	478,745
Supplementary Medical Grades	407	230,224
Hospital Administrator Grade	12	9,690
Other Departmental Grades	206	48,814
Model Scale 1 Grades	217	33,906
General Grades	2	555
TOTAL	1 726	**911,642**
Round up to		**912,000**

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)184**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1761)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is planned that there will be an increase of 87 non-directorate posts in the Department of Health in 2015-16. Please advise on the ranks, remunerations and duties of these posts.

Asked by: Hon LEUNG Ka-lau (Member Question No. 24)

Reply:

Details of the net increase of 87 posts are at the **Annex**.

- End -

Annex

Proposed Creation and Deletion of Posts in Department of Health in 2015-16

Initiative/Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service posts ($)
Programme 1 – Statutory Functions		
(a) Supporting the port health facilities at the new Midfield Concourse at Hong Kong International Airport		
Health Inspector I/II	1	457,620
Sub-total :	***1***	***457,620***
(b) Conversion of non-civil service contract positions to civil service posts for strengthening support for work relating to the Chinese medicine development		
Scientific Officer (Medical)	7	5,733,000
Sub-total :	***7***	***5,733,000***
Total (Programme 1) :	***8***	***6,190,620***
Programme 2 – Disease Prevention		
(a) Enhancing the services of the Elderly Health Centres		
Medical and Health Officer	1	934,860
Nursing Officer	1	621,900
Registered Nurse	2	784,080
Assistant Clerical Officer	1	232,920
Clerical Assistant	1	181,740
Sub-total :	***6***	***2,755,500***
(b) Conversion of non-civil service contract positions to civil service posts for establishing a Communicable Disease Information System Support Team		
Scientific Officer (Medical)	1	819,000
Assistant Clerical Officer	1	232,920
Sub-total :	***2***	***1,051,920***
(c) Conversion of non-civil service contract position to civil service post for providing professional support for environmental health issues		
Scientific Officer (Medical)	1	819,000
Sub-total :	***1***	***819,000***
(d) Strengthening financial management and related monitoring work for the Elderly Health Care Voucher Scheme		
Accounting Officer II	1	411,660
Property Attendant	-1	-156,420
Sub-total :	***0***	***255,240***

Initiative/Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service posts ($)
(e) Strengthening internal audit and ensuring proper internal control on Department of Health's activities		
Accounting Officer II	1	411,660
Property Attendant	-1	-156,420
Sub-total :	***0***	***255,240***
(f) Lapse of time-limited post for supporting outsourcing projects		
Executive Officer I	-1	-651,180
Sub-total :	***-1***	***-651,180***
Total (Programme 2) :	***8***	***4,485,720***

Programme 5 –Rehabilitation

Conversion of non-civil service contract positions to civil service posts for strengthening manpower at the Child Assessment Centres		
Medical and Health Officer	4	3,739,440
Clinical Psychologist	4	3,276,000
Speech Therapist	2	1,035,240
Total (Programme 5) :	***10***	***8,050,680***

Programme 7– Medical and Dental Treatment for Civil Servants

(a) Enhancing the dental services for civil service eligible persons		
Senior Dental Officer	1	1,222,560
Dental Officer	6	5,139,720
Senior Dental Surgery Assistant	1	411,660
Dental Surgery Assistant	6	1,576,080
Assistant Clerical Officer	1	232,920
Clerical Assistant	2	363,480
Workman II	2	288,960
Sub-total :	***19***	***9,235,380***
(b) Enhancing the clinic service to civil service eligible persons by setting up a new Families Clinic in New Territories East region		
Senior Medical and Health Officer	3	3,667,680
Medical and Health Officer	7	6,544,020
Nursing Officer	2	1,243,800
Registered Nurse	13	5,096,520
Clinical Psychologist	1	819,000
Senior Dispenser	1	494,400
Dispenser	2	471,060
Assistant Clerical Officer	2	465,840
Clerical Assistant	7	1,272,180
Workman II	4	577,920
Sub-total :	***42***	***20,652,420***

Initiative/Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service posts ($)
Total (Programme 7) :	***61***	***29,887,800***
Total (Overall) :	***87***	***48,614,820***

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)185**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1768)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under Programme (1) Statutory Functions, the revised provision for 2014-15 of the Department of Health was 2.4% higher than the original estimate for 2014-15. What are the reasons for that? Please set out in detail the major revisions in the revised estimate and state the impacts on services and manpower.

Asked by: Hon LEUNG Ka-lau (Member Question No. 33)

Reply:

The revised estimate for 2014-15 is 2.4% higher than the original estimate. This is mainly due to the pay rise and inflationary adjustments. The revision has no impact on the services or manpower of the Department of Health.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)186**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1769)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under Programme (2) Disease Prevention, the provision for the subvented sector in 2015-16 increased by 39.6% as compared with 2014-15. What are the reasons for that? Please set out in detail the names of the subvented organisations and the amount of provision for 2014-15 and 2015-16 respectively.

Asked by: Hon LEUNG Ka-lau (Member Question No. 34)

Reply:

The increase in the provision for Programme (2) Disease Prevention in 2015-16 is due mainly to the increase in subvention to the Family Planning Association of Hong Kong (FPA) and the larger expenditure requirements of the "Elderly Health Assessment Pilot Programme" (EHAPP) launched in mid-2013 and the "Outreach Dental Care Programme for the Elderly" (ODCP) which has been converted into a regular programme since October 2014. Details of the respective amounts of subvention in 2014-15 and 2015-16 are set out below:

	2014-15 Revised Estimate ($ million)	2015-16 Draft Estimate ($ million)
(A) Family Planning Services FPA	48.9	51.5
(B) EHAPP	2.2	7.7
(C) ODCP	19.9	39.9[#]
Total	71.0	99.1

The ODCP was launched in October 2014 and the figure in 2015-16 represents a full-year provision.

A breakdown of the estimated funding grants to the NGOs under the EHAPP and the ODCP is at the **Annex**.

- End -

Annex

Breakdown of estimated subvention to the non-governmental organisations for implementing the Elderly Health Assessment Pilot Programme (based on a subsidy of $1,200 per elder)

Name of Non-governmental Organisation	2014-15 Revised Estimate ($*)	2015-16 Draft Estimate ($*)
Evangel Hospital	336,000	656,000
United Christian Nethersole Community Health Service	416,000	3,800,000
Chai Wan Baptist Church Community Health Centre Limited	194,000	302,000
Po Leung Kuk	296,000	200,000
The Lok Sin Tong Benevolent Society, Kowloon	68,000	304,000
Hong Kong Sheng Kung Hui Welfare Council Limited	616,000	1,616,000
Tung Wah Group of Hospitals	97,000	151,000
Sik Sik Yuen	97,000	151,000
Haven of Hope Christian Service	63,000	557,000
Total :	2,183,000 (Round off to : $2.2 million)	7,737,000 (Round off to : $7.7 million)

* Rounded figures

Breakdown of estimated subvention to the non-governmental organisations
for implementing the Outreach Dental Care Programme for the Elderly

Name of Non-governmental Organisation	2014-15 Revised Estimate ($*)	2015-16 Draft Estimate ($*)
Caritas Dental Clinics Limited	905,000	1,812,000
Chi Lin Nunnery	1,811,000	3,623,000
Christian Family Service Centre Dental Services Limited	1,811,000	3,623,000
Haven of Hope Christian Service	906,000	1,811,000
The Hong Kong Tuberculosis, Chest & Heart Diseases Association	906,000	1,811,000
H.K.S.K.H. Lady MacLehose Centre	906,000	1,811,000
Pok Oi Hospital	1,811,000	3,623,000
Project Concern Hong Kong	906,000	1,811,000
TWGHs Dental Services Limited	2,717,000	5,434,000
Yan Chai Hospital	906,000	1,811,000
Yan Oi Tong	6,340,000	12,680,000
Total :	19,925,000 (Round off to : $19.9 million)	39,850,000 (Round off to : $39.9 million)

* Rounded figures

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)187

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1777)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

During 2015-16, the Department of Health will prepare for the launching of a pilot colorectal cancer screening programme for persons at specific ages. Would the Administration please advise:

(1) What are the proposed screening modalities and the number of participants of the pilot programme?

(2) Which institution will be responsible for conducting the screening tests?

(3) What is the cost per screening test? How much subsidy the Government will provide?

(4) In what ways are targets of testing invited?

(5) Any publicity plan?

Asked by: Hon Leung Ka-lau (Member Question No. 42)

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme to provide subsidised screening to specific age groups. Faecal immunochemical test (FIT) will be adopted as the primary screening tool. It is estimated that some 278 000 attendances at primary care doctors will be made by participants to receive the FIT over a period of three years.

A multi-disciplinary cross-sectoral taskforce and four working groups were formed in 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme. Criteria for participation, method of screening, service delivery model, operational logistics, and mode of subsidy have been deliberated and will be finalised in the coming months.

An information system is being built to serve the function of a screening registry. Meanwhile, potential service providers, users and community partners are engaged in active dialogue for the purpose of publicising and promoting the programme. The programme is expected to be announced and introduced by end 2015 the earliest if preparatory work proceeds smoothly.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1778)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

During 2015-16, the Department of Health will continue to enhance the preparedness for influenza pandemic and other public health emergencies. In this regard,

(1) would the Administration please set out the details of such efforts?

(2) will there be measures to improve the coverage rate of novel influenza vaccination, especially among the groups of high-risk persons and healthcare workers? If yes, what will be the related expenditure (including publicity, quantity of vaccines procured, cost per dose of vaccine, subsidy schemes, etc)?

Asked by: Hon LEUNG Ka-lau (Member Question No. 100)

Reply:
(1)
To safeguard Hong Kong against influenza pandemic and other public health emergencies, the Department of Health (DH) has implemented the following actions in collaboration with the Hospital Authority (HA):

Enhanced Surveillance

i. DH has put in place surveillance mechanisms to monitor both local and global epidemiological situation and trends of influenza, and has regularly assessed the risk of outbreak of novel influenza in Hong Kong. Influenza with possible pandemic potential has been designated as a notifiable disease in Hong Kong under the Prevention and Control of Disease Ordinance (Cap. 599) and all medical practitioners are required to report any suspected or confirmed cases. The Scientific Committees set up by the Centre for Health Protection (CHP) of DH regularly review documented evidence and recommend public health actions in preparation for an influenza

pandemic. Similar measures are also implemented for other communicable diseases with potential of public health emergency.

Prompt Control and Transparency in Dissemination of Results

ii. DH will continue to provide timely laboratory support for diagnosis and characterisation of pathogens of public health significance, in contribution to effective disease control and prevention. DH will release the testing results to the public as soon as possible.

Infection Control and Training in Healthcare and Non-healthcare Settings

iii. DH will update recommendations on Personal Protective Equipment and infection control precautions for healthcare and non-healthcare settings in a timely manner, according to international best practice and guidelines.

iv. DH will provide training to public and private sectors on relevant issues regarding control of emerging infectious diseases, by means of lectures, online resources and platform, as well as use of Apps in mobile devices for dissemination of information and training material.

v. DH will organise training to healthcare workers on management of emerging infectious diseases such as avian flu and pandemic influenza, including giving recommendations on the use of antiviral agents for pandemic flu / avian flu.

Enhanced Risk Communication

vi. DH has produced a variety of health education materials to promulgate advice on personal and environmental hygiene; and on the prevention of influenza and other. Publicity and health education effort will be stepped up accordingly, including deploying different publicity and health educational channels and proactively engaging stakeholders in the process.

Port Health Measures

vii. DH will continue existing border control and health education activities against communicable diseases. DH will liaise with World Health Organization (WHO) on the temporary recommendation on international travel practice and review port health measures in the light of latest WHO guidelines. DH will keep travel industry well informed of the disease situation.

Contingency Plan and Drills for Concerted Interdepartmental Actions

viii. DH will continue to update contingency plans on major outbreaks of infectious diseases, as well as conduct interdepartmental exercises and drills with concerned parties and stakeholders in close partnership.

ix. DH has organised a total of 17 exercises to test the preparedness and responsiveness of relevant departments on public health actions since the establishment of the CHP in 2004.

(2)
The Government will consider factors such as international development, recommendations from the WHO, local epidemiological situation, and the recommendations from the Scientific Committees before reaching a decision to implement novel influenza vaccination to the Hong Kong population. Implementation details e.g. vaccine availability, provision of free or subsidised vaccines, scope of subsidies, publicity measures and resources implications will be determined according to the recommendations.

For the influenza season 2015-16, a meeting of the Scientific Committee on Vaccine Preventable Diseases (SCVPD) will be held to decide on the priority groups of persons and the type of seasonal influenza vaccines (trivalent or quadrivalent) recommended. The procurement of influenza vaccines will start after the recommendation from the SCVPD is made.

DH has been encouraging greater participation of private doctors in the Vaccination Subsidy Schemes. To further enhance the availability of seasonal influenza vaccination service to the public, in particular the high risk groups, the Government will approach different stakeholders, including the HA, medical professionals and the community groups, to explore feasible options to reach out the target groups for vaccination.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)189

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1783)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

(a) The Department of Health sets the target for the percentage of new dermatology cases with appointment time within 12 weeks at 90%. Why the percentage for 2013, 2014 and 2015 (plan) is only 53%, 48% and 48% respectively?

(b) Please list in detail the number of new patients and cases on the waiting list in 2013, 2014 and 2015 (plan) (broken down by specialist outpatient clinics in various districts).

(c) Please list in detail the number of returning patients and the number of follow-up attendances in 2013, 2014 and 2015 (plan) (broken down by specialist outpatient clinics in various districts).

(d) Please list in detail the median, 10th, 25th, 75th and 90th percentile waiting time for new cases in 2013, 2014 and 2015 (plan).

(e) Please list out the number of dermatologists by rank (broken down by specialist outpatient clinics in various districts).

Asked by: Hon LEUNG Ka-lau (Member Question No. 105)

Reply:

(a) The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. DH endeavours to fill vacancies arising from staff departure through recruitment of new doctors and internal deployment within DH. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

(b)

Number of New Cases on the waiting list

	2013	**2014**
Cheung Sha Wan	6 349	6 505
Sai Ying Pun	2 115	1 880
Yau Ma Tei	7 524	8 208
Yung Fung Shee	5 928	6 493
Fanling	5 409	7 873
Chai Wan	Not applicable*	2 390
Wan Chai	Not applicable*	1 396
Tuen Mun	Not applicable*	5 083

* DH began to compile statistics for these clinics in 2014.

(c)

Number of Follow-up Attendances

	2013	**2014**
Cheung Sha Wan	34 756	35 744
Sai Ying Pun	19 221	19 936
Yau Ma Tei	40 901	41 663
Yung Fung Shee	33 654	34 286
Fanling	21 611	21 742
Chai Wan	22 576	23 229
Wan Chai	13 592	13 304
Tuen Mun	26 663	25 939

The DH does not compile statistics on the number of returning patients.

(d) The DH does not compile relevant statistics.

(e)

	Consultant Dermatologist #	Senior Medical & Health Officer#	Medical & Health Officer#
Cheung Sha Wan	0.5	-	4
Sai Ying Pun	-	-	2
Yau Ma Tei	0.5	1	3
Yung Fung Shee	-	1	3
Fanling*	-	1	2
Chai Wan*	-	1	2
Wan Chai*	-	-	2
Tuen Mun*	-	1	3

Consultants and Senior Medical & Health Officers are specialists in Dermatology & Venereology. Medical & Health Officers comprise specialists in Dermatology & Venereology and trainee specialists in Dermatology &Venereology.

* Doctors take care of both dermatology patients and patients with sexually transmitted infections in these clinics.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)190

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2531)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the various policies and initiatives implemented by the Department of Health for co-ordinating primary care development in Hong Kong and enhancing primary care, the actual expenditures on various initiatives in the past three financial years, as well as the estimated expenditure for 2015-16.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 41)

Reply:

The "Primary Care Development Strategy Document" promulgated in 2010 sets out the following major strategies on enhancing primary care in Hong Kong -

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

(b) developing a Primary Care Directory to promote the family doctor concept and 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 (DH) to support and co-ordinate the implementation of primary care development strategies and actions. The financial provision for PCO is $88.0 million respectively in 2012-13, 2013-14, 2014-15 and 2015-16. The latest progress and work plan of the major primary care initiatives under PCO are as follows -

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of the reference frameworks for diabetes and hypertension care has also been launched. Development of new modules under these reference frameworks (e.g. visual impairment for older adults and injury prevention for children) is in progress while the promulgation of the existing reference frameworks continues.

(b) Primary Care Directory (PCD)

The web-based and mobile application versions of the sub-directories for doctors, dentists and Chinese Medicine Practitioners have been launched. Development of the optometrists sub-directory is in progress while the promotion of PCD continues.

(c) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service delivery model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The second CHC located within the North Lantau Hospital commenced services in 2013. A new CHC in Kwun Tong has just been commissioned in late March 2015. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit districts needs most.

(d) Publicity Activities

A variety of publicity activities are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

It should be noted that apart from PCO, other divisions of DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong such as health promotion and education and prevention of non-communicable diseases. However, as these services form an integral part of the respective DH's services, such expenditure could not be separately identified.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)191**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2532)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the various policies and initiatives implemented by the Department of Health for maintaining the surveillance and control of communicable diseases, the actual expenditures on various initiatives in the past three financial years, as well as the estimated expenditure for 2015-16.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 42)

Reply:

The Centre for Health Protection (CHP) of the Department of Health achieves effective prevention and control of diseases through coordinating and implementing public health programmes covering surveillance, outbreak management, health promotion, risk communication, emergency preparedness and contingency planning, infection control, laboratory services, vaccinations, specialised treatment and care services, as well as training and research.

For surveillance of communicable diseases, the CHP receives notifications from medical practitioners and institutions; monitors data collated from various sentinel surveillance systems; communicates with international and regional health authorities, and monitors media reports of various kinds. To control communicable diseases, it carries out prompt epidemiological investigation, on-site inspections, segregation or confinement measures, contact tracing and medical surveillance in accordance with the Prevention and Control of Disease Ordinance (Cap. 599) and conducts risk communication, public education and community engagement to reduce the risk of spread. The CHP works closely with the Scientific Committees which advise on issues of public health importance. The CHP also provides specialised treatment services and carries out surveillance and prevention activities for tuberculosis, HIV, and sexually transmitted infections through its Tuberculosis and Chest Service, Special Preventive Programme and Social Hygiene Service respectively.

Expenditures of various programmes are integral parts of the CHP, which cannot be separately identified. Expenditures of the CHP in the past three years are provided below.

Year	Expenditure
2012-13	$1,553.8 million (actual)
2013-14	$1,443.9 million (actual)
2014-15	$1,524.0 million (revised estimate)

The provision for 2015-16 is $1,594.5 million.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)192**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2533)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the various policies and initiatives implemented by the Department of Health for providing laboratory services for the diagnosis and surveillance of various diseases including infections and for other screening activities, the actual expenditures on various initiatives in the past three financial years, as well as the estimated expenditure for 2015-16.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 43)

Reply:

The Department of Health (DH) provides medical laboratory services for clinical diagnosis and surveillance of diseases of public health significance, including infectious diseases (such as viral and bacterial infections) and non-infectious diseases (such as cervical cytology screening, neonatal screening for hypothyroidism and glucose-6-phosphate dehydrogenase deficiency). The current scope of testing is accessible at http://www.chp.gov.hk/en/guidelinehp/13/30.html#PHL. The actual/estimated expenditures in 2012-13, 2013-14 and 2014-15 are $308.6 million, $312.6 million and $319.4 million respectively and the provision for 2015-16 is $329.3 million. Breakdown of expenditure is not available.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)193**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2534)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the various policies and initiatives implemented by the Department of Health for providing integrated healthcare service to the elderly, the actual expenditures on various initiatives in the past three financial years, as well as the estimated expenditure for 2015-16.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 44)

Reply:

The Elderly Health Service, comprising 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), was established in 1998 to enhance primary health care to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

The EHCs adopt a multi-disciplinary approach to provide integrated healthcare services including health assessment, counselling, health education and treatment to the elderly aged 65 and over with a membership at the EHCs.

The VHTs outreach into the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, the self-care ability of the elderly, and to enhance the quality of caregiving.

The Public Health and Administration Section supports the operation of the EHCs and the VHTs and provides professional input on elderly health-related issues at an inter-departmental level. Data collected from daily service operations are used for monitoring the health status of the elderly and research purposes.

The expenditure for the Elderly Health Service from 2012-13 to 2015-16 is as below:

	2012-13 (Actual) **$ million**	**2013-14 (Actual)** **$ million**	**2014-15 (Revised Estimate)** **$ million**	**2015-16 (Estimate)** **$ million**
EHCs	107.5	121.7	127.3	132.9
Public Health & Administration and VHTs	76.6	74.9	74.8	78.1
Total	184.1	196.6	202.1	211.0

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)194**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2535)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by 18 districts of the operating expenditures of elderly health centres in each district, the cost per health assessment, the cost per attendance for curative treatment and the cost per attendance for explaining assessment results.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 45)

Reply:

The operating expenditure for each Elderly Health Centre (EHC) is not separately identified. The total estimated expenditure of 18 EHCs in 2014-15 is $127.3 million. The average expenditure of each EHC is about $7.0 million. In 2014-15, the unit cost for each health assessment including follow up for results of assessment is $1,250 while the unit cost per attendance for medical consultation is $495.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)195

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2536)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by 18 districts of the output of Elderly Health Centres in various districts for the past three years, including the number of first-time health assessments, number of subsequent health assessments, number of attendance for explaining assessment results and number of attendance for curative treatments.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 46)

Reply:

The service figures of Elderly Health Centres (EHCs) in the past three years are listed as follows -

EHC		2012	2013	2014*
Sai Ying Pun	First-time health assessment	185	120	162
	Subsequent health assessment	1 945	2 000	2 015
	follow-up for the results of the assessment	1 990	2 060	2 072
	Curative treatment	4 777	4 453	4 046
Shau Kei Wan	First-time health assessment	145	204	326
	Subsequent health assessment	2 066	1 992	1 887
	follow-up for the results of the assessment	2 328	2 207	2 326
	Curative treatment	4 476	4 444	4 289
Wan Chai	First-time health assessment	227	183	249
	Subsequent health assessment	1 914	1 973	1 894
	follow-up for the results of the assessment	2 233	2 076	2 105
	Curative treatment	4 670	4 576	4 852
Aberdeen	First-time health assessment	228	163	183
	Subsequent health assessment	1 898	1 961	1 981
	follow-up for the results of the assessment	2 000	2 101	2 102
	Curative treatment	6 555	6 472	6 059

Nam Shan	First-time health assessment	370	166	245
	Subsequent health assessment	1 836	2 027	1 967
	follow-up for the results of the assessment	2 636	2 544	2 549
	Curative treatment	5 111	4 890	4 466
Lam Tin	First-time health assessment	244	268	410
	Subsequent health assessment	1 986	1 950	1 810
	follow-up for the results of the assessment	2 102	2 010	1 998
	Curative treatment	4 164	3 960	4 026
Yau Ma Tei	First-time health assessment	334	104	128
	Subsequent health assessment	1 787	1 975	2 034
	follow-up for the results of the assessment	2 333	2 343	2 271
	Curative treatment	4 698	4 515	4 320
San Po Kong	First-time health assessment	225	175	168
	Subsequent health assessment	1 896	1 947	1 955
	follow-up for the results of the assessment	2 006	1 968	1 998
	Curative treatment	5 684	5 273	5 085
Kowloon City	First-time health assessment	198	98	104
	Subsequent health assessment	2 012	2 095	2 107
	follow-up for the results of the assessment	1 931	1 838	1 839
	Curative treatment	4 669	4 503	4 371
Lek Yuen	First-time health assessment	445	440	228
	Subsequent health assessment	1 680	1 681	1 902
	follow-up for the results of the assessment	1 814	1 499	1 516
	Curative treatment	6 175	5 669	5 489
Shek Wu Hui	First-time health assessment	290	264	210
	Subsequent health assessment	1 832	1 855	1 945
	Sessions for explaining assessment results	2 673	2 572	2 177
	Curative treatment	8 244	8 370	7 997
Tseung Kwan O	First-time health assessment	263	163	191
	Subsequent health assessment	1 873	1 973	1 945
	follow-up for the results of the assessment	2 076	2 011	1 966
	Curative treatment	6 165	5 768	5 837
Tai Po	First-time health assessment	96	192	278
	Subsequent health assessment	2 028	1 933	1 844
	follow-up for the results of the assessment	2 069	2 069	2 110
	Curative treatment	5 347	5 423	5 691
Tung Chung	First-time health assessment	432	407	244
	Subsequent health assessment	1 813	1 817	1 982
	follow-up for the results of the assessment	2 150	2 074	2 198
	Curative treatment	4 269	3 873	3 786
Tsuen Wan	First-time health assessment	392	386	396
	Subsequent health assessment	1 725	1 706	1 718
	follow-up for the results of the assessments	1 733	1 773	1 920
	Curative treatment	6 146	6 014	5 830
Tuen Mun Wu Hong	First-time health assessment	352	275	360
	Subsequent health assessment	1 781	1 834	1 766

	follow-up for the results of the assessment	2 414	2 220	2 756
	Curative treatment	5 470	5 310	4 998
Kwai Shing	First-time health assessment	297	184	371
	Subsequent health assessment	1 915	2 028	1 850
	follow-up for the results of the assessment	2 115	2 201	2 112
	Curative treatment	3 933	3 785	3 773
Yuen Long	First-time health assessment	344	332	275
	Subsequent health assessment	1 873	1 866	1 940
	follow-up for the results of the assessment	2 205	2 083	2 128
	Curative treatment	4 080	4 304	4 163

*Provisional figures

Note:

“First-time health assessment” is an attendance by a newly enrolled EHC member for physical health examination.

“Subsequent health assessment” is an attendance by a re-enrolling EHC member for physical health examination.

“Follow-up for the results of the assessment” is an attendance by EHC members two to four weeks after a physical health examination for follow-up of the assessment results.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)196

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2537)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please list out the number of staff and estimated expenditure for each elderly health centre (EHC), broken down by 18 districts.

2. In 2013, the Department of Health was allocated a provision of $3.3 million and a provision of $6.5 million for the creation of clinical teams in Lek Yuen EHC and Wan Chai EHC. Thereafter, when will the Government review the service capacity of EHCs and increase the manpower of other EHCs? What is the estimated expenditure?

3. Has the Government assessed the costs of setting up new EHCs as well as the estimated annual operating expenditures?

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 47)

Reply:

1. The operating expenditure for individual Elderly Health Centres (EHCs) could not be separately identified. The total estimated expenditure of 18 EHCs in 2014-15 is $127.3 million. The average expenditure of each EHC is estimated to be about $7.0 million.

   As at 31 March 2015, the total number of staff establishment for the 18 EHCs is 161 comprising –
   - 1 Consultant
   - 6 Senior Medical and Health Officers;
   - 19 Medical and Health Officers;
   - 19 Nursing Officers;
   - 38 Registered Nurses;
   - 1 Senior Dispenser;
   - 4 Dispensers;

- 0.5 Senior Clinical Psychologist;
- 3.5 Clinical Psychologists;
- 0.5 Senior Dietitian;
- 3.5 Dietitian;
- 0.5 Senior Occupational Therapist;
- 3.5 Occupational Therapists;
- 0.5 Senior Physiotherapist;
- 3.5 Physiotherapists;
- 19 Assistant Clerical Officers;
- 19 Clerical Assistants; and
- 19 Workman II.

2. We shall monitor the service statistics of EHCs closely after the two additional clinical teams have been established and review the service capacity as appropriate.

3. The costs of setting up an EHC may vary, depending on factors such as the targeted service capacity and mode of development of the EHC, etc. The cost estimation could only be made when a concrete plan of development is in place.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)197**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2538)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by 18 districts of the expenditure of each Visiting Health Team in various districts and the cost per service.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 48)

Reply:

The operating expenditure for each Visiting Health Team of the Elderly Health Service is not separately identified. The financial provision for Public Health & Administration and Visiting Health Teams in 2015-16 is $78.1 million. The unit cost of service provided by the Visiting Health Teams is not readily available.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)198**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2540)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the various policies and initiatives implemented by the Department of Health for providing woman health service, the actual expenditures on various initiatives in the past three financial years, as well as the estimated expenditure for 2015-16.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 50)

Reply:

The Department of Health offers Woman Health Service to women at or below 64 years of age. Woman Health Service aims to promote the health of women according to their health needs at various stages of life. The service covers health assessment, health education and counselling for enrolled women. Health assessment includes medical history taking, physical examination and investigations if clinically indicated. At present, there are three Woman Health Centres and ten Maternal and Child Health Centres providing Woman Health Service on full-time and sessional basis respectively.

The actual expenditures for the three Woman Health Centres in the past three financial years and the estimated expenditure for 2015-16 are as follows-

Financial Year	**Actual/Estimated Expenditure ($ million)**
2012-13 (Actual)	27.8
2013-14 (Actual)	29.7
2014-15 (Revised Estimate)	32.2
2015-16 (Estimate)	33.1

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)199**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2541)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by 18 districts of the operating expenditure of the three Woman Health Centres and 31 Maternal and Child Health Centres, costs of various health assessment services, costs of various gynaecological tests and cost per session for explaining assessment results.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 51)

Reply:

The Family Health Service provides its services through a network of three Woman Health Centres and 31 Maternal and Child Health Centres (MCHCs). Breakdown of the operating expenditure of the above centres by district is not available. In 2014-15, the unit cost for (i) each woman enrolled for Woman Health Service (excluding mammography) is $1,295, (ii) each mammography is $635 and (iii) each cervical screening is $270. The above unit costs already include the cost for explaining the assessment / investigation results, if any. The cost per attendance for other services provided by MCHCs is not readily available.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)200

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3126)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by 18 districts of the output of the three Woman Health Centres and 31 Maternal and Child Health Centres, including the number of various health assessments for women, number of subsequent health assessments, number of sessions for explaining assessment results and number of gynaecological test conducted.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 52)

Reply:

The Department of Health offers woman health service to women at or below 64 years of age to promote the health of women according to their health needs at various stages of life. The service covers health assessment, health education and counselling for enrolled women. Health assessment includes medical history taking, physical examination and investigations if clinically indicated. Revisit appointment will be provided for explanation of abnormal investigation findings, further investigations and referral for further management if necessary. At present, there are three Woman Health Centres and ten Maternal and Child Health Centres providing women health service on full-time and sessional basis respectively.

For women health service, the number of enrolment for health assessment and attendance for revisit appointment for 2014 for each centre concerned are as follows:

Centre	No. of Enrolment	Attendance for Revisit Appointment
Woman Health Centre (WHC)		
Chai Wan WHC	4 749	2 177
Lam Tin WHC	5 176	2 330

Tuen Mun WHC	4 969	3 388
Maternal and Child Health Centre (MCHC)		
Ap Lei Chau MCHC	268	172
Sai Ying Pun MCHC	22	3
West Kowloon MCHC	208	171
Wang Tau Hom MCHC	179	25
Tsing Yi MCHC	131	152
South Kwai Chung MCHC	211	96
Tseung Kwan O Po Ning Road MCHC	261	179
Ma On Shan MCHC	382	405
Lek Yuen MCHC	912	1430
Fanling MCHC	520	301
Total (nearest hundred)	**18 000**	**10 800**

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)201

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3127)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by 18 districts of the number of staff and the estimated expenditure of the three Woman Health Centres and 31 Maternal and Child Health Centres.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 53)

Reply:

The Family Health Service (FHS) provides its services through a network of 31 Maternal and Child Health Centres and three Woman Health Centres (WHCs). The number of staff establishment and financial provision for FHS in 2015-16 is 860 and $712.6 million respectively, of which 21 and $33.1 million are for the three WHCs. Breakdown of the staff establishment and financial provision of the above centres by district is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2890)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary mentioned in last year's Budget that government departments and the public sector should conduct expenditure reviews and consider how best to consolidate their services and funding schemes in order to further enhance the efficiency of public services (see paragraph 139 of the 2014-15 Budget). Will the Government inform this Committee of the following:

(i) in respect of the following listed government departments/public organisations with a greater or smaller change/percentage change in their respective estimated established posts in the coming year as compared to last year, the ranks of the posts to be created/deleted and their respective numbers;
(ii) for the above creation/deletion of posts, the total amounts of annual salaries and fringe benefits involved;
(iii) the major reasons for the above creation/deletion of posts.

Head of Expenditure	Total number of established posts according to the revised estimate as at 31.3.2015	Total number of established posts according to the estimate as at 31.3.2016	Number of posts created/deleted (% change)
Hospital Authority	1 725	1 586	-139 (-8.1%)

Asked by: Hon LEUNG Kenneth (Member Question No. 2.01)

Reply:

(i) A breakdown of the projected reduction of 139 posts, which were created to accommodate civil servants working in the Hospital Authority (HA), in 2015-16 by rank is at the **Annex**.

(ii) There will be an estimated decrease in total recoverable salaries and allowances of $44 million in 2015-16 due to the above reduction of posts.

(iii) The projected reduction of 139 posts is due to natural wastage of civil servants working in HA including retirement.

- End -

Annex

Projected Reduction of Posts in 2015-16 due to Natural Wastage of Civil Servants Working in the Hospital Authority

Rank	**Number**
MEDICAL & HEALTH OFFICER GRADES	
Senior Medical and Health Officer	3
Sub-total	**3**
NURSING & ALLIED GRADES	
Senior Nursing Officer	1
Ward Manager	9
Nursing Officer	15
Registered Nurse	6
Nursing Officer (Psychiatric)	6
Registered Nurse (Psychiatric)	3
Enrolled Nurse	3
Enrolled Nurse (Psychiatric)	7
Sub-total	**50**
SUPPLEMENTARY MEDICAL GRADES	
Department Manager	2
Chief Dispenser	3
Senior Dispenser	3
Medical Technologist	2
Occupational Therapy Assistant	2
Pharmacist	2
Radiographer I	2
Scientific Officer (Medical)	1
Sub-total	**17**
OTHER DEPARTMENTAL GRADES	
Artisan	4
Cook	3

Rank	**Number**
Darkroom Technician	1
Foreman	1
Laboratory Attendant	2
Laundry Manager	1
Laundry Worker	3
Mortuary Attendant	1
Operating Theatre Assistant	2
Health Care Assistant	12
Sub-total	**30**
MODEL SCALE 1 GRADES	
Ganger	1
Ward Attendant	8
Property Attendant	1
Workman I	1
Workman II	28
Sub-total	**39**
Total	**139**

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)203

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1086)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Administration states that it will support the development of Chinese medicines, and co-ordinate various parties in promoting the development of research and development and testing of Chinese medicines through a government-led committee. The Chief Executive also mentioned in paragraph 194 of the Policy Address this year that the Government will plan and develop a testing centre for Chinese medicine to be managed by the Department of Health. In this regard, please advise:

How much resources will the Administration allocate for this? Have specific targets, timetable and roadmap been drawn up for implementation? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LO Wai-kwok (Member Question No. 7)

Reply:

The 2015 Policy Address announced that the Government would plan and develop a testing centre for Chinese medicines (CMTC) to be managed by the Department of Health (DH). The CMTC will be positioned as a high-end research and development institution focusing on the scientific study of Chinese medicines (CM). It aims –

(a) to develop authoritative reference standards for the safety and quality of CM and their respective testing methods through deployment of advanced technologies with a view to enhancing the quality and the capacity of CM testing in Hong Kong;

(b) to ensure the quality and safety of CM and thus protect public health through general adoption of the reference standards by the CM industry; and

(c) to promote the CM reference standards and the respective testing methods as authoritative international benchmark through various platforms and collaboration with relevant international and Mainland organisations, which will in turn facilitate the internationalisation of Hong Kong's CM industry and enhance the status of Hong Kong as an international hub of CM testing.

The Government is conducting a site search and working out the implementation details, including the resources requirements and arrangements for the CMTC.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)204

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0874)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the regulation and development of private healthcare institutions,

1. please list out the number of complaints against private healthcare institutions received by the Department of Health (DH) each year, the number of complaint cases actually handled, and the staffing involved for the past three years (please list out by types of healthcare institutions).

2. please list out the percentages of the major types of complaints for each of the past three years (please list out by types of healthcare institutions).

3. please list out the average, longest and shortest time for handling the relevant complaints received by the DH for the past three years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 18)

Reply:

The Department of Health (DH) regulates private healthcare institutions, namely private hospitals, maternity homes and nursing homes registered under Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and medical clinics registered under Medical Clinics Ordinance (Cap. 343). DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (Cap. 165 COP) and Code of Practice for Clinics Registered under Cap. 343 (Cap. 343 COP) which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. Through investigation of complaints, DH monitors whether private healthcare institutions comply with Cap. 165, Cap. 343 and their respective COPs.

(1) The numbers of complaints against private healthcare institutions received in the past three years are provided below:

	2012	2013	2014
Private Hospitals / Maternity Homes registered under Cap. 165	34	30	26
Nursing Homes registered under Cap. 165	8	6	5
Medical Clinics registered under Cap. 343	0	1	0
Total	42	37	31

The number of posts involved in the enforcement of the ordinances in 2012, 2013 and 2014 was 11.5, 17.5 and 28, respectively.

(2) The complaints (some may touch on more than one area) received were mainly related to administrative procedures, staff performance, communication, charges and environment. There was only one complaint involving medical clinic registered under Cap. 343 and it was related to staff performance. A breakdown of major complaint issues by year and type of healthcare institutions registered under Cap. 165 is provided below:

	Private Hospital / Maternity Homes			Nursing Homes		
	2012	2013	2014	2012	2013	2014
Administrative procedures	29%	14%	23%	38%	-	20%
Staff performance	21%	56%	73%	38%	86%	60%
Communication	15%	11%	19%	50%	-	-
Charges	21%	14%	8%	13%	-	-
Environment	6%	6%	-	25%	14%	20%
Others	18%	17%	8%	38%	29%	-

(3) Duration of complaint investigation is affected by factors including the complexities of the case, new information or issues raised by the complainant, and the need to clarify information from the complainant, the institution concerned and other relevant parties such as the Hospital Authority and the Police.

As at 28 February 2015, DH completed investigation of 107 complaints (out of a total of 110) against private healthcare institutions received in the past three years, taking about ten weeks on average. The duration of investigation ranged from one day to 78 weeks, the latter being a case involving investigation by the Police.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)205

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0875)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the regulation and development of private hospitals,

1. please list out the number and average utilisation rate of beds provided by the private hospitals in Hong Kong for each of the past five years.

2. please list out the number of government-subvented beds in private hospitals, the expenditure involved and the average utilisation rate of these beds for each of the past five years.

3. please list out the number of sentinel events reported to the Department of Health by private hospitals and the number of cases which have been handled and announced to the public for each of the past three years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 19)

Reply:
1. The number and average bed occupancy rate of beds provided by the private hospitals in Hong Kong in the past five years are as follows:

	2010	**2011**	**2012**	**2013**	**2014**
number of beds:	3 946	4 098	4 033	3 882	3 906
bed occupancy rate:	68.8%	66.4%	67.2%	61.3%	(not yet available)

2. The Department of Health does not provide subvention to private hospitals.

3. The numbers of sentinel events reported by private hospitals in 2012, 2013 and 2014 were four, seven and five respectively.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)206

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0883)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Centres (EHCs),

1. Please list out the number of enrolment and the median waiting time for the 18 EHCs in each of the past five years (i.e. 2010 to 2014).

2. Please list out the number of attendance for health assessment at the 18 EHCs in each of the past five years (i.e. 2010 to 2014).

3. Please list by age groups respectively the number of attendances for medical consultation (excluding the number of attendance for health assessment) at each of the EHCs in the territory and the average cost per attendance per patient in the past five years (i.e. 2010 to 2014).

Asked by: Hon MAK Mei-Kuen, Alice (Member Question No. 15)

Reply:

1. The numbers of enrolments and median waiting time for enrolment at each of the 18 Elderly Health Centres (EHCs) in the past five years (2010-2014) are listed below.

EHC		2010	2011	2012	2013	2014*
Sai Ying Pun	No. of enrolments	2 140	2 120	2 130	2 120	2 177
	Median waiting time (Months)	2.9	7.5	13.4	22.8	30.5
Shau Kei Wan	No. of enrolments	2 226	2 210	2 211	2 196	2 213
	Median waiting time (Months)	20.5	8.4	14.4	21.5	24.9

Wan Chai	No. of enrolments	2 125	2 153	2 141	2 156	2 143
	Median waiting time (Months)	30.9	25.4	25.8	27.8	34.4
Aberdeen	No. of enrolments	2 147	2 128	2 126	2 124	2 164
	Median waiting time (Months)	4.0	5.1	6.7	11.5	16.2
Nam Shan	No. of enrolments	2 228	2 206	2 206	2 193	2 212
	Median waiting time (Months)	6.9	13.8	16.2	17.3	18.2
Lam Tin	No. of enrolment	2 229	2 214	2 230	2 218	2 220
	Median waiting time (Months)	7.4	3.9	4.6	11.1	15.0
Yau Ma Tei	No. of enrolments	2 141	2 124	2 121	2 079	2 162
	Median waiting time (Months)	38.0	32.9	23.7	25.4	32.9
San Po Kong	No. of enrolments	2 120	2 122	2 121	2 122	2 123
	Median waiting time (Months)	29.7	11.4	10	15.9	24.0
Kowloon City	No. of enrolments	2 221	2 211	2 210	2 193	2 211
	Median waiting time (Months)	34.5	16.2	16.4	23.4	31.4
Lek Yuen	No. of enrolments	2 149	2 199	2 125	2 121	2 130
	Median waiting time (Months)	46.4	43.5	36.2	22.8	21.9
Shek Wu Hui	No. of enrolments	2 152	2 120	2 122	2 119	2 155
	Median waiting time (Months)	14.0	9.3	9.9	10.8	14.3
Tseung Kwan O	No. of enrolments	2 145	2 135	2 136	2 136	2 136
	Median waiting time (Months)	21.7	16.6	14.5	20.5	27.0
Tai Po	No. of enrolments	2 122	2 124	2 124	2 125	2 122
	Median waiting time (Months)	18.6	17.5	21.9	28.6	22.4
Tung Chung	No. of enrolments	2 256	2 259	2 245	2 224	2 226
	Median waiting time (Months)	5.5	6.5	9.5	10.4	12.9
Tsuen Wan	No. of enrolments	2 137	2 109	2 117	2 092	2 114
	Median waiting time (Months)	43.8	19.7	11.3	12.7	15.8
Tuen Mun Wu Hong	No. of enrolments	2 144	2 130	2 133	2 109	2 126
	Median waiting time (Months)	9.7	8.9	9.9	15	17.3
Kwai Shing	No. of enrolments	2 195	2 202	2 212	2 212	2 221
	Median waiting time (Months)	8.8	6.2	6.5	10.4	13.7

Yuen Long	No. of enrolments	2 232	2 219	2 217	2 198	2 215
	Median waiting time (Months)	6.0	5.9	7.5	8.7	10.7

*Provisional figures

2. The health assessment conducted by EHCs typically comprises an attendance for physical health examination and a follow-up attendance for the results of the assessment. The numbers of attendances for health assessment at each of the 18 EHCs from 2010 to 2014 are as follows-

EHC	Number of Attendances for Health Assessment				
	2010	2011	2012	2013	2014*
Sai Ying Pun	4 249	4 025	4 120	4 180	4 249
Shau Kei Wan	4 610	4 488	4 539	4 403	4 539
Wan Chai	4 344	4 529	4 374	4 232	4 248
Aberdeen	4 318	4 108	4 126	4 225	4 266
Nam Shan	4 805	4 946	4 842	4 737	4 761
Lam Tin	4 479	4 442	4 332	4 228	4 218
Yau Ma Tei	4 549	4 485	4 454	4 422	4 433
San Po Kong	4 114	4 091	4 127	4 090	4 121
Kowloon City	4 374	4 166	4 141	4 031	4 050
Lek Yuen	4 142	4 403	3 939	3 620	3 646
Shek Wu Hui	4 661	4 533	4 795	4 691	4 332
Tseung Kwan O	4 492	4 130	4 212	4 147	4 102
Tai Po	4 292	4 138	4 193	4 194	4 232
Tung Chung	4 499	4 423	4 395	4 298	4 424
Tsuen Wan	3 944	4 005	3 850	3 865	4 034
Tuen Mun Wu Hong	4 261	4 348	4 547	4 329	4 882
Kwai Shing	4 309	4 300	4 328	4 413	4 333
Yuen Long	4 427	4 345	4 422	4 281	4 343
Total	78 869	77 905	77 736	76 386	77 213

*Provisional figures

3. The numbers of attendances for medical consultation (excluding the attendance for health assessment) at each of the 18 EHCs from 2010 to 2014 are listed in the table below. Breakdown of attendance by age groups is not available.

EHC	Number of Attendances for Medical Consultation				
	2010	2011	2012	2013	2014*
Sai Ying Pun	6 058	5 153	4 777	4 453	4 046
Shau Kei Wan	4 529	4 552	4 476	4 444	4 289
Wan Chai	4 671	4 576	4 670	4 576	4 852
Aberdeen	6 638	6 345	6 555	6 472	6 059
Nam Shan	4 018	4 213	5 111	4 890	4 466
Lam Tin	4 845	4 471	4 164	3 960	4 026

Yau Ma Tei	4 729	4 492	4 698	4 515	4 320
San Po Kong	5 677	5 554	5 684	5 273	5 085
Kowloon City	5 175	4 808	4 669	4 503	4 371
Lek Yuen	6 671	6 831	6 175	5 669	5 489
Shek Wu Hui	8 233	8 027	8 244	8 370	7 997
Tseung Kwan O	6 127	6 169	6 165	5 768	5 837
Tai Po	5 803	5 735	5 347	5 423	5 691
Tung Chung	3 769	3 921	4 269	3 873	3 786
Tsuen Wan	6 390	6 259	6 146	6 014	5 830
Tuen Mun Wu Hong	5 377	5 320	5 470	5 310	4 998
Kwai Shing	3 838	3 836	3 933	3 785	3 773
Yuen Long	3 898	4 048	4 080	4 304	4 163
Total	96 446	94 310	94 633	91 602	89 078

*Provisional figures

The cost per attendance for medical consultation from 2010-11 to 2014-15 is listed below.

Year	Cost per Attendance for Medical Consultation ($)
2010-11	387
2011-12	432
2012-13	455
2013-14	470
2014-15	495

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)207

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0885)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding the services of public dental clinics,

1. Please list out the number of attendances (by age groups) and the median age of recipients of dental services at General Public Sessions for each of the past five years.

2. Has the Administration considered increasing the service capacity in the future? If yes, what is the plan? If no, what are the reasons?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 17)

Reply:
1. The Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The breakdown of number of attendance (by age groups) at GP sessions in the financial years 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15, is as follows:

	Distribution of attendances by age group				
Age group	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15 (up to January 2015)**
0-18	900 (2.6%)	802 (2.3%)	774 (2.2%)	721 (2.1%)	599 (2.0%)
19-42	4 918 (14.2%)	4 814 (13.8%)	4 820 (13.7%)	4 672 (13.6%)	3 802 (12.7%)
43-60	10 286 (29.7%)	10 292 (29.5%)	10 272 (29.2%)	9 962 (29.0%)	8 411 (28.1%)
61 or above	18 528 (53.5%)	18 978 (54.4%)	19 313 (54.9%)	18 997 (55.3%)	17 122 (57.2%)

For age of patients attending GP sessions, the DH only keeps statistics on age groups as above, the median age of the patients is not available.

2. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminates oral health information through different channels.

   Under the Comprehensive Social Security Assistance Scheme, recipients aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items (including dentures, crowns, bridges, scaling, fillings, root canal treatment and tooth extraction), whichever is the less.

   Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders aged 70 or above can make use of the vouchers to access, among others, dental services in private dental clinics and dental clinics run by non-governmental organisations (NGOs). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and further increased the annual voucher value from $1,000 to $2,000 in 2014.

   In 2011, the Government launched a pilot project to provide free outreach dental services for elders residing in residential care homes or receiving services in day care centres through outreach dental teams set up by NGOs with government subsidies. Having regard to the experience gained and the positive feedback from the NGOs, we have turned the pilot project into a regular programme namely, Outreach Dental Care Programme for the Elderly under DH since October 2014 to continue to provide outreach dental services for elders in similar health conditions and physical environment. In addition, we have enhanced the financial support for NGOs and scope of treatments for the elders under the regular programme.

   In addition, the Community Care Fund launched the Elderly Dental Assistance Programme (the Programme) in September 2012 to provide free dentures and related dental services for elders on low income who are users of the home care service or home help service schemes subvented by the Social Welfare Department. To enable more needy elders to benefit from the Programme, the Commission on Poverty agreed to expand the Programme progressively to cover elders who are Old Age Living Allowance recipients by phases, starting with those aged 80 or above in the first phase (involving some 130 000 elders), and to consider extending it to other age groups progressively having regard to the progress of implementation and the overall situation. The expanded Programme is expected to be rolled out in the second half of 2015.

   We shall continue our efforts in promotion and education to improve oral health of the public.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)208

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0886)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this programme, the estimated number of attendances for health assessment and medical consultation at elderly health centres (EHCs) for this year is 9 000 higher than the actual number in 2014.

1. What is the additional expenditure involved in the relevant plan?

2. What are the distribution details of the additional quota? Will the department consider adjusting and distributing the quota in accordance with the actual waiting time in each of the EHCs?

3. Please list out the actual annual expenditures involved in the EHCs for the past three years.

4. It is noted that a provision was earmarked last year for the Department of Health to create a clinical team for enhancing the efficiency of service delivery in the EHCs. What is the progress of work of the clinical team? What is the estimated expenditure involved this year?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 16)

Reply:

1. The increase in attendance for health assessment and medical consultation at Elderly Health Centres (EHCs) in 2015 is mainly contributed by the additional clinical team established in 2014-15. The expenditure for this clinical team is $3.3 million.

2. The EHCs with the largest number of elders on the waiting list are Wan Chai EHC and Lek Yuen EHC. The additional clinical team established in 2014-15 was posted to Lek

Yuen EHC and a second additional clinical team to be established in 2015-16 will be posted to Wan Chai EHC. The Elderly Health Service will continue to monitor the waiting time and service statistics of all 18 EHCs closely and flexibly deploy the manpower as appropriate.

3. The expenditure for clinical services provided by the EHCs from 2012-13 to 2014-15 is as below:-

   2012-13 (actual): $107.5 million

   2013-14 (actual): $121.7 million

   2014-15 (revised estimate): $127.3 million

4. The clinical team established in 2014-15 has started operation since March 2015. The financial provision for the clinical team to be established in 2015-16 is $3.3 million.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)209

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0576)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1) Please provide the number of attendances for various services under the "Outreach Dental Care Programme for the Elderly" in 2014-15 and the estimated number of attendances for various services under the "Outreach Dental Care Programme for the Elderly" in 2015-16.

2) Please provide the number of attendances and age distribution of attendees under the "Outreach Dental Care Programme for the Elderly" in 2014-15 and the estimated number of attendances and age distribution of attendees under the "Outreach Dental Care Programme for the Elderly" in 2015-16 in various districts.

3) Please provide the expenditure on launching various services under the "Outreach Dental Care Programme for the Elderly" in 2014-15 and the estimated expenditure on various services under the "Outreach Dental Care Programme for the Elderly" in 2015-16.

4) Please set out the staffing arrangements of the Department of Health in 2014-15 and 2015-16 for launching the "Outreach Dental Care Programme for the Elderly".

Asked by: Hon POON Siu-ping (Member Question No. 7)

Reply:

1) Under the "Outreach Dental Care Programme for the Elderly" (ODCP), 22 outreach dental teams from 11 non-governmental organisations (NGOs) have been set up to provide free outreach dental services for elders in residential care homes/day care centres and similar facilities starting from October 2014. A total of about 69 000 elders in these homes/centres and similar facilities will benefit from the ODCP. Between October 2014 and February 2015 (the latest figures provided by the participating NGOs), about 16 000 elders received an annual oral check and necessary

treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride / X-ray and other curative treatments (such as fillings, extraction and dentures, etc.).

2) The outreach dental teams do not keep statistics on the age profile of the elders they serve. Distribution of the participating RCHEs and DEs by district is as follows:-

District*	**No. of Participating RCHEs/ DEs**
Central, Western, Southern and Islands	12
Eastern and Wan Chai	25
Kwun Tong	15
Wong Tai Sin and Sai Kung	17
Kowloon City and Yau Tsim Mong	59
Sham Shui Po	21
Tsuen Wan and Kwai Tsing	32
Tuen Mun	23
Yuen Long	27
Sha Tin	5
Tai Po and North	25
Total:	**261**

* According to Social Welfare Department's administrative districts

The 2015-16 Estimates has made provision for the outreach dental teams to provide an annual oral check for the eligible elders and further treatments for individual elders in need.

3) The 2014-15 revised estimate and 2015-16 estimate for ODCP are $25.1 million and $44.5 million respectively.

4) We have included six civil service posts in 2014-15 and 2015-16 for implementation of the ODCP.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)210

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2056)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please list the number of Model Scale 1 civil servants working 45 hours net per week in each of the hospitals under the Hospital Authority.

Asked by: Hon POON Siu-ping (Member Question No. 37)

Reply:

The number of Model Scale 1 civil servants working 45 hours net per week in each of the hospitals under the Hospital Authority (HA) as projected at 1.4.2015 is at the **Annex**.

- End -

Annex

The number of Model Scale 1 civil servants working 45 hours net per week in each of the hospitals under HA

Hospital	Number of staff (as projected at 1.4.2015)
Alice Ho Miu Ling Nethersole Hospital	3
Caritas Medical Centre	4
Castle Peak Hospital	8
Hong Kong Eye Hospital	2
Kwai Chung Hospital	13
Kowloon Hospital	17
Kwong Wah Hospital	1
North District Hospital	3
North Lantau Hospital	1
Our Lady of Maryknoll Hospital	1
Princess Margaret Hospital	21
Prince of Wales Hospital	15
Pamela Youde Nethersole Eastern Hospital	8
Queen Elizabeth Hospital	36
Queen Mary Hospital	48
Ruttonjee & Tang Shiu Kin Hospitals	1
St. John Hospital	1
Siu Lam Hospital	6
Tseung Kwan O Hospital	2
Tuen Mun Hospital	15
United Christian Hospital	8
Yan Chai Hospital	3
Total	**217**

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)211**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0123)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health stated that the number of non-directorate posts will be increased by 87 to 6 177 post as at 31 March 2016. Please inform this Committee of the nature of work, ranks and salaries of these new posts.

Asked by: Hon SHEK Lai-him, Abraham (Member Question No. 26)

Reply:

Details of the net increase of 87 posts are at the **Annex**.

- End -

Annex

Proposed Creation and Deletion of Posts in Department of Health in 2015-16

Initiative/Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service posts ($)
Programme 1 – Statutory Functions		
(a) Supporting the port health facilities at the new Midfield Concourse at Hong Kong International Airport		
Health Inspector I/II	1	457,620
Sub-total :	***1***	***457,620***
(b) Conversion of non-civil service contract positions to civil service posts for strengthening support for work relating to the Chinese medicine development		
Scientific Officer (Medical)	7	5,733,000
Sub-total :	***7***	***5,733,000***
Total (Programme 1) :	***8***	***6,190,620***
Programme 2 – Disease Prevention		
(a) Enhancing the services of the Elderly Health Centres		
Medical and Health Officer	1	934,860
Nursing Officer	1	621,900
Registered Nurse	2	784,080
Assistant Clerical Officer	1	232,920
Clerical Assistant	1	181,740
Sub-total :	***6***	***2,755,500***
(b) Conversion of non-civil service contract positions to civil service posts for establishing a Communicable Disease Information System Support Team		
Scientific Officer (Medical)	1	819,000
Assistant Clerical Officer	1	232,920
Sub-total :	***2***	***1,051,920***
(c) Conversion of non-civil service contract position to civil service post for providing professional support for environmental health issues		
Scientific Officer (Medical)	1	819,000
Sub-total :	***1***	***819,000***
(d) Strengthening financial management and related monitoring work for the Elderly Health Care Voucher Scheme		
Accounting Officer II	1	411,660
Property Attendant	-1	-156,420
Sub-total :	***0***	***255,240***
(e) Strengthening internal audit and ensuring proper internal control on Department of Health's activities		
Accounting Officer II	1	411,660

	Initiative/Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service posts ($)
	Property Attendant	-1	-156,420
	Sub-total :	***0***	***255,240***
(f)	Lapse of time-limited post for supporting outsourcing projects		
	Executive Officer I	-1	-651,180
	Sub-total :	***-1***	***-651,180***
	Total (Programme 2) :	***8***	***4,485,720***
	Programme 5 –Rehabilitation		
	Conversion of non-civil service contract positions to civil service posts for strengthening manpower at the Child Assessment Centres		
	Medical and Health Officer	4	3,739,440
	Clinical Psychologist	4	3,276,000
	Speech Therapist	2	1,035,240
	Total (Programme 5) :	***10***	***8,050,680***
	Programme 7– Medical and Dental Treatment for Civil Servants		
(a)	Enhancing the dental services for civil service eligible persons		
	Senior Dental Officer	1	1,222,560
	Dental Officer	6	5,139,720
	Senior Dental Surgery Assistant	1	411,660
	Dental Surgery Assistant	6	1,576,080
	Assistant Clerical Officer	1	232,920
	Clerical Assistant	2	363,480
	Workman II	2	288,960
	Sub-total :	***19***	***9,235,380***
(b)	Enhancing the clinic service to civil service eligible persons by setting up a new Families Clinic in New Territories East region		
	Senior Medical and Health Officer	3	3,667,680
	Medical and Health Officer	7	6,544,020
	Nursing Officer	2	1,243,800
	Registered Nurse	13	5,096,520
	Clinical Psychologist	1	819,000
	Senior Dispenser	1	494,400
	Dispenser	2	471,060
	Assistant Clerical Officer	2	465,840
	Clerical Assistant	7	1,272,180
	Workman II	4	577,920
	Sub-total :	***42***	***20,652,420***
	Total (Programme 7) :	***61***	***29,887,800***
	Total (Overall) :	***87***	***48,614,820***

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)212

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1134)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the enforcement work on tobacco control by the Tobacco Control Office (TCO) of the Department of Health (DH),

(a) please list out the numbers of complaints received, the numbers of enforcement actions taken by the TCO of the DH, the numbers of prosecutions initiated, and the percentages of actions in which prosecutions were initiated in the past three years.

(b) please list out the expenditure on enforcing laws on tobacco control in 2014-15 and the estimated expenditure on enforcing laws on tobacco control in 2015-16. Please also list the staffing establishment of the TCO in 2014-15 and 2015-16.

(c) has the Administration assessed whether the current manpower of the TCO is sufficient and whether there is a need to increase the manpower? If yes, what are the assessment results and what are the estimated additional resources and manpower to be allocated in order to enhance the efficiency and effectiveness of the enforcement work on tobacco control by the TCO? If no, what are the reasons and whether an assessment will be made in the future?

Asked by: Hon TSE Wai-chuen, Tony (Member Question No. 31)

Reply:

(a) The Tobacco Control Office (TCO) of the Department of Health (DH) conducts inspection to venues concerned in response to smoking complaints. The numbers of inspections, fixed penalty notices (FPNs) / summonses issued by TCO and percentage of actions in which prosecutions were initiated for the period from 2012 to 2014 for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows –

		2012	2013	2014
Complaints received		18 291	18 079	17 354
Inspections conducted		26 209	27 461	29 032
FPNs issued (for smoking offences)		8 019	8 330	7834
Summonses issued	for smoking offences	179	232	193
	for other offences	88	99	92
Total number of FPNs and summonses issued (percentage of cases in which prosecutions were initiated)		8 286 (31.6%)	8 661 (31.5%)	8 119 (28.0%)

(b) The expenditures / provisions and staffing situation of TCO in 2014-15 and 2015-16 are at **Annexes 1 and 2** respectively.

(c) The number of TCO staff carrying out frontline enforcement duties is 99 in 2014-15 and is expected to remain the same in 2015-16. DH will continue to review the need for strengthening its manpower to cope with the enforcement duties.

- End -

Annex 1

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2014-15 Revised Estimate ($ million)	2015-16 Estimate ($ million)
Enforcement		
Programme 1: Statutory Functions	39.4	40.5
Health Education and Smoking Cessation		
Programme 3: Health Promotion	125.7	126.4
(a) General health education and promotion of smoking cessation		
TCO	*46.2*	*46.8*
Subvention to Council on Smoking and Health (COSH)	*24.3*	*21.4*
Sub-total	***70.5***	***68.2***
(b) Provision for smoking cessation and related services by non-governmental organisations		
Subvention to Tung Wah Group of Hospitals	*37.1*	*39.1*
Subvention to Pok Oi Hospital	*7.8*	*7.6*
Subvention to Po Leung Kuk	*2.0*	*2.0*
Subvention to Lok Sin Tong	*1.9*	*2.3*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*2.3*	*2.3*
Subvention to The University of Hong Kong	*1.5*	*2.3*
Sub-total	***55.2***	***58.2***
Total	**165.1**	**166.9**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2014-15	2015-16 Estimate
Head, TCO		
Principal Medical & Health Officer	1	1
Enforcement		
Senior Medical & Health Officer	1	1
Medical & Health Officer	2	2
Land Surveyor*	1	1
Police Officer	5	5
Overseer/ Senior Foreman/ Foreman*	89	89
Senior Executive Officer/ Executive Officer*	9	9
Sub-total	***107***	***107***
Health Education and Smoking Cessation		
Senior Medical & Health Officer	1	1
Medical & Health Officer/ Contract Doctor	1	1
Scientific Officer (Medical)	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	3	3
Hospital Administrator II/ Health Promotion Officer/	4	4
Sub-total	***10***	***10***
Administrative and General Support		
Senior Executive Officer/ Executive Officer	4	4
Clerical and support staff	17	17
Motor Driver	1	1
Sub-total	***22***	***22***
Total no. of staff:	**140**	**140**

** Staff carrying out frontline enforcement duties*

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)213

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1268)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The establishment ceiling of the Department of Health will be increased in 2015-16 for the creation of 87 non-directorate posts, mainly for providing medical and dental treatment for civil servants, for which an increase of 61 posts is estimated. There will be no such substantial increase in the number of posts in other Programmes. What are the reasons for the creation of posts under each Programme and what are the specific arrangements? What is the timetable for the recruitment of these posts?

Asked by: Hon WONG Ting-kwong (Member Question No. 54)

Reply:

Details of the net increase of 87 posts are at **Annex**. The Department will arrange for recruitment/promotion exercises or deployment of staff for filling of the new posts depending on the operational needs.

- End -

Annex

Proposed Creation and Deletion of Posts in Department of Health in 2015-16

Initiative/Rank	No. of posts to be created/deleted
Programme 1 – Statutory Functions	
(a) Supporting the port health facilities at the new Midfield Concourse at Hong Kong International Airport	
Health Inspector I/II	1
Sub-total :	***1***
(b) Conversion of non-civil service contract positions to civil service posts for strengthening support for work relating to the Chinese medicine development	
Scientific Officer (Medical)	7
Sub-total :	***7***
Total (Programme 1) :	***8***
Programme 2 – Disease Prevention	
(a) Enhancing the services of the Elderly Health Centres	
Medical and Health Officer	1
Nursing Officer	1
Registered Nurse	2
Assistant Clerical Officer	1
Clerical Assistant	1
Sub-total :	***6***
(b) Conversion of non-civil service contract positions to civil service posts for establishing a Communicable Disease Information System Support Team	
Scientific Officer (Medical)	1
Assistant Clerical Officer	1
Sub-total :	***2***
(c) Conversion of non-civil service contract position to civil service post for providing professional support for environmental health issues	
Scientific Officer (Medical)	1
Sub-total :	***1***
(d) Strengthening financial management and related monitoring work for the Elderly Health Care Voucher Scheme	
Accounting Officer II	1
Property Attendant	-1
Sub-total :	***0***
(e) Strengthening internal audit and ensuring proper internal control on Department of Health's activities	
Accounting Officer II	1
Property Attendant	-1

Initiative/Rank	No. of posts to be created/deleted
Sub-total :	***0***
(f) Lapse of time-limited post for supporting outsourcing projects	
Executive Officer I	-1
Sub-total :	***-1***
Total (Programme 2) :	***8***

Programme 5 –Rehabilitation

Conversion of non-civil service contract positions to civil service posts for strengthening manpower at the Child Assessment Centres	
Medical and Health Officer	4
Clinical Psychologist	4
Speech Therapist	2
Total (Programme 5) :	***10***

Programme 7– Medical and Dental Treatment for Civil Servants

(a) Enhancing the dental services for civil service eligible persons	
Senior Dental Officer	1
Dental Officer	6
Senior Dental Surgery Assistant	1
Dental Surgery Assistant	6
Assistant Clerical Officer	1
Clerical Assistant	2
Workman II	2
Sub-total :	***19***
(b) Enhancing the clinic service to civil service eligible persons by setting up a new Families Clinic in New Territories East region	
Senior Medical and Health Officer	3
Medical and Health Officer	7
Nursing Officer	2
Registered Nurse	13
Clinical Psychologist	1
Senior Dispenser	1
Dispenser	2
Assistant Clerical Officer	2
Clerical Assistant	7
Workman II	4
Sub-total :	***42***
Total (Programme 7) :	***61***
Total (Overall) :	***87***

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1269)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the attendances at maternal and child health centres for cervical screening service, the actual and estimated numbers are both 99 000 for three consecutive years. How is the estimation done? Will the Administration take more proactive steps to promote awareness among women and achieve truly universal screening service?

If the number of attendances is estimated as above, what will be the Administration's expenditure on cervical screening service?

Asked by: Hon Wong Ting Kwong (Member Question No. 55)

Reply:

The numbers of attendance for cervical screening service in Maternal and Child Health Centres are estimated based on service demand and the actual numbers of attendance of previous years.

The Department of Health (DH) keeps a close watch on cervical screening coverage among local women. A survey conducted in 2012 revealed that 78.2% female respondents aged 25 to 64 years had ever had cervical screening, of whom 70.0% reported screening on a regular basis. Common reasons for not receiving screening were perceived no need, too busy, never thought of having it, and too expensive. To address these issues, the DH will continue to promote cervical screening through mass publicity while at the same time working through community partners to target under-screened populations.

The financial provision for cervical screening service in 2015-16 is $20.8 million.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)215

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1270)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In 2015, the planned number of training activities on infection control will decrease to 83, from 89 in 2013. The number of attendances to training activities on infection control will also decrease correspondingly from 12 000 to 8 000.

How did the Administration estimate the figures? What are the reasons for the decrease in the numbers? Who are the main target participants of these activities? Will the Administration consider stepping up its effort in promoting the work? If yes, what are the details; if no, what are the reasons?

Asked by: Hon WONG Ting-kwong (Member Question No. 56)

Reply:

Regular infection control training programmes for health care workers of public and private sectors and staff of long-term care facilities are organised to combat infectious diseases. Special training programmes for institutions, community organisations and government departments are also conducted from time to time.

The planned number of training activities on infection control for 2015 is the baseline figure of 2013 excluding the ad hoc activities related to the surge of Vancomycin-resistant enterococci (VRE) cases in public hospitals in that year. In 2013, extra training programmes and workshops specifically on VRE and hand hygiene were conducted for the staff of Residential Care Homes of the Elderly to prevent the spread of VRE in the community.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)216

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0185)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

On average, how many staff are there operating in each Elderly Health Centre? Apart from the clinical team of four staff, how many other healthcare staff are there in each centre?

Asked by: Hon WONG Yuk-man (Member Question No. 43)

Reply:

Elderly Health Centre (EHC) is typically staffed by a clinical team of one doctor and three nurses; and supported by two clerical staff and one workman grade staff. In addition, each EHC is also served by four allied health professionals, namely clinical psychologist, dietitian, occupational therapist and physiotherapist, who pay visits to the EHCs on a sessional basis. A total of 32 allied health professionals serve 18 EHCs and 18 Visiting Health Teams.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0186)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Department of Health consider increasing the manpower of the 18 Elderly Health Centres this year? What will be the proposed increase in manpower? If yes, what will be the ratio of administrative staff to medical staff in respect of the proposed increase in staff?

Asked by: Hon WONG Yuk-man (Member Question No. 44)

Reply:

To enhance the service capacity of Elderly Health Centres, the Government has earmarked additional resources for creating a clinical team in 2015-16. The clinical team will consist of one doctor and three nurses. It will be supported by two clerical staff.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)218

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0187)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The number of enrolment in and the number of attendances at Elderly Health Centres (EHCs) both recorded increases every year. Does the Department of Health have any plan to set up new EHCs this year? If no, what are the reasons?

Asked by: Hon WONG Yuk-man (Member Question No. 45)

Reply:

There is no plan to increase the number of Elderly Health Centres (EHCs). However, to enhance the service capacity of EHCs, the Government has earmarked additional resources for creating a clinical team in 2015-16.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)219

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0188)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What is the manpower of the visiting health teams under the Elderly Health Service of the Department of Health? This year, the number of attendances at health education activities organised by Elderly Health Centres and Visiting Health Teams is planned to be 503 000. How many residential care homes will be included in the programme? How will the Department ensure that the activities organised will not centre on the same group of residential care homes?

Asked by: Hon WONG Yuk-man (Member Question No. 46)

Reply:

There are 18 Visiting Health Teams (VHTs) under the Elderly Health Service. As at 1 March 2015, VHTs have a staff establishment of 78 staff comprising:-

- 1 Senior Medical and Health Officer;
- 5 Medical and Health Officers;
- 17 Nursing Officers;
- 30 Registered Nurses;
- 16 Allied health staff; and
- 9 Motor Drivers

The VHTs outreach into the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly service providers. The aim is to increase their health awareness, the self-care ability of the elderly, and to enhance the quality of caregiving.

The VHTs have all along placed emphasis on providing support and training to staff of residential care homes for the elderly (RCHEs). There are around 700 RCHEs in the territory in total and they are all covered by the VHTs. In general, the content and

frequency of health promotion activities provided to each individual RCHE are determined by the training needs as identified by VHT staff. The Department of Health will review the mode of operation of the VHTs, including the priorities and target audience, with a view to enhancing effectiveness of the health promotion activities and ensuring that resources are more evenly distributed among RCHEs.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)220

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0189)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In monitoring the Elderly Health Assessment Pilot Programme, what types of information would the Department of Health require the nine participating non-governmental organisations to provide? Would there be any increase in the service capacity of the Pilot Programme this year?

Asked by: Hon WONG Yuk-man (Member Question No. 47)

Reply:

The Government launched the Elderly Health Assessment Pilot Programme (the Pilot Programme) in July 2013 in collaboration with nine non-governmental organisations (NGOs) to subsidise about 10 000 elders aged 70 or above to receive health assessment.

Under the Pilot Programme, participating NGOs are required to keep record of each participating elder and submit progress reports to DH regularly to facilitate programme monitoring and evaluation. Information to be provided in the reports include the recruitment progress, publicity activities, progress of service provision, and statistics on the clinical findings and referrals made, etc.

The Government will consider the way forward taking into account the experience of the Pilot Programme.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)221

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3174)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In which aspects will the content of the health promotion activities provided by the Department of Health to the elderly be updated this year? Will information on food safety and medical services in the district be included? What will be the number of staff deployed for the duty?

Asked by: Hon WONG Yuk-man (Member Question No. 48)

Reply:

The 18 Visiting Health Teams (VHTs) established under the Elderly Health Service outreach into the community and residential care setting to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. Contents of all health education materials, including those on food safety, are reviewed regularly and updated as necessary. There are also promotional activities on the Elderly Health Care Voucher Scheme and the Elderly Health Assessment Pilot Programme. A review in December 2014 has identified topics related to the mental health of the elderly and their carers (e.g. dementia, coping with anxiety, and stress management for carers) as priorities for updating in 2015. The workload for reviewing and updating the content of the health educational materials has been absorbed by the VHTs which have a staff establishment of 69 professional staff as at 1 March 2015.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)222

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3175)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What additional manpower will be provided in the Department this year for enhancing the management of the Elderly Health Care Voucher Scheme? What new administrative measures will be put in place?

Asked by: Hon WONG Yuk-man (Member Question No. 49)

Reply:

The Elderly Health Care Voucher (EHV) Scheme is administered by the Health Care Voucher Unit of the Department of Health (DH). The Health Care Voucher Unit has a current establishment of ten civil service posts. Five additional civil service posts will be created by end of 2015-16, including one Accounting Officer II post to strengthen the support for managing and monitoring the voucher claims under the EHV Scheme, and another four posts (namely one Executive Officer I, one Assistant Clerical Officer and two Clerical Assistants) to replace the existing non-civil service contract staff following the conversion of the EHV Scheme into a regular programme in 2014.

In February 2015, DH launched another round of promotional activities to encourage participation of the elderly and private healthcare service providers in the EHV Scheme. DH will also review the inspection protocol and strengthen the monitoring measures to ensure proper use of vouchers. In addition, we will conduct a review of the EHV Scheme in mid-2015 including operational procedures and scheme effectiveness, etc.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)223

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3230)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What is the estimate and manpower of the Tobacco Control Office (TCO) of the Department of Health in 2015-16? What were the number of enforcement actions taken and the number of prosecutions instituted by TCO last year?

Asked by: Hon WONG Yuk-man (Member Question No. 50)

Reply:

The expenditures / provisions and staffing situation of the Tobacco Control Office (TCO) in 2015-16 are at **Annexes 1 and 2** respectively.

TCO conducts inspections to venues concerned in response to smoking complaints. In 2014, TCO received 17 354 complaints, conducted 29 032 inspections, and issued 7 834 fixed penalty notices and 193 summonses for smoking offences. In addition, 92 summonses were issued by TCO for other related offences under the Smoking (Public Health) Ordinance (Cap. 371) (e.g. wilful obstruction, failure to produce identity document, etc).

- End -

Annex 1

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2015-16 Estimate ($ million)
Enforcement	
Programme 1: Statutory Functions	40.5
Health Education and Smoking Cessation	
Programme 3: Health Promotion	126.4
(a) General health education and promotion of smoking cessation	
TCO	*46.8*
Subvention to Council on Smoking and Health	*21.4*
Sub-total	***68.2***
(b) Provision for smoking cessation and related services by non-governmental organisations	
Subvention to Tung Wah Group of Hospitals	*39.1*
Subvention to Pok Oi Hospital	*7.6*
Subvention to Po Leung Kuk	*2.0*
Subvention to Lok Sin Tong	*2.3*
Subvention to United Christian Nethersole Community Health Service	*2.6*
Subvention to Life Education Activity Programme	*2.3*
Subvention to The University of Hong Kong	*2.3*
Sub-total	***58.2***
Total	**166.9**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2015-16 Estimate
Head, TCO	
Principal Medical & Health Officer	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	2
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	89
Senior Executive Officer/ Executive Officer	9
Sub-total	***107***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer/ Contract Doctor	1
Scientific Officer (Medical)	1
Nursing Officer/ Registered Nurse/ Contract Nurse	3
Hospital Administrator II/ Health Promotion Officer	4
Sub-total	***10***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	17
Motor Driver	1
Sub-total	***22***
Total no. of staff:	**140**

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)224

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3277)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Department explore or introduce new legislative amendment proposals or administrative measures this year to enhance the regulation of medical beauty services in the commercial market? If no, what are the reasons?

Asked by: Hon WONG Yuk-man (Member Question No. 51)

Reply:

Most of the practices of the beauty industry are non-intrusive and involve no or very little health risks that call for direct regulatory intervention. Instead of regulating the beauty industry indiscriminately, the Government has adopted a risk-based approach focusing on those procedures/treatments that are intrinsically risky and could cause considerable harm to clients if not properly administered by qualified personnel. In this connection, the Working Group on Differentiation between Medical Procedures and Beauty Services (Working Group) established under the Steering Committee on Review of the Regulation of Private Healthcare Facilities recommended that certain cosmetic services should be performed by registered medical practitioners/ dentists because of the risks involved. Enforcement action will be taken as necessary under the Medical Registration Ordinance (Cap. 161) and the Dentists Registration Ordinance (Cap. 156).

With regard to the use of some medical devices (in particular energy-emitting devices) in beauty procedures, the Working Group considered that the control over their use should be deliberated under the regulatory framework for medical devices. In this connection, the Department of Health is in the process of engaging an external consultant to conduct a detailed study to examine overseas experience and practices and the scope of control on the use of these types of medical devices. Upon completion of the study, the Government will report to the Legislative Council Panel on Health Services on the outcome of the consultancy study and the details of the legislative proposal.

In a recently completed three-month public consultation exercise on the Regulation of Private Healthcare Facilities (PHFs), which ended on 16 March 2015, it is proposed that a new regulatory regime will be introduced for PHFs. Under the proposal, premises providing medical services (including those for aesthetic purpose) which involve high-risk procedure, high-risk anaesthesia and unstable patient's condition shall be regulated as 'facilities providing high-risk medical procedures in ambulatory setting'. Besides, premises providing medical services for aesthetic purpose and employing medical practitioners who do not have full control of the premises concerned in ensuring effective governance and maintaining quality of medical services shall be regulated as 'facilities providing medical services under the management of incorporated bodies'. Subject to the outcome of the consultation, the Government aims to introduce the legislative proposal to the Legislative Council in 2015-16.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0367)

Head: (48) Government Laboratory

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Testing

Controlling Officer: Government Chemist (Dr. LAU Chau-ming)

Director of Bureau: Secretary for Food and Health

Question:

How will the Government make use of the provision for 2015-16 to:
1. expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong; and
2. facilitate the development of the testing and certification industry in Hong Kong?

Asked by: Hon LEUNG Kwan-yuen, Andrew (Member Question No. 4)

Reply:

The Hong Kong Chinese Materia Medica Standards (HKCMMS) project was launched in 2002 to establish standards for the commonly used Chinese herbal medicines in Hong Kong with a view to aligning the standards with international requirements. We have completed the research work of 200 Chinese Materia Medica (CMM) as pledged in 2009-10 Policy Address, and will continue the research project with a target of around 28 CMM every year.

The Chinese Medicine Development Committee (CMDC) established by the Government in February 2013 has also discussed, among others, the development of the HKCMMS project. The CMDC supports continuing the HKCMMS project and further exploring the feasibility of developing standards for decoction pieces under the project.

In 2014-15, under Head 48, Government Laboratory supports the development of testing and certification industry in Hong Kong by organizing a proficiency testing programme on assay of CMM for the Hong Kong Council for Testing and Certification. The proficiency test will help the industry to build up technical capabilities to authenticate Chinese herbal medicines by physico-chemical methods according to the HKCMMS.

The Government Laboratory will make use of the provision for 2015-16 to:

1. establish a dedicated section to strengthen the provision of analytical and advisory services, including performing verification of analytical methods developed for the CMM and conducting trial run studies, for supporting the HKCMMS project;

2. organise proficiency testing programmes on different areas such as food safety testing and Chinese medicines testing with a view to assisting local testing laboratories in demonstrating technical competence and identifying areas for improvement, and arrange technical seminars and workshops as needed.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3877)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is noted that Dr Albert YUEN Wai-cheung, a specialist in plastic surgery for Gender Identity Disorder (GID) cases, will retire soon, and Dr Greg MAK Kai-lok, Associate Consultant of the Department of Psychiatry of the Castle Peak Hospital, who previously worked on the assessment and counselling of GID patients in the Prince of Wales Hospital, has also been transferred out. The Hospital Authority (HA) now only arranges less experienced non-specialists to handle various GID cases, causing the waiting time of people seeking assistance to change from around 2 months to more than 3 years.

(1) What is the current mechanism and workflow for handling GID cases in HA?

(2) What is the number of attendances for GID diagnosis of transgender people in the past 5 years? What is the average waiting time of new cases at present?

(3) What is the current number of healthcare personnel (including plastic surgeons, psychiatrists and clinical psychologists) providing patients with diagnosis services who possess the experience or qualifications in transgender diagnosis? What is the number of healthcare personnel involved and in which hospitals are they working?

(4) How much resources and manpower will be allocated to GID diagnosis services in future? How will HA enhance the relevant diagnosis services?

(5) After the closure of the sex clinic in the Queen Mary Hospital in 2005, will HA set up in public hospitals new sex clinics with healthcare personnel who possess relevant qualifications to provide comprehensive transgender diagnosis services?

Asked by: Hon CHAN Chi-chuen (Member Question No. 223)

Reply:

(1) The Hospital Authority (HA) adopts a multi-disciplinary approach in providing service to Gender Identity Disorder (GID) patients, with team including psychiatrists, clinical psychologists, surgeons, gynaecologists, physicians, endocrinologists, occupational therapists and medical social workers. The psychiatrists and the clinical psychologists establish the diagnosis of GID and assess the degree of severity. The occupational therapists and medical social workers help the person by advising changes in home and working environment. Doctors prescribe hormones of the opposite sex to the person for the person's external appearance as well as psychological changes to help alleviate mental distress of some.

Patients recommended for sex reassignment surgery (SRS) must undergo an assessment for around two years demonstrating satisfactory social adjustment in living in the opposite sex, and with recommendation letters from two mental health professionals.

(2) The number of psychiatric Specialist Outpatient (SOP) attendances for patients diagnosed with GID from 2010-11 to 2014-15 (up to 31 December 2014) are as follows:-

Year	Number of psychiatric SOP attendances for patients diagnosed with GID
2010-11	250
2011-12	369
2012-13	492
2013-14	549
2014-15（up to 31 December 2014）	432*

* Provisional figure

Psychiatric Specialist Outpatient Clinics (SOPCs) will arrange medical appointments for new patients based on urgency of their clinical conditions, which is determined with regard to patients' clinical history and presenting symptoms. The date of medical appointment for new patients therefore varies depending on the patient's actual clinical conditions. In 2014-15 (as at 31 December 2014), the overall median waiting time for new cases under routine category at psychiatric SOPCs is 10 weeks.

(3) Professionals in different HA hospitals providing services to GID patients include psychiatrists, clinical psychologists, surgeons, gynaecologists, physicians, endocrinologists, occupational therapists and medical social workers. As they also provide medical services to patients suffering from other diseases, HA does not have the number of professionals who provide medical services specifically for GID patients.

(4) HA will commence SRS services in Prince of Wales Hospital (PWH) in 2015-16. It is planned for PWH to receive referral for SRS for male to female and female to male

from 2015-16, whilst Ruttonjee Hospital will continue to provide SRS for male to female.

(5) At present, services for GID patients are provided by HA psychiatric SOPCs in the seven clusters with SRS conducted in Ruttonjee Hospital and PWH. HA is reviewing its service provision taking into consideration the experience from the new SRS services in PWH and views from patients and the community to ensure that its services can meet the needs of patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4376)

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

Subhead (No. & title): (000) Operational Expenses

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the estimate that the Food and Health Bureau (Health Branch) has an estimated 102 non-directorate posts as at 31 March 2015. The number will reach 110 by 31 March 2016 with the creation of 8 new posts. What are the types and job nature of these new posts? In addition, the Health Branch has 12 directorate posts. Would the Government please inform this Council of the types, salaries, allowances and job nature of the 12 directorate posts, as well as the types, numbers, salaries, allowances and job nature of the 110 non-directorate permanent posts?

Asked by: Hon CHAN Chi-chuen (Member Question No. 66)

Reply:

The 12 directorate posts in the Health Branch provide steer and leadership over the various policy initiatives under the portfolio of Health Branch, including the Voluntary Health Insurance Scheme, the Electronic Health Record Programme, strategic review on healthcare manpower planning and professional development, private healthcare facilities regulatory regime, hospital development, public hospital services, prevention of communicable and non-communicable diseases, Chinese medicine and Chinese medicine clinics, regulation of drugs, mental health, oral health, primary care development, elderly healthcare services, human reproductive technology, human organ transplant and donation, anti-smoking and tobacco control, health-related initiatives funded under the Community Care Fund, etc. Details of the establishment and rank of the 12 directorate posts and the provisions for salaries, job-related allowances and personnel-related expenses for such posts in 2015-16 are as follows –

Rank	No. of Post	Provisions for Salaries, job-related Allowances and Personnel-related Expenses in 2015-16 ($'000)[Note]
Administrative Officer Staff Grade A1(D8)	1	24,250
Administrative Officer Staff Grade B1 (D4)	1	
Administrative Officer Staff Grade B (D3)	3	
Administrative Officer Staff Grade C (D2)	5	
Principal Executive Officer (D1)	1	
Chief Systems Manager (D1)	1	
Total	12	

The above directorate officers are supported by 110 non-directorate posts of multi-disciplinary ranks, including 8 new posts (marked with asterisks in the table below) to be created in 2015-16. Details of the establishment, rank and job nature of the non-directorate posts and the provisions for salaries, job-related allowances and personnel-related expenses for such posts in 2015-16 are as follows –

Rank	No. of Post	Job Nature	Provisions for Salaries, Job-related Allowances and Personnel-related Expenses in 2015-16 ($'000)[Note]
Senior Administrative Officer	7	Providing administrative support	67,709
Administrative Officer	5		
Chief Executive Officer	5	Providing executive support	
Senior Executive Officer	13		
Executive Officer I	4		
Executive Officer II	7 + 4*		
Chief Management Services Officer	1	Providing management services support	
Senior Management Services Officer	1		
Senior Medical and Health Officer	1	Providing professional support	
Scientific Officer	1		
Senior Statistician	1	Providing statistical support	
Statistician	1		
Statistical Officer II	1		
Senior Systems Manager	1	Providing IT support	
Systems Manager	2		
Analyst/Programmer I	1*		
Analyst/Programmer II	2*		

Rank	No. of Post	Job Nature	Provisions for Salaries, Job-related Allowances and Personnel-related Expenses in 2015-16 ($'000)[Note]
Information Officer	1	Providing public relations and publicity support, as well as media liaison services	
Senior Official Languages Officer	1	Providing translation services	
Official Languages Officer I	1		
Calligraphist	1		
Personal Assistant	1	Providing secretarial and clerical support	
Senior Personal Secretary	1		
Personal Secretary I	8		
Personal Secretary II	5		
Clerical Officer	4		
Assistant Clerical Officer	17 + 1*		
Clerical Assistant	5		
Office Assistant	1		
Confidential Assistant	2		
Chauffeur	1	Providing transport services	
Motor Driver	2		
Total	110		

Note : Excluding provisions for posts on-loan to FHB and supernumerary posts created to accommodate replacements for officers on pre-retirement or pre-resignation leave.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4934)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the number of Mainland women giving birth in Hong Kong in the past 3 years? How many of them were singly non-permanent residents and how many were doubly non-permanent residents? How many of these were delivery cases with no obstetric booking? Where are the locations of the hospitals handling these delivery cases of non-local women?

What are the manpower and expenditure involved in handling delivery cases of non-local women in each hospital in the past 3 years? How many of these are cases with obstetric fees wholly or partly unpaid and what is the amount of arrears involved? How will the Hospital Authority follow up these arrears cases?

Please set out in a table the number of babies born to parents: (1) one of whom is not a Hong Kong permanent resident (commonly known as "singly non-permanent resident"); (2) both of whom are not Hong Kong permanent residents (commonly known as "doubly non-permanent residents"); and (3) both of whom are Hong Kong permanent residents for the past year.

Asked by: Hon CHAN Chi-chuen (Member Question No. 188)

Reply:

The numbers of deliveries by non-eligible persons (NEP) in public hospitals in the past three years are set out in the table below.

2012-13

Hospital	Deliveries by NEP	
	Total (A)	**Admitted via A&E without obstetric booking (B)**
PYNEH	812	48
QMH	203	30
QEH	320	99
UCH	429	83
KWH	80	65
PMH	231	104
PWH	131	105
TMH	148	131
Total	**2 354**	**665**

2013-14

Hospital	Deliveries by NEP	
	Total (A)	**Admitted via A&E without obstetric booking (B)**
PYNEH	63	61
QMH	32	28
QEH	127	100
UCH	36	36
KWH	36	32
PMH	39	35
PWH	45	40
TMH	62	55
Total	**440**	**387**

2014-15 (up to December 2014) [Provisional Figures]

Hospital	Deliveries by NEP	
	Total (A)	**Admitted via A&E without obstetric booking (B)**
PYNEH	40	40
QMH	25	24
QEH	70	57
UCH	21	20
KWH	42	33
PMH	29	25
PWH	38	31
TMH	55	42
Total	**320**	**272**

Note:

(a) Pregnant patients using obstetric services of the Hospital Authority (HA) are not obliged to disclose information (including the residential status) of their spouses, and hence breakdown by singly or doubly non-permanent residents is not available.

(b) HA has, since April 2012, suspended the booking of obstetric services by NEP for 2013 and onwards. The difference between column (A) and column (B) in the above tables for 2013-14 and 2014-15 represents the delivery by a small number of NEP who are, for instance, spouses of civil servants or HA employees, asylum seekers, refugees and non-refoulement claimants.

The medical and nursing manpower providing obstetric services is part of the obstetrics and gynaecology (O&G) department providing a range of O&G services in the hospital. Breakdown of manpower by the type of services is not available. The table below sets out the manpower of O&G services in HA in the past three years.

	2012-13 (as at 31 March 2013)	**2013-14 (as at 31 March 2014)**	**2014-15 (as at 31 December 2014)**
Doctors	221	215	210
Nurses	1 053	1 120	1 163

Note: The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

In respect of obstetric services provided by HA to NEP in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014), the table below sets out the amount of medical fees write-offs and the corresponding number of cases.

Year	**Amount ($ million)**	**Number of cases**
2012-13	10.2	379
2013-14	8.6	188
2014-15 (as at 31 December 2014)	5.8	99

HA reviews the cases with payment in arrears on a regular basis and takes appropriate measures to recover the arrears. HA has put in place a series of measures to minimise default on payment of medical fees. These measures include:

1. issuing interim bills to NEP every three days during their hospitalisation and final bills regularly upon their discharge;

2. requiring all inpatients to provide such contact details as addresses and telephone numbers (including contact details outside Hong Kong);

3. reminding NEP or their family members through telephone calls for early settlement of bills before and after the patients' discharge;

4. requiring NEP to pay a deposit upon admission to wards (except for emergency cases);

5. imposing administrative charges on patients who have received medical services but made late payments of medical fees and charges;

6. taking legal actions and filing claims with the court, where appropriate. Noting that some NEP with outstanding fees will leave Hong Kong and return to the Mainland, HA will not only take legal actions in the courts of Hong Kong, but also attempt to recover the arrears through courts in the Mainland; and

7. not providing non-emergency medical services for NEP with outstanding fees.

HA will closely monitor the effectiveness of various measures and legal actions, keep close liaison with parties concerned, and take further measures as appropriate with a view to safeguarding the relevant public revenue.

The provisional number of live births in Hong Kong in 2014 with breakdown on live births to mainland women (1) whose spouses are Hong Kong permanent residents, and (2) whose spouses are not Hong Kong permanent residents is set out below:

Live births to Mainland women				(e)	(f)
(a) whose spouses are Hong Kong permanent residents	(b) whose spouses are not Hong Kong permanent residents	(c) father's residential status was not disclosed during birth registration	(d) Sub-total (a) + (b) + (c)	Live births by non-Mainland women	Total live births in Hong Kong (d) + (e)
5 157	797	48	6 002	55 479	61 481
Source: Census & Statistics Department					

Breakdown on the number of live births in Hong Kong in 2014 from parents both of whom are Hong Kong permanent residents is not available.

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)229

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4960)

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

Subhead (No. & title): (000) Operational expenses

Programme: (1) Health, (2) Subvention: Hospital Authority, (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding studies conducted by consultancy firms or research institutions commissioned by the Food and Health Bureau (Health Branch) over the past 3 years, will the Bureau set out in the table below their details and estimated provisions?

Period	Study	Objective	Scope of study	Research institution	Manpower involved	Expenditure

Asked by: Hon CHAN Chi-chuen (Member Question No. 88)

Reply:

The information requested is provided at the Annex.

- End -

Annex

Period	Study	Objective	Scope of study	Research institution	Manpower involved	Expenditure ($)
May 2012 to January 2014	Consultancy Study on the Health Protection Scheme (HPS)	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 HPS	To review and analyse the current state of private health insurance ("PHI") in Hong Kong and PHI claims data held by insurers in Hong Kong; and recommend the framework for regular insurance market data collection and statistics compilation to support HPS implementation.	Pricewater-houseCoopers Advisory Services Ltd	A core team of 7 members and an extended specialist team comprising 8 experts	8,763,855
July 2012 to December 2013	School-based survey on smoking among students 2012/13	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	The survey covered a large sample of Primary 4 to 6 and Secondary 1 to 6 students in 146 primary and secondary day schools in Hong Kong.	The University of Hong Kong	A team of 59 members of the research institution (including 1 Principal Investigator, 3 Co-investigators and 55 survey enumerators)	1,429,475
Commenced in September 2012 (ongoing)	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2010-11 and 2011-12	To further update the estimates of Hong Kong's domestic health expenditure, and to appraise the applications of DHA	The project covered all health and health-related expenditure information of the public sector (government bureaux and departments) and the private sector (non-government organisations, private institutions and households).	The University of Hong Kong	A project team with expertise in the subject (including one Principal Analyst, while total manpower not specified)	1,420,588

Period	Study	Objective	Scope of study	Research institution	Manpower involved	Expenditure ($)
October 2012 to February 2014	Privacy Impact Assessment (PIA) on the Electronic Health Record (eHR)Programme - System Analysis and Design (Second Phase PIA)	To conduct a PIA on the three major components of development of the eHR Programme: (i) eHR Core Sharing Infrastructure; (ii) Clinical Management System Adaptation and Extension modules; and (iii) Standardisation and Interfacing	To assess the privacy protection or issues in the three major components of development of the eHR Programme, and to review whether recommendations made in the First Phase PIA have been duly followed up.	Ernst & Young Advisory Services Limited	The consultancy team comprised 4 members	738,000
Commenced in March 2014 (ongoing)	PIA on the eHR Programme - before commissioning of the eHRSS (Third Phase PIA)	To conduct a PIA on the entire eHRSS before the commissioning of the system	To assess the privacy protection or issues in the eHR sharing system, and to review if recommendations made in the First Phase and Second Phase PIAs have been duly followed up.	Ernst & Young Advisory Services Limited	The consultancy team comprised 4 members	980,000
Commenced in July 2014 (ongoing)	School-based survey on smoking among students 2014/15	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	The survey covers a large sample of Primary 4 to 6 and Secondary 1 to 6 students in over 140 primary and secondary day schools in Hong Kong.	The University of Hong Kong	A team of 59 members of the research institution (incl. 1 Principal Investigator, 4 Co-investigators and 54 survey enumerators)	1,429,664

Period	Study	Objective	Scope of study	Research institution	Manpower involved	Expenditure ($)
Commenced in January 2015 (ongoing)	Opinion survey on regulation of private healthcare facilities	To collect public views on the regulation of private healthcare facilities	To collect information from at least 5 000 Hong Kong residents aged 18 or above.	Consumer Search Hong Kong Limited	A core team of 7 members and 10-12 telephone interviewers	680,000
Commenced in January 2015 (ongoing)	Opinion survey on Voluntary Health Insurance Scheme	To collect public views on the proposed Voluntary Health Insurance Scheme	To collect information from at least 5 000 Hong Kong residents aged 18 or above.	Consumer Search Hong Kong Limited	A core team of 8 members and 10-15 telephone interviewers	730,000

Note: Details of approved projects under the Health and Medical Research Fund, the former Health and Health Services Research Fund and the former Research Fund for the Control of Infectious Diseases are available from the Research Fund Secretariat website at http://rfs.fhb.gov.hk.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3896)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

North Lantau Hospital was commissioned last year. Would the Government please advise on the following:

(a) the staffing establishment and expenditure, as well as other expenses of the hospital in the past year; and

(b) the staffing establishment and expenditure, as well as other expenses of the hospital in the next three years.

Asked by: Hon CHAN Han-pan (Member Question No. 59)

Reply:

As at 31 December 2014, the total number of staff on full time equivalent (FTE) strength of North Lantau Hospital (NLTH) was 354.9, with breakdown as follows:

Staff Group	**Number of FTE Strength (as at 31 December 2014)**
Medical	30
Nursing	79.9
Allied Health	60
Management/Administration	7
Supporting (care related)	54
Others	124
Total	354.9

Note :

1) The manpower figures calculated on FTE basis include permanent, contract, temporary full time and part-time staff.

The total expenditure for NLTH in 2014-15 is estimated at $268.5 million.

While the exact manpower and expenditure information for the operation of NLTH for the coming three years is not yet available, NLTH will continue to roll out its services gradually. For instance, NLTH plans to expand capacity in ambulatory surgery, specialist outpatient and community psychiatry outreach services in 2015-16.

NLTH will continue to maintain close communication with the Islands District Council, local residents and community organisations of Lantau Island and Tung Chung on the provision of public healthcare services in the district.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)231

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3906)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the operation of the Health and Medical Research Fund (HMRF) since its establishment in 2011, please set out in a table information including the number of applications, the number of research projects funded and the total amount of funding. Please also give a brief account of the research areas and outcomes of the projects funded as well as the balance of the HMRF.

Asked by: Hon CHAN Han-pan (Member Question No. 69)

Reply:

On 9 December 2011, LegCo Finance Committee approved a new commitment of $1,415 million for setting up the Health and Medical Research Fund (HMRF), by consolidating the former Health and Health Services Research Fund (HHSRF) and the Research Fund for the Control of Infectious Diseases (RFCID), with a broadened scope for funding health and medical research in Hong Kong. Research projects funded under the former HHSRF and the RFCID have been subsumed under the HMRF.

The 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 project, and government-commissioned research programmes.

Since its establishment in 2011, the HMRF has conducted two rounds of funding applications. The number of research funding applications received and projects approved and the total amount of approved funding are as follows:

	Number of applications received	**Number of research projects approved**	**Total amount of approved funding (in $million)**
2013-14	679	252	285.6
2014-15	905	264	304.4

The uncommitted funding balance of the HMRF (i.e. funding available for new projects) was $588.4M (as at end-2014).

Over the years, the research projects funded under the HMRF and the former HHSRF and RFCID have expanded the local evidence base, build capacity in terms of research expertise and infrastructure, and generate important findings for clinical practices. Details of the approved projects, including the project titles, responsible research institutions, approved funding and latest position, are available from the Research Fund Secretariat website at http://rfs.fhb.gov.hk.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3907)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
It is stated in the Budget that the Hospital Authority will open a total of 250 additional beds in high needs communities like Kowloon East, New Territories East and New Territories West Clusters to meet the growing demand arising from population growth and ageing. How will these 250 beds be distributed? Will the healthcare manpower of these hospital clusters, in which the estimated additional beds will be provided, be increased as a result?

Asked by: Hon CHAN Han-pan (Member Question No. 70)

Reply:
The Hospital Authority (HA) has earmarked over $320 million for the opening of 250 beds in 2015-16. The table below sets out the respective numbers of the 250 hospital beds to be opened in each of the clusters.

Cluster	**Number of general beds to be opened in 2015-16**		
	Acute General	Convalescent	Total
Hong Kong East	21	-	21
Hong Kong West	-	-	-
Kowloon Central	-	-	-
Kowloon East	36	-	36
Kowloon West	-	-	-
New Territories East	71	-	71
New Territories West	82	40	122
HA Overall	**210**	**40**	**250**

HA will deploy existing staff and recruit additional staff to cope with the opening of the above beds. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4041)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the number of applications approved and the amount of expenditure under the Samaritan Fund administered by the Hospital Authority for the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No.12)

Reply:

The tables below set out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund in 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15 (up to 31 December 2014):

Items	2010-11	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 354	150.5
Non-drugs: Cardiac Pacemakers	497	24.7
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 654	56.0
Intraocular Lens	1 596	1.8
Home use equipment and appliances	72	0.7
Gamma knife surgeries in private hospital	28	2.0
Harvesting bone marrow in foreign countries	12	1.3
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	108	1.4
Total	5 321	238.4

Items	2011-12	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 516	174.9
Non-drugs: Cardiac Pacemakers	536	25.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 555	55.3
Intraocular Lens	1 487	1.7
Home use equipment and appliances	53	0.6
Gamma knife surgeries in private hospital	26	2.0
Harvesting bone marrow in foreign countries	14	1.6
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	94	1.4
Total	5 281	262.8

Items	2012-13	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 745	241.6
Non-drugs: Cardiac Pacemakers	547	28.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 486	53.9
Intraocular Lens	1 220	1.4
Home use equipment and appliances	39	0.4
Gamma knife surgeries in private hospital	1	0.1
Harvesting bone marrow in foreign countries	10	1.5
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	86	1.3
Total	5 134	328.5

Items	2013-14	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	2 027	280.2
Non-drugs: Cardiac Pacemakers	484	24.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 571	67.1
Intraocular Lens	1 292	1.8
Home use equipment and appliances	30	0.4
Gamma knife surgeries in private hospital	4	0.4
Harvesting bone marrow in foreign countries	10	2.1
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	72	1.6
Total	5 490	377.9

Items	**2014-15 (up to 31 December 2014)**	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 642	233.3
Non-drugs: Cardiac Pacemakers	392	22.1
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 324	74.2
Intraocular Lens	754	1.1
Home use equipment and appliances	42	0.5
Gamma knife surgeries in private hospital	1	0.1
Harvesting bone marrow in foreign countries	14	2.7
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	55	0.4
Total	4 224	334.4

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4042)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of people currently on the waiting list and the waiting time for specialist outpatient services, with a breakdown by District Council district.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 13)

Reply:

The table below sets out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases and their respective median (50^{th} percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2014-15 (up to 31 December 2014).

The corresponding catchment districts of HA's clusters are listed below:

- HKEC – Eastern, Wan Chai, Islands (excl. Lantau Island)
- HKWC – Central & Western, Southern
- KCC – Kowloon City, Yau Tsim
- KEC – Kwun Tong, Sai Kung
- KWC – Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

2014-15 (up to 31 December 2014) [Provisional figures]

Cluster	Specialty	Number of new cases	Median waiting time (weeks)		
			Priority 1	Priority 2	Routine
HKEC	ENT	6 264	<1	3	35
	MED	9 431	1	4	23
	GYN	4 607	<1	3	11
	OPH	9 699	<1	6	12
	ORT	7 549	1	6	46
	PAE	1 040	1	5	14
	PSY	2 691	1	3	9
	SUR	10 700	1	7	31
HKWC	ENT	5 133	<1	6	26
	MED	9 326	<1	5	35
	GYN	6 086	<1	5	18
	OPH	7 458	<1	4	7
	ORT	8 463	<1	4	16
	PAE	1 911	<1	4	13
	PSY	3 198	1	3	22
	SUR	11 088	<1	6	15
KCC	ENT	10 690	<1	3	28
	MED	9 418	1	5	44
	GYN	4 195	<1	4	15
	OPH	19 061	<1	4	54
	ORT	6 065	1	2	65
	PAE	1 865	<1	6	16
	PSY	2 210	<1	3	19
	SUR	14 031	1	5	30
KEC	ENT	7 667	<1	3	39
	MED	14 195	1	6	54
	GYN	6 426	1	6	51
	OPH	14 128	<1	6	14
	ORT	13 019	<1	7	101
	PAE	3 212	<1	7	16
	PSY	5 445	1	5	30
	SUR	19 781	1	7	23

Cluster	Specialty	Number of new cases	Median waiting time (weeks)		
			Priority 1	Priority 2	Routine
KWC	ENT	13 370	<1	5	27
	MED	23 531	<1	6	46
	GYN	10 852	<1	6	28
	OPH	15 420	<1	5	52
	ORT	18 363	<1	5	62
	PAE	6 332	<1	5	12
	PSY	11 092	1	4	22
	SUR	29 775	1	6	40
NTEC	ENT	11 529	<1	4	42
	MED	16 209	<1	5	70
	GYN	9 915	<1	5	40
	OPH	15 898	<1	4	62
	ORT	17 104	<1	4	119
	PAE	3 041	1	4	19
	PSY	7 030	1	4	45
	SUR	19 467	<1	5	34
NTWC	ENT	9 704	<1	3	55
	MED	7 700	1	6	61
	GYN	5 643	1	6	17
	OPH	15 761	<1	3	60
	ORT	10 332	1	4	77
	PAE	1 695	1	3	10
	PSY	5 288	1	7	47
	SUR	17 080	1	6	58

It should be noted that while HA encourages patients to seek medical attention from SOP clinics in the clusters where they are residing to facilitate follow-up and the provision of community support, there exists cross-cluster utilisation of the service.

Abbreviations

Specialty:

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

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)235

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4422)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As set out in the Hong Kong Rehabilitation Programme Plan 2007, there were 4 714 psychiatric beds in our public hospitals at that time. However, according to Head 140 of this year's Estimates, there are only 3 607 psychiatric beds.

1. Please account for the decrease.
2. Will the Government increase resources to prepare for the aggravation of psychiatric problems in community cases?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 14)

Reply:
(1)

In line with the international trend to focus on community and ambulatory services in the treatment of mental illness, the Hospital Authority (HA) has shifted the provision of mental health services towards a more community-based service in recent years. The number of total inpatient bed days occupied decreased from around 1 007 600 in 2011-12 to 969 900 in 2013-14. In terms of in-patient bed occupancy rate, there was also a drop from 76.9% to 73.9% in the same time frame.

Although the number of psychiatric beds has remained unchanged as 3 607 in the recent five years, HA has enhanced the therapeutic components in psychiatric in-patient admission wards in all seven clusters to facilitate early discharge and better community re-integration. Among other things, an additional 103 healthcare professionals have been recruited to enhance such services. Over the years, HA has also taken measures to increase the use of new psychiatric drugs with less disabling side effects. In 2014-15, HA has further expanded the provision of new psychiatric drugs including new anti-psychotics and anti-dementia drugs to benefit around 10 700 patients under suitable clinical conditions.

(2)

HA has launched a Case Management Programme since 2010 to provide community support for discharged patients with severe mental illness. The Programme has been extended to cover 18 districts from 2014-15. In 2015-16, HA will further introduce a peer support element into the Programme to enhance community support for patients. It is estimated that five peer support workers will be recruited, involving an additional recurrent expenditure of around $1.5 million.

HA will continue to review and monitor its services to ensure that they are in keeping with the needs of patients.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)236

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4423)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As set out in the Hong Kong Rehabilitation Programme Plan 2007, there were 700 mentally handicapped beds in our public hospitals at that time. However, according to Programme (2) under Head 140 of this year's Estimates, there are only 660 mentally handicapped beds.

1. Please account for the decrease.
2. Will the Government increase resources to plan and prepare for an ageing mentally handicapped population?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 15)

Reply:

(1)

At present, the Hospital Authority (HA) has a total of 660 beds providing territory-wide infirmary and rehabilitation in-patient service for patients with severe and profound intellectual disability, including 160 beds in the Kowloon West Cluster (KWC) for children and 500 beds in the New Territories West Cluster for adult. The number of beds in the KWC was slightly reduced to 160 beds in 2008 to cater for infection control needs.

(2)

The Siu Lam Hospital (SLH), with 500 beds at present, provides territory-wide infirmary and rehabilitation inpatient services for adults with severe and profound intellectual disability. SLH plans to increase 20 beds by phases in the coming three years with a view to clearing up cases of severe intellectual disability on the waiting list. Renovation works will start in 2015-16, and HA will absorb the resources involved from within its existing allocation.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)237

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4424)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It was pointed out in the 2007 Rehabilitation Programme Plan that there were 2 151 infirmary beds in public hospitals territory-wide at that time. However, in Programme (2) of Head 140 of the Estimates for the current financial year, it is stated that only 2 041 infirmary beds will be provided.

(1) Please give the reasons for the reduction.

(2) Has the Government allocated additional resources to plan and prepare for population ageing and the increasing demand for infirmary services?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 16)

Reply:

(1)

In line with the international trend and the service direction of the Hospital Authority (HA) to divert the focus of service delivery to ambulatory and community based services, HA had redesignated 70 infirmary beds at Yan Chai Hospital as general (convalescent) beds in 2008-09. Another 40 infirmary beds at Wong Tai Sin Hospital that had been temporarily used for rehabilitation services since 2005 were also formally redesignated as general (convalescent) beds in the same year. The redesignation aimed to enable infirmary patients with rehabilitation potential to receive rehabilitation services after their life-threatening illness had been treated and their vital functions stabilised, so as to facilitate patients' early discharge for continued rehabilitation in community setting.

Owing to the above changes in bed complement, the number of infirmary beds has been reduced from 2 151 as at 31 March 2007 to 2 041 from 31 March 2009 onwards.

(2)

With ageing population, the Government will continue to increase resources on healthcare. In 2015-16, the Government's recurrent allocation to HA will be $49 billion, up by nearly 50% over that of five years ago. The Government will also set up a fund for HA to make use of investment returns for public-private partnership initiatives so as to tap into the capacity of the private sector.

Meanwhile, HA plans to explore inviting non-governmental organisations to provide infirmary services through public-private partnership on a pilot basis.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)238

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4425)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 160 of the Budget Speech that "more drugs with proven efficacy will be incorporated into the Hospital Authority Drug Formulary. These include the expansion of clinical application of special drug for treating multiple sclerosis, as well as new drugs for treating cancer, chronic hepatitis C and Crohn's disease. A total of 4 000 patients will benefit each year." Please provide details of the policy concerned.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 17)

Reply:

In 2015-16, the Hospital Authority (HA) will incorporate five new drug classes into the HA Drug Formulary (HADF) as Special Drugs and expand the clinical application of a Special Drug in HADF. The initiative will be implemented starting from the second quarter of 2015. The drug name / class, therapeutic use, additional financial requirement and estimated number of patients to be benefited from each drug / drug class each year are set out in the table below.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients Benefited
Incorporation of New Drugs into the HADF		
i) Clofarabine for acute lymphoblastic leukaemia in paediatric patients	1.8	3
ii) Gemcitabine for metastatic breast cancer	5.5	300
iii) Aprepitant / Fosaprepitant for delayed emesis control in highly emetogenic chemotherapy	9.2	3 800
iv) Boceprevir for chronic Hepatitis C	18.5	150
v) Adalimumab / Infliximab for severe refractory Crohn's Disease	2.5	20
Expansion of Clinical Application of Existing Drug in the HADF		
i) Interferon beta for multiple sclerosis	7.0	70

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5422)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please advise on the utilisation of the Easy-Access Transport Service (ETS), including the number of registered members, number of users, utilisation rate, number of unsuccessful requests as well as information on the waiting time, for the past 5 years.

2. To ensure the best use of resources, is there any plan to relax the restriction on the use of the ETS so that it is available not only to the elderly over 60 but also eligible disabled persons?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 90)

Reply:

The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation to provide elderly transport service. It provides transfer services between homes and public hospitals or clinics for patients aged 60 or above with minor mobility-disability. Eligible patients can book the service on a first-come-first-served basis.

The number of registered members, patient trips served and unsuccessful requests of ETS in the past five years are shown below. Information on the waiting time is not available.

Year	Number of registered members	Number of patient trips served	Number of unsuccessful requests
2010-11	141 778	146 242	21 477
2011-12	151 649	149 885	16 385
2012-13	160 879	151 603	14 212
2013-14	170 004	143 360	12 868

2014-15	177 946 (as at February 2015)	146 000 (projected as at February 2015)	8 939 (projected as at February 2015)

Currently, "Rehabus Service" of the Hong Kong Society for Rehabilitation provides transport services for people with mobility difficulties without age restriction, while ETS under HA provides transport services for elderly HA patients aged 60 or above with minor mobility-disability for attending mainly Geriatric Day Hospitals and Out-patient Clinics. There is no plan to relax the age restriction for ETS.

HA has worked to improve ETS by replacing 22 ageing ETS buses in 2012-13 (after which no further replacement of ETS buses is required from 2013-14 to 2015-16). Consequently the number of unsuccessful requests for ETS has been decreasing. In 2015-16, HA plans to add three new vehicles to further expand the fleet of ETS buses to meet service demand and reduce unsuccessful requests. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5426)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower planning of allied health professionals, would the Government please advise on the following:

1. The employment situation of allied health (AH) professionals in the past 5 years, including the statistics of AH professionals employed by the Government, subvented organisations and private sector, the attrition rates of those working for the Government and subvented organisations, and their average length of service.
2. With an ageing population, the demand for healthcare and social services will only get stronger over time. What is the Government's projection of the demand for allied health professionals for various services in the next decade? Can the demand be met under the existing Government policies?
3. How many AH professional positions and vacancies are there in the whole sector?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 95)

Reply:

(1) The Department of Health conducts Health Manpower Surveys (HMS) on a regular basis to obtain up-to-date information on the characteristics and employment status of healthcare personnel practising in Hong Kong. According to the 2009 HMS on 16 types of healthcare personnel included in the health services functional constituency, the 2011 HMS on Occupational Therapists, Optometrists, Physiotherapists and Radiographers, and the 2014 HMS on Medical Laboratory Technologists, the estimated distribution of those economically active allied health personnel among different service sectors is set out in the following table –

Healthcare Profession	No. of Healthcare Personnel	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2009 HMS						
Audiologist	62[(1)]	27.4%	11.3%	6.5%	-	54.8%
Audiology Technician	50[(1)]	18.0%	6.0%	6.0%	-	70.0%
Chiropodist / Podiatrist	40[(1)]	50.0%	-	7.5%	-	42.5%
Clinical Psychologist	403[(1)]	22.8%	26.1%	10.2%	6.5%	34.5%
Dental Hygienist	190[(1)]	-	5.8%	-	7.4%	86.8%
Dental Surgery Assistant	2 847[(1)]	0.2%	9.2%	0.6%	4.4%	85.5%
Dental Technician / Technologist	318[(1)]	0.6%	14.8%	-	9.7%	74.8%
Dental Therapist	455[(1)]	-	65.1%	1.1%	-	33.8%
Dietitian	312[(1)]	23.7%	4.5%	4.2%	1.3%	66.3%
Dispenser	1 961[(1)]	46.8%	2.9%	2.3%	0.4%	47.6%
Educational Psychologist	153[(1)]	-	23.5%	30.7%	20.9%	24.8%
Mould Laboratory Technician	34[(1)]	70.6%	-	-	-	29.4%
Orthoptist	30[(1)]	40.2%	13.3%	-	-	46.7%
Prosthetist / Orthotist	129[(1)]	69.8%	-	2.3%	2.3%	25.6%
Scientific Officer (Medical)	172[(1)]	25.6%	39.0%	-	9.9%	25.6%
Speech Therapist	506[(1)]	11.3%	3.8%	42.3%	8.7%	34.0%
2011 HMS						
Occupational Therapist	1 395[(2)]	48.3%	3.8%	33.6%	5.7%	8.6%
Optometrist	2 000[(2)]	2.6%	5.0%			92.4%
Physiotherapist	2 257[(2)]	42.7%	1.5%	19.7%	3.6%	32.6%
Radiographer (Diagnostic)	1 473[(2)]	52.0%	5.6%			42.4%
Radiographer (Therapeutic)	267[(2)]	70.3%	-	-	29.7%	
2014 HMS						
Medical Laboratory Technologist	3 084[(2)]	46.2%	9.0%	8.4%		36.3%

Notes:

(1) Refer to the estimated size of the healthcare personnel as at 31 March of the survey year.

(2) Refer to the no. of healthcare professions registered with the respective boards under the Supplementary Medical Professions Ordinance (Chapter 359) as at 31 March of the survey year.

(3) Percentage may not add up to 100% due to rounding.

We do not have information on the attrition rates of allied health professionals in the subvented and private sectors. For those employed by the Department of Health and the Hospital Authority, the attrition rate ranges between 2% to 8% in 2014.

(2) In response to the growing demand for healthcare services of an ageing population, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong. The objective of the review is to assess the manpower need of the various healthcare professions, strengthen professional training and development as well as enhancing the regulatory framework. The review is still ongoing and we will publish the result and recommendations after the completion of the review.

(3) We do not have statistics on the number of allied health professional positions and vacancies in the whole sector.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5814)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
What were the unit costs (per day) of inpatient services for general (including acute and convalescent), infirmary, mentally ill and mentally handicapped in the past 10 years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 192)

Reply:

The table below sets out the average cost per patient day by types of bed in the Hospital Authority for the past 10 years.

Year	Average cost per patient day* ($)			
	General (acute & convalescent)	Infirmary	Mentally Ill	Mentally Handicapped
2005-06	3,280	1,040	1,470	980
2006-07	3,290	990	1,560	960
2007-08	3,440	1,030	1,720	1,030
2008-09	3,650	1,090	1,890	1,050
2009-10	3,590	1,130	1,780	1,070
2010-11	3,600	1,130	1,750	1,070
2011-12	3,950	1,270	1,930	1,190
2012-13	4,180	1,360	2,150	1,220
2013-14	4,330	1,400	2,270	1,290

Year	Average cost per patient day* ($)			
	General (acute & convalescent)	**Infirmary**	**Mentally Ill**	**Mentally Handicapped**
2014-15 (Revised Estimate)	4,780	1,500	2,460	1,400

* Average cost per patient day includes both inpatient and day inpatient services.

The inpatient service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). The average cost per patient day represents an average computed with reference to the total costs of the respective inpatient service and the corresponding patient days.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5815)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
(a) How many resources are deployed to women's specialist medical centres?
(b) Will the number of these centres be increased to meet women's needs?
(c) How many Chinese medicine clinics will be set up?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 193)

Reply:
(a) & (b)
The provision for 3 Woman Health Centres in the Department of Health (DH) is $32.2 million in 2014-15 (revised estimate) and $33.1 million in 2015-16 (estimate). DH is one of the providers of woman health service alongside with other organisations (such as non-governmental organisations (NGOs), private hospitals and private doctors) in providing a wide array of health programmes for women. DH has no plan to increase the number of Woman Health Centres in 2015-16.

The public healthcare services delivered by the Hospital Authority (HA) are disease-based under various clinical specialties, which cater for the divergent healthcare needs of the population. HA does not organise services on a gender basis. HA will constantly review both the service demand and supply of public medical services, having regard to the population growth, demographic changes and updates in disease patterns, to ensure that any service gaps are addressed as appropriate.

(c)
The Government has established 18 public Chinese medicine clinics (CMCs) (one in each district) to promote the development of "evidence-based" Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. These public CMCs operate on a tripartite collaboration model involving HA, an NGO and a local university. The NGOs are responsible for the day-to-day clinic operation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5816)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the actual and estimated expenditures on general outpatient services in the past 5 years and the next financial year.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 194)

Reply:

Public general outpatient services provided by the Hospital Authority (HA) are primarily targeted at serving the elderly, the low-income group and the chronically ill. The table below sets out the costs for operating the general outpatient clinics (GOPCs) from 2010-11 to 2015-16.

Year	**GOPC Service Costs ($ million)**
2010-11	1,465
2011-12	1,776
2012-13	2,021
2013-14	2,236
2014-15 (Revised Estimate)	2,475
2015-16 (Estimate)	2,568

The GOPC service costs include staff costs (such as medical and nursing staff) for providing services to patients; expenditure incurred for various clinical support services (such as

pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment).

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)244**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5837)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Case Management Programme has provided support to more than 11 000 patients since its launch in April 2010. Please provide the following information about these patients:

1. The number of new arrivals, single-parent families and children as well as their gender composition and age profile.

2. The number of victims and batterers of domestic violence as well as their gender composition and age profile.

3. The number of children witnessing domestic violence as well as their gender composition and age profile.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 217)

Reply:

The Hospital Authority has launched a Case Management Programme since 2010 to provide community support for discharged patients with severe mental illness (SMI). The Programme has been extended to cover 18 districts from 2014-15.

As at 31 December 2014, the Programme has provided personalised and intensive community support to about 15 000 adult patients with SMI. The requested breakdowns are not available.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)245**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5838)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the following information:

1. Among psychiatric patients, how many of them are victims/batterers of domestic violence in the past 5 years? How many psychiatric patients are children and young persons who witnessed domestic violence? What are their percentages in the total number of psychiatric patients?
2. How many of them are new arrivals, ethnic minorities and sexual minorities? What are their respective percentages?
3. How long have they been attending follow-up appointments?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 218)

Reply:

The Hospital Authority (HA) delivers a range of mental health services, including inpatient, outpatient, day hospital 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.

HA provided support for a total of 215 000 psychiatric patients in 2014. HA provides services to individual patients depending on their clinical and psychosocial needs. HA does not have statistics on the number of psychiatric patients who are new arrivals, ethnic minorities or sexual minorities, and the duration of their follow-up appointments.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5871)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

1. In the past 5 financial years, what was the average waiting time for different levels of emergency cases at the accident and emergency (A&E) departments?
2. In the past 5 financial years, what was the manpower wastage of the A&E departments?
3. Does the Government have any options to address the problems of exceedingly long waiting time and manpower wastage?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 262)

Reply:

1.

The table below sets out the average waiting time for Accident & Emergency (A&E) services of patients by triaged categories at the Hospital Authority (HA) from 2010-11 to 2014-15.

	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
2010-11	0	6	17	74	101
2011-12	0	6	17	76	103
2012-13	0	7	21	90	114
2013-14	0	7	27	106	124
2014-15 (up to 31 December 2014) [Provisional figures]	0	7	26	108	126

2.

The tables below set out the attrition (wastage) number and rate of full-time doctors and nurses in the A&E specialty from 2010-11 to 2014-15.

Full-time	**Attrition (Wastage) Number**				
	2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (Rolling 12 months January – December 2014)**
Doctors	21	18	21	10	8
Nurses	28	43	42	37	54

Full-time	**Attrition (Wastage) Rate**				
	2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (Rolling 12 months January - December 2014)**
Doctors	5.1%	4.5%	5.3%	2.4%	1.9%
Nurses	3.9%	5.5%	5.2%	4.3%	5.8%

The tables below set out the attrition (wastage) number and rate of part-time doctors and nurses in the A&E specialty from 2010-11 to 2014-15.

Part-time	**Attrition (Wastage) Number**				
	2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (Rolling 12 months January - December 2014)**
Doctors	3	6	6	7	4
Nurses	0	0	0	0	0

Part-time	**Attrition (Wastage) Rate**				
	2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (Rolling 12 months January - December 2014)**
Doctors	57.1%	72.0%	37.9%	33.2%	16.4%
Nurses	0%	0%	0%	0%	0%

Notes

(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.

(2) Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months / Average strength in the past 12 months) x 100%

(3) Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

3.

To improve the A&E services, HA has introduced the following measures to strengthen healthcare support at A&E departments:

a) Implementing a scheme since February 2013 to recruit additional medical and nursing staff to handle semi-urgent and non-urgent cases;

b) Augmenting doctor manpower through the following:

   i) extra financial incentives, such as introducing special honorarium scheme, enhancing fixed-rate honorarium and providing leave encashment;

   ii) additional promotion mechanism for promoting frontline doctors with more than five years of post-fellowship experience in the specialty and consistently good performance to Associate Consultant;

   iii) appointment of part-time doctors through proactively approaching leaving and retiring doctors for working part-time in A&E departments with enhanced package; and

   iv) recruitment of non-local doctors under limited registration for pressurised specialties since 2012, including the A&E specialty.

c) Strengthening manpower of nurses and supporting staff through the following:

   i) provision of short term employment of retired nursing staff, undergraduate nurses and other healthcare workers;

   ii) enhancement of recruitment and retention, promotion opportunities, improvement of working conditions and training opportunities for nurses;

   iii) strengthening of phlebotomist services and clerical support; and

   iv) deployment of additional staff to streamline patient flow and perform crowd control during prolonged waiting.

d) Setting up additional observation areas to alleviate the congestion of A&E departments; and

e) Stepping up publicity to call on the public to avoid using A&E services in non-emergency situations.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5872)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please tabulate the attrition rate (including departure and retirement) of government doctors for each specialty and cluster in the past five financial years.
2. Please provide the ratio of doctors (both public and private sectors) to population by cluster, as well as the ratio of the total number of doctors to Hong Kong population.
3. Has the Government drawn up any long term plan to increase the ratio of healthcare personnel (including doctors, nurses and therapists) to population? If yes, what are the timetable and objectives? What benchmarks will be used or which countries' experience will be drawn upon?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 263)

Reply:

(1)

The table below sets out the attrition rate of full-time doctors by major specialties in each cluster of the Hospital Authority (HA) in 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15.

Cluster	**Major Specialty**	**Full-time Attrition Rate**				
		2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (Rolling 12 months from 1 January to 31 December 2014)**
HKEC	Accident & Emergency	7.8%	2.0%	1.9%	3.7%	1.8%
	Anaesthesia	6.9%	3.2%	3.1%	12.8%	13.0%
	Family Medicine	6.4%	4.0%	-	3.7%	3.8%
	Intensive Care Unit	8.1%	-	-	-	-
	Medicine	3.5%	2.1%	2.7%	2.7%	3.4%
	Neurosurgery	-	-	9.8%	-	-
	Obstetrics & Gynaecology	20.6%	9.7%	-	4.5%	4.8%
	Ophthalmology	5.2%	10.3%	10.5%	-	10.3%

Cluster	Major Specialty	Full-time Attrition Rate				
		2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (Rolling 12 months from 1 January to 31 December 2014)**
	Orthopaedics & Traumatology	3.2%	6.4%	3.2%	-	-
	Paediatrics	7.7%	7.7%	13.8%	9.6%	-
	Pathology	-	-	5.2%	5.1%	5.2%
	Psychiatry	-	-	3.1%	2.9%	8.9%
	Radiology	5.8%	8.6%	2.7%	11.1%	2.7%
	Surgery	4.1%	6.2%	8.3%	10.7%	6.4%
	Others	7.9%	8.1%	8.1%	3.8%	-
	Total	**5.3%**	**4.1%**	**3.9%**	**4.8%**	**4.0%**
HKWC	Accident & Emergency	-	-	-	-	-
	Anaesthesia	3.8%	9.6%	3.6%	10.6%	8.5%
	Cardio-thoracic Surgery	-	10.1%	-	-	9.4%
	Family Medicine	3.0%	2.8%	2.5%	-	4.9%
	Intensive Care Unit	16.8%	-	-	-	7.1%
	Medicine	3.9%	6.2%	6.1%	3.8%	6.8%
	Neurosurgery	-	-	-	8.2%	-
	Obstetrics & Gynaecology	4.0%	3.8%	11.3%	3.8%	7.7%
	Ophthalmology	9.5%	-	-	8.3%	16.6%
	Orthopaedics & Traumatology	-	10.1%	3.3%	-	3.2%
	Paediatrics	7.8%	2.5%	5.1%	2.3%	-
	Pathology	4.4%	-	7.7%	16.8%	4.4%
	Psychiatry	-	13.5%	12.1%	12.7%	4.2%
	Radiology	5.7%	5.4%	2.7%	2.7%	11.1%
	Surgery	5.4%	7.8%	6.4%	6.6%	3.9%
	Others	-	3.8%	3.7%	7.5%	3.7%
	Total	**3.9%**	**5.6%**	**4.9%**	**5.1%**	**5.5%**
KCC	Accident & Emergency	11.1%	2.7%	10.9%	2.5%	5.1%
	Anaesthesia	-	-	-	1.9%	3.6%
	Cardio-thoracic Surgery	15.3%	-	-	-	-
	Family Medicine	4.0%	5.9%	3.9%	1.9%	3.8%
	Intensive Care Unit	16.4%	-	-	-	-
	Medicine	4.4%	1.4%	2.8%	3.5%	2.8%
	Neurosurgery	6.4%	-	5.1%	9.8%	10.3%
	Obstetrics & Gynaecology	12.9%	-	3.7%	-	7.3%
	Ophthalmology	-	2.8%	5.4%	14.3%	14.3%
	Orthopaedics & Traumatology	-	-	5.7%	8.8%	17.7%
	Paediatrics	5.4%	11.4%	2.8%	-	4.9%
	Pathology	-	-	7.3%	-	-
	Psychiatry	12.8%	6.0%	-	6.2%	3.1%
	Radiology	4.9%	2.3%	-	6.7%	11.2%
	Surgery	1.9%	5.9%	1.9%	3.7%	3.7%
	Others	4.4%	6.7%	7.0%	2.4%	7.2%
	Total	**4.7%**	**3.1%**	**3.5%**	**3.9%**	**5.6%**
KEC	Accident & Emergency	-	11.5%	3.5%	3.5%	3.4%
	Anaesthesia	9.9%	5.1%	7.7%	2.5%	-
	Family Medicine	4.0%	4.9%	3.5%	7.0%	7.2%
	Intensive Care Unit	-	-	-	-	-
	Medicine	1.6%	1.6%	6.1%	1.5%	2.1%
	Neurosurgery	-	-	-	-	-
	Obstetrics & Gynaecology	7.7%	3.8%	7.3%	-	11.1%
	Ophthalmology	6.6%	-	16.2%	16.7%	5.4%
	Orthopaedics & Traumatology	10.6%	7.7%	2.6%	5.0%	4.9%
	Paediatrics	10.2%	13.1%	5.3%	7.8%	2.5%
	Pathology	-	-	-	5.5%	5.1%
	Psychiatry	-	-	-	2.9%	-
	Radiology	-	4.2%	8.3%	4.0%	3.8%

Cluster	Major Specialty	Full-time Attrition Rate				
		2010-11	2011-12	2012-13	2013-14	2014-15 (Rolling 12 months from 1 January to 31 December 2014)
	Surgery	-	5.2%	5.3%	5.4%	7.2%
	Others	9.6%	11.5%	-	-	-
	Total	**3.8%**	**5.1%**	**4.8%**	**4.1%**	**3.8%**

Cluster	Major Specialty	Full-time Attrition Rate				
		2010-11	2011-12	2012-13	2013-14	2014-15 (Rolling 12 months from 1 January to 31 December 2014)
KWC	Accident & Emergency	6.3%	3.7%	8.7%	2.7%	2.5%
	Anaesthesia	3.9%	6.3%	7.5%	2.4%	6.0%
	Family Medicine	6.5%	5.6%	8.3%	2.7%	4.0%
	Intensive Care Unit	6.3%	6.4%	-	-	12.0%
	Medicine	5.4%	4.7%	3.2%	3.5%	1.7%
	Neurosurgery	-	17.1%	4.6%	-	12.5%
	Obstetrics & Gynaecology	8.6%	-	-	2.0%	12.2%
	Ophthalmology	8.4%	22.1%	4.4%	-	4.3%
	Orthopaedics & Traumatology	5.9%	4.3%	2.7%	4.0%	1.3%
	Paediatrics	9.6%	8.4%	5.6%	1.3%	2.5%
	Pathology	2.2%	4.2%	4.3%	4.3%	2.0%
	Psychiatry	3.0%	1.4%	5.9%	2.9%	5.8%
	Radiology	3.7%	3.8%	5.5%	9.2%	5.1%
	Surgery	6.2%	1.8%	7.0%	1.7%	5.0%
	Others	-	-	2.1%	2.0%	4.6%
	Total	**5.5%**	**4.8%**	**5.1%**	**2.9%**	**4.1%**
NTEC	Accident & Emergency	7.4%	7.7%	3.1%	3.3%	-
	Anaesthesia	3.5%	3.5%	1.8%	6.9%	8.3%
	Cardio-thoracic Surgery	-	-	-	17.9%	37.5%
	Family Medicine	6.2%	2.4%	2.3%	7.0%	7.0%
	Intensive Care Unit	4.5%	-	3.8%	-	7.7%
	Medicine	5.7%	7.3%	2.8%	2.7%	4.3%
	Neurosurgery	12.9%	-	13.8%	-	-
	Obstetrics & Gynaecology	6.2%	6.2%	-	17.4%	11.1%
	Ophthalmology	21.3%	18.4%	-	-	-
	Orthopaedics & Traumatology	9.9%	3.3%	3.3%	-	5.2%
	Paediatrics	3.8%	3.8%	5.4%	7.1%	1.7%
	Pathology	3.2%	-	3.1%	-	3.1%
	Psychiatry	6.9%	-	3.3%	3.3%	5.0%
	Radiology	5.8%	-	2.6%	-	-
	Surgery	1.3%	3.8%	-	3.6%	-
	Others	8.1%	4.0%	2.0%	3.8%	5.8%
	Total	**6.1%**	**4.4%**	**2.6%**	**3.9%**	**4.3%**
NTWC	Accident & Emergency	1.6%	1.7%	5.2%	-	-
	Anaesthesia	-	6.4%	4.6%	7.2%	7.4%
	Cardio-thoracic Surgery	-	-	-	-	-
	Family Medicine	4.2%	5.9%	4.2%	5.4%	5.4%
	Intensive Care Unit	-	-	6.0%	10.8%	5.5%
	Medicine	9.1%	4.2%	5.8%	4.0%	3.1%
	Neurosurgery	-	-	-	7.1%	8.2%
	Obstetrics & Gynaecology	10.3%	3.4%	3.3%	10.0%	13.9%
	Ophthalmology	5.4%	-	10.1%	-	-
	Orthopaedics & Traumatology	4.7%	2.3%	9.8%	2.2%	2.1%
	Paediatrics	-	5.4%	8.7%	-	-
	Pathology	-	-	4.9%	15.1%	9.4%

Cluster	Major Specialty	Full-time Attrition Rate				
		2010-11	2011-12	2012-13	2013-14	2014-15 (Rolling 12 months from 1 January to 31 December 2014)
	Psychiatry	8.2%	2.7%	6.6%	2.6%	3.8%
	Radiology	-	3.3%	9.5%	3.0%	3.0%
	Surgery	-	1.8%	5.4%	5.4%	3.5%
	Others	-	10.0%	3.3%	3.2%	-
	Total	**4.1%**	**3.6%**	**5.9%**	**4.2%**	**3.7%**

Notes

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.

2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate.

3. Rolling Attrition (Wastage) Rate = Total number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

(2)

The table below sets out the number and ratio of doctors serving in HA per 1 000 population by cluster in 2014-15 (as at 31 December 2014). The number and ratio of doctors working in the private sector are not available.

Cluster	Number of doctors and ratio per 1 000 geographical population* of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
HKEC	590	0.8	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	613	1.2	Central & Western, Southern
KCC	696	1.3	Kowloon City, Yau Tsim
KEC	648	0.6	Kwun Tong, Sai Kung
KWC	1 319	0.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	893	0.7	Sha Tin, Tai Po, North
NTWC	733	0.7	Tuen Mun, Yuen Long
Cluster Total	**5 493**	**0.8**	

*The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC has been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures in the above table have also been adjusted accordingly.

Notes:

1. The manpower to population ratios involve the use of the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

2. 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.

3. It should be noted that the ratio of doctors per 1 000 population varies among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because :

   (a) in planning for its services, 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 organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;

   (b) patients may receive treatment in hospitals other than those in their own residential districts; and

   (c) some specialised services are available only in certain hospitals, and hence certain clusters, and the beds in these clusters are providing services for patients throughout the territory.

(3)
To cope with growing demand for healthcare services of an ageing population, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong. The review will help us assess the long term demand and supply of healthcare professionals to ensure the sustainable development of our healthcare system.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6196)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
What is the median waiting time for first appointment at psychiatric specialist outpatient clinics in each hospital cluster in the past five years? If adolescent and adult patients are on separate waiting lists, please set out the median waiting time of both lists. Please also advise whether the Government has plans to shorten the relevant waiting time.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 268)

Reply:
The Hospital Authority (HA) has put in place a triage system to ensure that patients with urgent conditions requiring early intervention are treated with priority.

The table below sets out the median waiting time of new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases at the child and adolescent (C&A) psychiatric specialist outpatient clinics (SOPCs) in the past three years.

Cluster	Median waiting time (weeks) of new cases at C&A psychiatric SOPCs[1]								
	2012-13			2013-14			2014-15 (up to 31 December 2014) [Provisional figures]		
	Priority 1	Priority 2	Routine	Priority 1	Priority 2	Routine	Priority 1	Priority 2	Routine
HKEC[2] / **HKWC**[2]	1	3	18	1	2	31	2	2	53
KCC[3] / **KWC**[3]	1	2	51	<1	2	59	1	3	40
KEC	<1	3	52	<1	2	62	1	3	71
NTEC	<1	4	29	<1	3	57	1	5	52
NTWC	1	3	12	1	4	28	<1	11	59
Total	**<1**	**3**	**23**	**<1**	**3**	**42**	**1**	**5**	**54**

Notes:
1. Breakdown of the median waiting time of new cases at C&A psychiatric SOPCs in 2010-11 and 2011-12 is not available.
2. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric team of HKWC.
3. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric team of KWC.

The table below sets out the median waiting time of new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases at the adult psychiatric SOPCs in the past three years.

Cluster	**Median waiting time (weeks) of new cases at adult psychiatric SOPCs**								
	2012-13			**2013-14**			**2014-15 (up to 31 December 2014) [Provisional figures]**		
	Priority 1	**Priority 2**	**Routine**	**Priority 1**	**Priority 2**	**Routine**	**Priority 1**	**Priority 2**	**Routine**
HKEC	1	3	8	1	3	7	1	3	9
HKWC	1	3	4	1	3	5	1	3	8
KCC	<1	3	8	<1	4	16	<1	3	16
KWC	1	5	17	1	4	17	1	5	15
KEC	<1	5	16	1	5	17	2	5	18
NTEC	<1	4	16	1	4	26	<1	4	18
NTWC	1	4	13	1	5	22	1	7	49
Total	**1**	**4**	**13**	**1**	**4**	**16**	**1**	**4**	**16**

Note:
Breakdown of the median waiting time of new cases at adult psychiatric SOPCs in 2010-11 and 2011-12 is not available.

Given an increasing demand for services, HA expanded its C&A psychiatric teams in the Kowloon West Cluster and the New Territories East Cluster in 2014-15. In 2015-16, HA will further expand its C&A psychiatric services in the Kowloon East Cluster. HA will also strengthen the psychiatric specialist outpatient services in the Kowloon West Cluster to provide better support for patients with common mental disorders.

HA will continue to review and monitor its services to ensure that they are in keeping with the needs of patients.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6234)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following in detail:

1. The locations of all infirmaries in Hong Kong, the types of services provided, the age of the patients served and the number of service quotas;
2. The number of severely mentally handicapped persons aged below 6 who were admitted to hospitals or infirmaries and stayed for long (for a consecutive of 3 months or more) in the past 5 years;
3. The number of severely mentally handicapped persons aged between 6 and 19 who were admitted to hospitals or infirmaries and stayed for long (for a consecutive of 3 months or more) in the past 5 years;
4. The number of follow-up attendances of severely mentally handicapped persons for various specialties in all public hospitals in the past 5 years; and
5. The staffing establishment of Siu Lam Hospital, the number of patients on the waiting list, the number of deaths and in-patients, as well as the waiting time for the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 581)

Reply:

(1)

The Hospital Authority (HA) does not have information on all infirmary facilities in Hong Kong. For instance, Hostels for Severely Mentally Handicapped Persons and Care and Attention Homes for Severely Disabled Persons are under the management of the Social Welfare Department and not funded by Head 140.

(2) & (3)

At present, HA has a total of 660 beds providing territory-wide infirmary and rehabilitation inpatient service for patients with severe and profound intellectual disability, including 160 beds in the Kowloon West Cluster for children and 500 beds in the New Territories West Cluster (NTWC) for adults.

The table below sets out the number of patients with severe and profound intellectual disability who stayed for longer than 3 months in HA's infirmary and rehabilitation services in the past 5 years:

	No. of patients with severe and profound intellectual disability	
	0-5 years old	**6-19 years old**
2010-11	11	107
2011-12	12	94
2012-13	15	94
2013-14	25	78
2014 (Jan-Dec provisional figures)	21	69

(4)

Patients with severe and profound intellectual disability may consult a variety of specialist services for follow-up depending on their clinical needs. HA therefore does not have breakdown on the follow-up attendances of these patients.

(5)

The table below sets out the number of patients with severe and profound intellectual disability on the active central waiting list, the number of inpatient deaths, the number of admissions and the median waiting time for the territory-wide infirmary and rehabilitation inpatient service in Siu Lam Hospital (SLH) in the past 5 years:

	2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (as at 31 December 2014) [Provisional]**
No. of patients on active central waiting list (as at 31 March)	39	30	37	34	30
No. of inpatient deaths	0	0	0	0	0
No. of inpatient admissions	189	223	439	439	384
Median waiting time (months)	23.9	22.4	24.3	26.8	23.5

SLH, under the management of the NTWC of the HA, provides infirmary and rehabilitation services for adult patients with severe and profound learning disability using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists, etc. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals usually provide support for a variety of psychiatric services, HA does not have the requested breakdown on the manpower for supporting SLH only.

The table below sets out the number of psychiatric doctors, psychiatric nurses, clinical psychologists and occupational therapists working in psychiatric stream in the NTWC in the past 5 years:

	Psychiatric doctors[1&2]	**Psychiatric nurses**[1&3] **(including Community Psychiatric Nurses)**	**Clinical Psychologists**[1]	**Occupational Therapists**[1]
2010-11	70	531	7	46
2011-12	75	640	9	46
2012-13	73	691	11	55
2013-14	77	703	12	55
2014-15 (as at 31 December 2014)	76	701	12	57

Notes:

6. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding HA Head Office staff.

7. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.

8. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)250

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6728)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the expenditures, estimates, actual additional manpower and relevant posts of the following items in the past 5 years and the next financial year:

1. Siu Lam Hospital, Siu Lam Psychiatric Centre

2. Psychiatric healthcare services

3. Integrated Community Centres for Mental Wellness

Please tabulate the expenditures, estimates, actual additional manpower and relevant posts of child psychiatric service in the past 5 years and the next financial year.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 767)

Reply:

(1)

The table below sets out the total expenditure for Siu Lam Hospital (SLH) in the past five years.

Total Expenditure ($ million)				
2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (Projection as of 31 December 2014)**
111	112	163	176	185

The budget allocation to individual hospitals for 2015-16 is being worked out and hence is not yet available.

SLH, under the management of the New Territories West Cluster (NTWC) of the Hospital Authority (HA), provides infirmary and rehabilitation service for adult patients with severe and profound learning disability using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists, etc. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals usually provide support for a variety of psychiatric services, HA does not have the requested breakdown on the manpower for supporting SLH only.

The table below sets out the number of psychiatric doctors, psychiatric nurses, clinical psychologists and occupational therapists working in psychiatric stream in the NTWC in the past five years.

	Psychiatric doctors[1 & 2]	**Psychiatric Nurses**[1 & 3] **(including Community Psychiatric Nurses)**	**Clinical Psychologists**[1]	**Occupational Therapists**[1]
2010-11	70	531	7	46
2011-12	75	640	9	46
2012-13	73	691	11	55
2013-14	77	703	12	55
2014-15 (as at 31 December 2014)	76	701	12	57

HA does not have the requested information on Siu Lam Psychiatric Centre which is under the management of the Correctional Services Department.

(2)

The table below sets out HA's costs for providing psychiatric healthcare services from 2010-11 to 2015-16.

Psychiatric Service Costs ($ million)					
2010-11	**2011-12**	**2012-13**	**2013-14**	**2014-15 (Revised estimate)**	**2015-16 (Estimate)**
3,006	3,358	3,696	3,858	4,231	4,390

The service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as utility expenses and equipment maintenance). Cost breakdown for child and adolescent (C&A) psychiatric services is not available.

HA does not have the requested breakdown on the manpower for supporting C&A services only. The table below sets out the number of psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists working in the psychiatric stream in HA in the past five years.

	Psychiatric doctors[1&2]	**Psychiatric Nurses**[1&3] **(including Community Psychiatric Nurses)**	**Clinical Psychologists**[1]	**Medical Social Workers**[4]	**Occupational Therapists**[1]
2010-11	317	1 944	44	212	172
2011-12	334	2 161	54	243	189
2012-13	332	2 296	65	243	218
2013-14	335	2 375	71	243	227
2014-15 (as at 31 December 2014)	338	2 416	79	243	241

Notes:

1. Manpower on full-time equivalent basis including permanent, contract and temporary staff, but excluding HA Head Office staff.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
4. Information on the number of Medical Social Workers supporting psychiatric services in HA is provided by the Social Welfare Department.

Given an increasing demand for services, HA strengthened the C&A psychiatric teams in the Kowloon West Cluster and the New Territories East Cluster in 2014-15. In 2015-16, HA will further expand the C&A psychiatric services in the Kowloon East Cluster. It is estimated that an additional doctor, two nurses, one occupational therapist and one clinical psychologist will be required to enhance the services. The additional recurrent expenditure is estimated at around $5.2 million.

(3)

The Integrated Community Centres for Mental Wellness (ICCMWs) were set up in October 2010. According to the information provided by the Labour and Welfare Bureau, the expenditures of ICCMWs from 2011-12 to 2014-15 and the estimate of 2015-16 are tabulated below.

	2011-12	2012-13	2013-14	2014-15 (Revised Estimate)	2015-16 (Estimate)
Expenditure ($ million)	159.7	199.0	221.6	252.5	264.1

Under the Lump Sum Grant subvention system, the non-governmental organisations operating ICCMWs have the flexibility to deploy the subvention in arranging suitable staffing, including social workers, psychiatric nurses, occupational therapists and other supporting staff, to ensure service quality and meet service needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6666)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated that the Government will enhance public healthcare services. Measures include providing 250 additional hospital beds, expanding the capacity of specialist out-patient clinics and general out-patient clinics, and strengthening geriatric rehabilitation and outreach services. Please advise on the following:

1. The Hospital Authority will open a total of 250 additional beds in high needs communities such as Kowloon East, New Territories East and New Territories West clusters. What is the number of additional beds to be opened in each of these 3 clusters?

2. On expanding the capacity of specialist out-patient clinics and general out-patient clinics and strengthening geriatric rehabilitation and outreach services, please provide a breakdown on the service capacity to be increased in each cluster by type of service and district. Please also advise on the estimated additional number of patients receiving these services.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 552)

Reply:

1.

The table below sets out the respective numbers of the 250 hospital beds to be opened in each of the clusters.

Cluster	**Number of general beds to be opened in 2015-16**		
	Acute General	Convalescent	Total
Hong Kong East	21	-	21
Hong Kong West	-	-	-
Kowloon Central	-	-	-

Cluster	Number of general beds to be opened in 2015-16		
	Acute General	Convalescent	Total
Kowloon East	36	-	36
Kowloon West	-	-	-
New Territories East	71	-	71
New Territories West	82	40	122
Hospital Authority (HA) Overall	**210**	**40**	**250**

2.

HA will enhance the Specialist Outpatient Clinic (SOPC) service to meet the increasing service demand and for better disease management including optimising the utilisation of SOPC appointment quotas, setting up of SOPC phone enquiry system so as to facilitate rescheduling of SOPC booking. In addition, cross-cluster booking arrangement has also been put in place to improve patients' access to SOPC service. It is expected that the total number of SOPC attendances in 2015-16 will be increased by 20 000 compared to that in the previous year. For General Outpatient Clinic (GOPC) service, HA will provide additional GOPC quotas in Kowloon Central Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster by 55 000 attendances.

Yan Chai Hospital will relocate its Geriatric Day Rehabilitation Centre to the hospital's new wellness centre and expand the geriatric day places from 20 to 40 places.

HA will also strengthen the Community Geriatric Assessment Team (CGAT) service to provide better support for terminally ill residents living in residential care homes for the elderly (RCHEs). The programme will be implemented in phases in selected RCHEs that are under the catchment areas of the CGATs of Ruttonjee Hospital, Fung Yiu King Hospital, Prince of Wales Hospital, as well as Tuen Mun Hospital / Pok Oi Hospital with 3 000 additional visits to be delivered in 2015-16.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)252

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6667)

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

Subhead (No. & title): (514) Hospital Authority

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary indicated that he would put in place measures for the Hospital Authority to pursue public-private partnership initiatives to alleviate the pressure on the public healthcare system due to the shortage of manpower and surge in demand. Considering that the current shortage of healthcare manpower in both the public and private hospitals in Hong Kong has affected the medical services, please advise on the following:

1. In face of the shortage of healthcare manpower, does the Government have any concrete plans to increase manpower in the short term? How much manpower will be increased?

2. What long-term plans does the Government have to ensure that there is sufficient healthcare manpower to cope with the public-private partnership initiatives? What are the details of implementation?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 553)

Reply:

In response to the growing demand for healthcare services of an ageing population, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong. The objective of the review is to assess the manpower need of the various healthcare professions, strengthen professional training and development as well as enhancing the regulatory framework. The review is still ongoing and we will publish the result and recommendations after the completion of the review.

To address the current shortfall of medical doctors, the Food and Health Bureau has been actively exploring with the Hong Kong Medical Council ways to facilitate qualified, overseas-trained doctors to practise in Hong Kong. Since 2014, the Licensing

Examination has been increased to twice a year and considerations will be given to introduce more flexibility in the internship arrangements for overseas-trained doctors. Meanwhile, the Hospital Authority will continue to recruit doctors from overseas by way of limited registration and operate nurse training programmes.

To further strengthen our local supply of healthcare professionals, the Government will seek to increase the number of publicly-funded first-year-first-degree places in medicine, dentistry and allied health disciplines in the 2016/17 to 2018/19 funding triennium of the University Grants Committee.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)253

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6668)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary said that the specialist outpatient and general outpatient services under the Hospital Authority (HA) would be enhanced. Information shows an upward trend of the child and adolescent psychiatric problem. The number of attendances for child and adolescent psychiatric services has been on the rise in the recent 3 years. The situation is quite serious. Will the Government advise on:

1. the numbers of child and adolescent psychiatric patients and their waiting time for consultation in various hospital clusters under the HA in 2012-13, 2013-14 and 2014-15? Please list by year, age group and hospital cluster.
2. the types of mental disorders the child and adolescent psychiatric patients were suffering from and their respective numbers of child and adolescent psychiatric patients? Please list by age group and type of mental disorder.
3. whether the HA will increase the manpower of its 7 Early Assessment Service for Young People with Psychosis (EASY) Programme service centres to cope with the child and adolescent psychiatric problem through early intervention and prompt provision of diagnostic and counselling services? If yes, what are the details; if no, what are the reasons?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 555)

Reply:

(1)

The Hospital Authority (HA) has put in place a triage system to ensure that patients with urgent conditions requiring early intervention are treated with priority.

The table below sets out the median waiting time of new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases at the child and adolescent psychiatric specialist outpatient clinics (SOPCs) in the past three years.

Cluster	Median waiting time (weeks) of new cases at C&A psychiatric SOPCs								
	2012-13			2013-14			2014-15 (up to 31 December 2014) [Provisional figures]		
	Priority 1	Priority 2	Routine	Priority 1	Priority 2	Routine	Priority 1	Priority 2	Routine
HKEC[1]	1	3	18	1	2	31	2	2	53
HKWC[1]									
KCC[2]	1	2	51	<1	2	59	1	3	40
KWC[2]									
KEC	<1	3	52	<1	2	62	1	3	71
NTEC	<1	4	29	<1	3	57	1	5	52
NTWC	1	3	12	1	4	28	<1	11	59
Overall	**<1**	**3**	**23**	**<1**	**3**	**42**	**1**	**5**	**54**

The table below sets out the number of C&A psychiatric patients treated in the past three years.

	Cluster	2012-13	2013-14	2014 (January - December 2014) [Provisional figures]
No. of C&A psychiatric patients[3,4]	**HKEC**[1]	3 900	4 250	4 340
	HKWC[1]			
	KCC[2]	6 170	6 990	7 680
	KWC[2]			
	KEC	3 160	3 540	3 760
	NTEC	4 820	5 340	5 520
	NTWC	3 960	4 170	4 120
	Total[5]	**21 870**	**24 150**	**25 320**

Notes:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric team of KWC.
3. Age as at 30 June of each year.
4. Figures are rounded to the nearest ten.
5. Individual figures may not add up to total due to rounding. Sums of clusters may not add up to total as a patient may be treated in more than one cluster.

(2)

The table below sets out the number of C&A psychiatric patients treated in HA by age and major disease groups in the past three years.

No. of C&A psychiatric patients[1 &2]		**Autism Spectrum Disorder**	**Attention Deficit Hyperactivity Disorder**	**Behavioural and emotional disorders**	**Other psychiatric diagnosis**	**Total** [3]
2012-13	Age<=5	1 450	150	20	1 230	2 700
	Aged 6-11	2 960	3 950	510	5 390	11 140
	Aged 12-17	1 560	2 640	840	4 590	8 040
	Total [4]	**5 970**	**6 740**	**1 370**	**11 220**	**21 870**
2013-14	Age<=5	1 860	190	40	950	2 800
	Aged 6-11	3 770	5 040	580	5 290	12 300
	Aged 12-17	2 010	3 270	930	4 850	9 040
	Total [4]	**7 640**	**8 500**	**1 540**	**11 090**	**24 150**
2014 (January - December) [Provisional figures]	Age<=5	1 590	110	30	820	2 420
	Aged 6-11	4 190	5 130	540	5 330	13 180
	Aged 12-17	2 240	3 770	910	4 840	9 720
	Total [4]	**8 020**	**9 010**	**1 480**	**10 990**	**25 320**

Notes:

1. Age as at 30 June of each year.
2. Figures are rounded to the nearest ten.
3. Sums of the disease groups may not add up to total as some patients were categorised into more than one group in the same year.
4. Individual figures may not add up to total due to rounding.

(3)

To facilitate early identification of early psychosis, HA has implemented the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme since 2001. Initially targeting people aged between 15 and 25 with first episode psychosis, the Programme offers one-stop, phase-specific and ongoing support for the first two critical years of illness. Public education and promotion efforts are also organised under the Programme to enhance awareness of mental health in the community. In 2011-12, HA expanded the service target of the EASY Programme to include patients aged between 15 and 64 and extended the duration of intensive care to the first three critical years of illness.

Given an increasing demand for services, HA expanded its C&A psychiatric teams in the Kowloon West Cluster and the New Territories East Cluster in 2014-15. In 2015-16, HA

will further expand its C&A psychiatric services in the Kowloon East Cluster. It is estimated that an additional doctor, two nurses, one occupational therapist and one clinical psychologist will be required to enhance the services. The additional recurrent expenditure is estimated at around $5.2 million.

HA will continue to review and monitor its services to ensure that they are in keeping with the needs of patients.

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)254

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6669)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

According to the Financial Secretary, the specialist and general outpatient services of the Hospital Authority (HA) will be enhanced. Information shows that the number of mentally-ill persons increases year after year, and attendance for psychiatric services has been increasing over the past 3 years. Please advise on:

1. the number of psychiatric patients in each cluster of the HA in 2012-13, 2013-14 and 2014-15, and the waiting times for consultation. Please provide a breakdown by year, age group and cluster.

2. the types of mental illness and numbers of psychiatric patients. Please provide a breakdown by the type of illness and age group.

3. the manpower for psychiatric services to be increased by the HA to expand the capacity of specialist outpatient services. What is the estimated increase in the capacity of outpatient services? Please provide a breakdown by the number of psychiatric doctors, number of psychiatric nurses and capacity of outpatient services in each cluster.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 556)

Reply:

(1)

The table below sets out the number of psychiatric patients treated by cluster and by age group in the past 3 years:

No. of psychiatric patients[1]		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Total [3]
2012-13	Age 0-17	100	3 800	200	3 200	6 000	4 800	4 000	21 900
	Aged 18-64	13 500	10 100	11 900	18 600	36 800	23 500	23 300	133 800
	Aged 65+	4 800	3 100	4 400	5 200	13 300	6 400	5 400	41 900
	Total [2]	**18 500**	**17 000**	**16 500**	**27 000**	**56 100**	**34 700**	**32 700**	**197 600**
2013-14	Age 0-17	100	4 200	200	3 500	6 800	5 300	4 200	24 100
	Aged 18-64	14 100	10 400	12 200	19 600	38 300	24 700	23 800	139 100
	Aged 65+	5 300	3 300	4 600	5 400	14 200	7 000	5 700	44 900
	Total [2]	**19 500**	**17 900**	**17 000**	**28 600**	**59 300**	**37 100**	**33 700**	**208 100**
2014 (Jan- Dec provisional figures)	Age 0-17	100	4 300	200	3 800	7 500	5 500	4 100	25 300
	Aged 18-64	14 200	10 600	12 500	20 100	39 100	25 500	24 300	142 100
	Aged 65+	5 700	3 500	4 700	5 700	15 100	7 500	6 100	47 600
	Total [2]	**20 000**	**18 400**	**17 400**	**29 500**	**61 700**	**38 500**	**34 600**	**215 000**

Notes:

1. Age as at 30 June of the reporting year.
2. Figures are rounded to the nearest hundred. Individual figures may not add up to total due to rounding.
3. Sums of clusters may not add up to total as patients may be treated in more than one cluster.

The table below sets out the overall median waiting time (weeks) for first appointment at psychiatric specialist outpatient clinics (SOPCs) in the Hospital Authority (HA) by cluster in the past 3 years:

Cluster	Median waiting time (weeks) for first appointment at psychiatric specialist out-patient clinics		
	2012-13	**2013-14**	**2014-15 (up to 31 December 2014) [Provisional figures]**
HKEC	5	3	5
HKWC	5	7	7
KCC	4	7	9
KEC	9	11	9
KWC	15	15	17
NTEC	6	8	9
NTWC	6	8	12
Total	**7**	**8**	**10**

(2)

The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with severe mental illness (SMI) in HA by age group in the past 3 years:

Year	Age group[1]	Total no. of psychiatric patients treated	No. of patients diagnosed with SMI
2012-13	Age 0-17	21 900	300
	Aged 18-64	133 800	38 900
	Aged 65+	41 900	6 300
	Total [2]	**197 600**	**45 500**
2013-14	Age 0-17	24 100	300
	Aged 18-64	139 100	39 400
	Aged 65+	44 900	6 700
	Total [2]	**208 100**	**46 500**
2014 (Jan-Dec provisional figures)	Age 0-17	25 300	300
	Aged 18-64	142 100	39 600
	Aged 65+	47 600	7 300
	Total [2]	**215 000**	**47 200**

Notes:

1. Age as at 30 June of the reporting year.
2. Figures are rounded to the nearest hundred. Individual figures may not add up to total due to rounding.

(3)

In 2015-16, HA will further enhance its psychiatric SOPCs services with details as below:

i. Expanding child and adolescent psychiatric services in the KEC. It is estimated that an additional doctor, two nurses, one occupational therapist and one clinical psychologist will be required to enhance the services.

ii. Strengthening the psychiatric specialist outpatient services in the KWC. It is estimated that an additional two doctors, three nurses, two occupational therapists and one clinical psychologist will be required to provide support for patients with common mental disorders.

HA will continue to review and monitor its services to ensure that they are in keeping with the needs of patients.

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

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)255**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6670)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated that more drugs with proven efficacy will be incorporated into the Hospital Authority (HA) Drug Formulary, benefitting 4 000 patients each year. Please advise on the following:

1. What is the amount of provision allocated to expanding the HA Drug Formulary? How much of this will be used to incorporate new generation psychiatric drugs? Please set out the figures for 2013-14 and 2014-15.

2. What is the estimated number of patients prescribed with new generation psychiatric drugs and the average expenditure on these drugs per patient? Please set out the figures for 2013-14 and 2014-15.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 557)

Reply:

Over the years, the Hospital Authority (HA) has taken measures to increase the use of new psychiatric drugs with less disabling side effects. For enhancing the quality of drugs provided to psychiatric patients, HA has further expanded the provision of new psychiatric drugs in 2014-15. It is estimated that an additional recurrent expenditure of about $32 million will be allocated each year to benefit around 10 700 patients under suitable clinical conditions.

The table below sets out the expenditure on new anti-psychotic drugs, the number of patients prescribed with new anti-psychotic drugs and estimated average expenditure on

new anti-psychotic drugs per patient per year in 2013-14 and 2014-15. Information of other new psychiatric drugs is not available.

	2013-14	**2014-15 (Full year, provisional figure of 2014)**
Expenditure on new anti-psychotic drugs*	$188.9 million	$153.4 million
Number of patients prescribed with new anti-psychotic drugs	59 242	65 029
Estimated average expenditure on new anti-psychotic drugs per patient per year	$3,189	$2,359^

* Expenditure on drugs dispensed as self-financed items or for private clinics is not included.

^ The estimated average expenditure on new anti-psychotic drugs per patient per year is substantially reduced due to the expiry of patent of some of the drugs.

HA will continue to keep in view the development of new psychiatric drugs and review the use of these drugs through the established mechanism.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6813)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated that a provision of $50 billion has been earmarked to support healthcare reform. Funds would be injected into the high risk pool under the Voluntary Health Insurance Scheme (VHIS) and tax concession would be provided for subscribers to regulated insurance products. According to an earlier telephone survey of about 1 000 members of the public conducted by the Hong Kong Institute of Education, over half of the respondents indicated that they would not join the future VHIS. Please advise of the following:

1. Will the Government increase the tax allowance to attract more people to join the future VHIS?

2. Will the Government, being the regulator of VHIS, develop new regulatory framework and requirements to regulate private hospitals in improving pricing mechanism and enhancing price transparency? If yes, what are the details? If no, what are the reasons?

3. Will the Government require the Hospital Authority to publish regularly the average consultation and hospital fees by disease and type of operation for reference of the public and the healthcare sector so as to enhance the transparency of medical expenses? If yes, what are the details? If no, what are the reasons?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 554)

Reply:

1. We are consolidating and analysing views received during the public consultation on the Voluntary Health Insurance Scheme, including those on the proposed tax deduction. Subject to the consultation outcome, we will develop detailed proposals and reserve necessary funding for the provision of financial incentives.

2. A three-month public consultation on Regulation of Private Healthcare Facilities (PHFs) ended on 16 March 2015. We propose to introduce a new regulatory regime for private healthcare facilities including measures to enhance price transparency of private hospital services, such as disclosure of price information, quotation system, packaged pricing and publication of statistics on hospital charges. We are now consolidating and analysing views received during the public consultation and will implement the proposal by legislation.

3. The Hospital Authority (HA) has published the list of medical fees and charges for its medical services as per the Government Gazette in the HA website for public access (http://www.ha.org.hk > Patients > Service Guides > Fees and Charges). The listed information, covering fees and charges in respect of Eligible Persons, Non-eligible Persons and private patients, will be updated when necessary.

   Charges of public medical services in HA are on an all-inclusive basis. Depending on the clinical conditions of the patients and the actual examinations and treatments required, the charges cover items such as clinical, biochemical and pathology investigation, vaccines and general nursing services. In addition to the HA website, the standard rates of public services are also displayed in HA hospitals and clinics.

   Private services, on the other hand, are charged on itemised basis as per the price ranges published in the Government Gazette. The price ranges are determined having regard to the cost or market price for the respective services.

   Given the different cost structure between public and private hospitals (e.g. the infrastructure arrangements, medical professionals' remuneration (salaried doctors versus visiting doctors), larger size of HA's operations, etc.), and variation in facilities and services, HA service costs and charges cannot be directly compared with the costs and charges of private hospitals.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)257

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6869)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In the 2014 Policy Address, it is mentioned that the free outreach primary dental care services for the elderly in residential care homes or day care centres will be converted into a regular programme and the scope of services will be expanded to include fillings, extractions and dentures. In this connection, will the Government advise this Committee on: the respective numbers of elders who received the above filling, extraction and denture services in the past year; and among those elders who received denture services in the past year, the respective attendances for complete dentures, partial dentures, crowns and bridges and the respective expenditures involved.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 695)

Reply:

The Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres was converted into a regular programme and renamed the Outreach Dental Care Programme for the Elderly (ODCP) in October 2014.

Under the ODCP, the scope of treatments and services for the eligible elders has been expanded to cover fillings, extractions, dentures, root canal treatment, crowns and bridges, etc, which are in line with those provided under the Comprehensive Social Security Assistance dental grant. Between October 2014 and February 2015 (the latest figures provided by the participating non-governmental organisations), about 16 000 elders received an annual oral check and necessary treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride / X-ray and other curative treatments (such as fillings, extractions, dentures, etc.).

We have included $25.1 million in 2014-15, and $44.5 million as a full year provision, under Head 37 – Department of Health for implementation of ODCP, including the above enhancements.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6915)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The recurrent expenditure on medical and health services will be $54.5 billion, accounting for 16.8% of recurrent government expenditure. Please advise on:

1. the distribution of the 250 additional hospital beds;
2. the increase in the capacity of specialist and general outpatient services and their distribution; and
3. the increase in the capacity of geriatric rehabilitation and outreach services and their distribution; and the number of healthcare staff to be increased by post.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 842)

Reply:

1.

The table below sets out the additional 250 hospital beds to be opened in 2015-16 in the Hospital Authority (HA), broken down by clusters and types.

Cluster	**Number of general beds to be opened in 2015-16**		
	Acute General	Convalescent	Total
Hong Kong East	21	-	21
Hong Kong West	-	-	-
Kowloon Central	-	-	-
Kowloon East	36	-	36
Kowloon West	-	-	-
New Territories East	71	-	71
New Territories West	82	40	122
HA Overall	**210**	**40**	**250**

2.

HA will enhance the Specialist Outpatient Clinic (SOPC) service to meet the increasing service demand and for better disease management including optimising the utilisation of SOPC appointment quotas, setting up of SOPC phone enquiry system so as to facilitate rescheduling of SOPC booking. In addition, cross-cluster booking arrangement has also been put in place to improve patients' access to SOPC service. It is expected that the total number of SOPC attendances in 2015-16 will be increased by 20 000 compared to that in the previous year. For General Outpatient Clinic (GOPC) service, HA will provide additional GOPC quotas in Kowloon Central Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster by 55 000 attendances.

3.

Yan Chai Hospital will relocate its Geriatric Day Rehabilitation Centre to the hospital's new wellness centre and expand the geriatric day places from 20 to 40 places.

HA will also strengthen the Community Geriatric Assessment Team (CGAT) service to provide better support for terminally ill residents living in residential care homes for the elderly (RCHEs). The programme will be implemented in phases in selected RCHEs that are under the catchment areas of the CGATs of Ruttonjee Hospital, Fung Yiu King Hospital, Prince of Wales Hospital, as well as Tuen Mun Hospital / Pok Oi Hospital. Nine additional Registered Nurses and three additional Palliative Care Advanced Practice Nurses will be recruited to improve the quality of end-of-life care. CGATs will deliver 3 000 additional visits to RCHEs in 2015-16.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)259

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7021)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

There are 63 day activity centres (DAC) cum hostels for severely mentally handicapped persons (HSMH) in Hong Kong. Some, but not all, of them are provided with psychiatric outreach service for persons with intellectual disabilities by the Social Welfare Department. Please advise on the following:

(a) What is the number of DAC cum HSMH with psychiatric outreach service for persons with intellectual disabilities?

(b) Will the Government consider providing all DAC cum HSMH with psychiatric outreach service for persons with intellectual disabilities? What are the reasons?

(c) What is the number of staff providing psychiatric outreach service for persons with intellectual disabilities? What are the unit cost and total cost of the service?

(d) Is everyone living in the DAC cum HSMH eligible for the psychiatric outreach service for persons with intellectual disabilities?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 780)

Reply:

(a)

As at 31 December 2014, the intellectual disability outreach teams of the Hospital Authority (HA) provide community support for patients with severe and profound intellectual disability residing in 49 subvented homes in the territory, including day activity centres cum hostels for severely mentally handicapped persons.

(b), (c) & (d)

HA provides a spectrum of psychiatric services, including in-patient, specialist out-patient, day hospital and community outreach services for patients with varying intellectual disability using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals usually provide support for a variety of psychiatric services, HA does not have the requested breakdown on manpower and unit cost for providing psychiatric outreach service for persons with intellectual disability only.

For patients with intellectual disability not covered by the intellectual disability outreach teams, they will continue to be supported by the psychiatric services of their respective residential catchment cluster.

HA will continue to review and monitor its services to ensure that they are in keeping with the needs of patients.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)260

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7025)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
Please advise on the types, number and service districts of residential care homes with psychiatric outreach services for persons with intellectual disabilities provided by the Government.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 784)

Reply:
As at 31 December 2014, the intellectual disability outreach teams of the Hospital Authority provide community support for patients with severe and profound intellectual disability residing in 49 subvented homes in the territory, including day activity centres cum hostels for severely mentally handicapped persons.

The table below sets out the distribution of the subvented homes by districts:

District	**No. of subvented homes served**
Southern	11
Kowloon City	1
Sham Shui Po	1
Wong Tai Sin	3
Tseung Kwan O	6
Kwai Tsing	7
Tsuen Wan (including North Lantau)	4
Shatin	7
Tai Po	1
North	1
Tuen Mun	5
Tin Shui Wai	2
Total	**49**

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)261

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7078)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Regarding the employment of medical social workers by the Hospital Authority for providing services, please advise on:

1. the numbers of Social Work Officers and Assistant Social Work Officers providing medical social services in each of the past 5 years and the respective provisions involved;
2. the manpower ratio (i.e. the ratio of supervisory social workers to frontline social workers) of psychiatric medical social services in each of the past 5 years; and
3. the manpower ratio (i.e. the ratio of supervisory social workers to frontline social workers) of general medical social services in each of the past 5 years.

Asked by: Hon CHEUNG Kwok-che (Member Question No. 78)

Reply:

The table below sets out the numbers of Medical Social Workers (MSWs) in the rank of Social Work Officers (SWO) and Assistant Social Work Officers (ASWO) employed by the Hospital Authority (HA) for providing general medical social services, and the corresponding ratio between the two in 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15.

Year	SWO	ASWO	Ratio of SWO to ASWO
2010-11	16	136	8.5
2011-12	17	154	9.1
2012-13	17	173	10.2
2013-14	17	187	11
2014-15 (As at 31 December 2014)	21	193	9.2

Note:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff.
2. The number of MSWs includes those working in Medical Social Work Department of HA hospitals, but excludes social workers recruited for other services and working in the HA Head Office. Psychiatric medical social services are provided by MSWs of the Social Welfare Department, and are hence not included in the above analysis.
3. The lower ratio of SWO to ASWO in 2014-15 is attributed to additional SWOs recruited to enhance the supervision of medical social work services.
4. Individual figures may not add up to the total due to rounding.

Since financial allocation within HA is not made based on individual grades, the amount of provisions for MSWs is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7079)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority employs medical social workers (MSWs) to provide services to the public. Please list in the table below the number of MSWs employed, the average caseload per MSW, the total number of cases and the provision involved in each of the past 5 years.

Year	Number of MSWs	Average caseload per MSW	Total number of cases	Amount of Provision

Asked by: Hon CHEUNG Kwok-che (Member Question No. 79)

Reply:

The table below sets out the numbers of Medical Social Workers (MSWs) employed by the Hospital Authority (HA) for providing general medical social services, the average number of first attendance served by each MSWs and the total number of first attendance served by MSWs in 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15.

Year	**Number of MSWs**	**Number of first attendance served by each MSW per month**	**Total number of first attendance served by MSWs per year**
2010-11	155	60	111 045
2011-12	173	54	112 906
2012-13	191	51	117 334
2013-14	206	49	121 345
2014-15 (As at 31 December 2014)	216	47	91 885

Note:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff.
2. The number of MSWs includes those working in Medical Social Work Department of HA hospitals, but excludes social workers recruited for other services and working in the HA Head Office. Psychiatric medical social services are provided by MSWs of the Social Welfare Department, and are hence not included in the above analysis. The number includes Social Work Officer, Assistant Social Work Officer and Social work Assistant.
3. Caseload of MSWs of HA is calculated on the basis of monthly first attendance served by each MSW.
4. First attendances served by MSWs of HA include in patient services, out patient services, accident & emergency services, community services and day hospital services, but exclude services served by MSWs of the Social Welfare Department.
5. Individual figures may not add up to the total due to rounding.

Since financial allocation within HA is not made based on individual grades, the amount of provisions for MSWs is not available.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)263

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4684)

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

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:
Records Management:
Regarding the records management work of your bureau and the departments under its purview over the past year:

1. Please provide information on the number and rank of officers designated to perform such work. If there is no officer designated for such work, please provide information on the number of officers and the hours of work involved in records management duties, and the other duties they have to undertake in addition to records management;

2. Please list in the table below information on programme and administrative records which have been closed pending transfer to the Government Records Service (GRS) for appraisal:

Category of records	Years covered by the records	Number and Linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not having been transferred

3. Please list in the table below information on programme and administrative records which have been transferred to GRS for retention:

Category of records	Years covered by the records	Number and Linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents

4. Please list in the table below information on records which have been approved for destruction by GRS:

Category of records	Names of records	Years covered by the records	Number and Linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents

Asked by: Hon HO Sau-lan, Cyd (Member Question No. 182)

Reply:

The details of records management work in the Food and Health Bureau and the Department of Health (under the Health portfolio) are provided at Annex 1 and Annex 2 respectively.

- End -

Annex 1

Records management work
in the Food and Health Bureau (FHB)

1. Information on the number and rank of officers designated to perform records management work in FHB is provided below -

Two Confidential Assistants, two Assistant Clerical Officers and one Clerical Assistant are designated to carry out records management duties on a full time basis in FHB, including both Food Branch (Head 139) and Health Branch (Head 140). The other clerical and secretarial staff in the Bureau will also perform routine records management duties in addition to their own operational duties. At management level, a directorate officer overseeing records management is underpinned by the Departmental Records Manager (at Senior Executive Officer level) and an Assistant Departmental Records Manager (at Executive Officer II level) to coordinate and perform records management work in the Bureau. 13 Records Managers not below the rank of Executive Officer II or equivalent are also appointed to oversee records management matters in their respective units.

2. Information on programme and administrative records which have been closed pending transfer to the Government Records Service (GRS) for appraisal in 2014 is provided below -

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not transferring
Programme records	1946 - 1989	212 records (8.48 lm)	5 - 25 years	74 records of which are confidential	Pending GRS's further instruction

3. Information on programme and administrative records which have been transferred to GRS for retention in 2014 is provided below -

Category of records	Years covered by the records	Number and linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents
Nil*	-	-	-	-	-

* In 2014, only administrative records functionally put under Food Branch were transferred to GRS for appraisal and such information is provided in the response to the same question under Head 139 (i.e. Question Serial No. 4670).

4. Information on records which have been approved for destruction by GRS in 2014 is provided below -

Category of records	Name of records	Years covered by the records	Number and linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents
Nil[#]	-	-	-	-	-	-

[#] In 2014, only administrative records functionally put under Food Branch were approved for destruction and such information is provided in the response to the same question under Head 139 (i.e. Question Serial No. 4670).

Annex 2

Records management work
in the Department of Health (DH)

1. Information on the number and rank of officers designated to perform records management work in DH is provided below -

28 staff including two Senior Clerical Officers, two Clerical Officers, six Assistant Clerical Officers, 16 Clerical Assistants and two Confidential Assistants are designated to carry out records management duties on a full time basis in DH. Besides, 744 clerical, secretarial and other support grades staff^ in DH also performs routine records management duties in addition to their own operational duties. At management level, a directorate officer overseeing records management is underpinned by the Departmental Records Manager (equivalent to Chief Executive Officer level) to coordinate and perform records management work in DH. 44 Service Records Managers not below the rank of Senior Executive Officer or equivalent are also appointed to oversee records management matters in their respective Services.

^ Other support grades include Confidential Assistant, Office Assistant, Typist, Supplies Supervisor, Registration Supervisor, Registration Assistant, Project Assistant, Health Surveillance Supervisor and Health Surveillance Assistant.

2. Information on programme and administrative records which have been closed pending transfer to the Government Records Service (GRS) for appraisal in 2014 is provided below -

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not transferring
Programme records	2005 - 2014	85 311 (236.6 lm)	4 - 10 years	No	These records are still under their retention period
Administrative records	2004 - 2014	114 (3.6 lm)	2 - 7 years	2 records of which are confidential	

3. Information on programme and administrative records which have been transferred to GRS for retention in 2014 is provided below -

Category of records	Years covered by the records	Number and linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents
Programme records	1976 - 2013	1 383 738 (730.9 lm)	2014	3 - 21 years	No

4. Information on records which have been approved for destruction by GRS in 2014 is provided below -

Category of records	Name of records	Years covered by the records	Number and linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents
Programme records	Medical records, patient consent forms, treatment record cards, request forms for laboratory tests, records on license matters, records and returns relating to surveillance, etc.	1963 - 2013	1 948 938 (826.7 lm)	Not applicable	1 - 21 years	No
Administrative records	Records relating to administration; accommodation and facilities; procurement and supplies; finance and accounting; human resources; and management of information, information services and information technology	1975 - 2012	6 922 (48.6 lm)	Not applicable	1 - 7 years	No

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)264

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4686)

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

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the expenses on entertainment and gifts of your bureau and the departments under its purview over the 2 years of 2013-14 and 2014-15, please provide details using the table below:

Bureau/ branch/ department and year	Estimated expenses on entertainment and gifts in the year	Actual expenses on entertainment and gifts in the year	Cap on entertainment expenses (including beverages) per head for the year	Cap on gift expenses per guest for the year	Number of receptions held and total number of guests entertained in the year

2. Regarding the expenses on entertainment and gifts of your bureau and the departments under its purview in 2014-15, please provide details using the table below:

Bureau/ branch/ department	Date of reception (day/ month/ year)	Departments/ organisations and titles of the guests entertained (grouped by department/ organisation and indicating the number of guests)	Food expenses incurred in the reception	Beverage expenses incurred in the reception	Gift expenses incurred in the reception	Venue of the reception (department office/ restaurant in government facilities/ private restaurant/ others (please specify))

3. Please provide the estimated expenses on entertainment and gifts for 2015-16 using the table below:

Bureau/branch/ Department	Estimated provision for expenses on entertainment and gifts	Cap on entertainment expenses per guest	Cap on gift expenses per guest

Asked by: Hon HO Sau-lan, Cyd (Member Question No. 184)

Reply:

As a general rule, all politically appointed officials and civil servants should observe the same principles and act in accordance with the relevant regulations and administrative guidelines when providing official entertainment in the form of meals. Government officers are required to exercise prudent judgement and economy when entertaining guest(s) for official purposes in order to avoid any public perception of extravagance. According to the existing general guidelines, the expenditure limits on official meals should not exceed $450 per person for lunch or $600 per person for dinner, inclusive of all expenses incurred on food and beverages consumed on the occasion, service charges and tips. The actual expenditure on official entertainment incurred by the Food and Health Bureau (Health

Branch) and the Department of Health (under the Health portfolio) in 2013-14 and 2014-15, and the provision earmarked for 2015-16 are listed in the table below:

Year	Expenditure on official entertainment ($'000)	
	Food and Health Bureau (Health Branch)	Department of Health
2013-14	147	108
2014-15 (as at 28.2.2015)	118	107
2015-16 (Estimate)	130	150

In line with the Government's green policy, public officers should as far as possible refrain from bestowing gifts/souvenirs to others during the conduct of official activities. According to the existing guidelines, where bestowal of gifts/souvenirs is necessary or unavoidable due to operational, protocol or other reasons, the gift/souvenir items should not be lavish or extravagant and the number should be kept to a minimum. Also, the exchange of gifts/souvenirs should only be made from organisation to organisation. As we do not maintain separate accounts for the expenses on the procurement of gifts and souvenirs, we do not have the relevant statistics.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4687)

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

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the studies, if any, conducted by your bureau and the departments under your purview for the purpose of formulating and assessing policies, please provide information about the studies in the following format.

(a) Please provide information on the funded public policy studies and strategic public policy studies over the past 2 financial years (2013-14 and 2014-15) in the following table:

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

(b) Are there any projects for which funds have been reserved to conduct internal studies this year (2015-16)? If yes, please provide the following information:

Title, content and objective of the project	Start date	Progress of the study (under planning/in progress/completed	Follow-up actions taken by the Government on the study report and their progress (if any)	For projects that are expected to be completed this year, is there any plan to make them public? If yes, through what channels? If no, why?

(c) Are there any projects for which funds have been reserved to conduct consultancy studies this year (2015-16)? If yes, please provide the following information:

Name of consultant	Mode of award (open auction/ tender/others (please specify))	Title, content and objective of the project	Consultancy fee ($)	Start date	Progress of the study (under planning/in progress/completed)	Follow-up actions taken by the Government on the study report and their progress (if any)	For projects that are expected to be completed this year, is there any plan to make them public? If yes, through what channels? If no, why?

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

Asked by: Hon HO Sau-lan, Cyd (Member Question No. 185)

Reply:

(a) Information on public policy studies and strategic public policy studies for which funds had been allocated in 2013-14 and 2014-15 is at Annex A.

(b) We have not reserved funds to conduct internal studies in 2015-16.

(c) A list of consultancy studies under planning is at Annex B.

(d) Consultancy proposals are evaluated in accordance with the procedures laid down in the Stores and Procurement Regulations. Consulting firms 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 consultant.

- End -

Studies on public policy and strategic public policy for which funds had been allocated in 2013-14 and 2014-15

Name of consultant	Mode of award (open auction/ tender/others (please specify))	Title, content and objective of the project	Consultancy fee ($)	Start date	Progress of the study (under planning/ in progress/ completed)	Follow-up actions taken by the Government on the study report and their progress (if any)	For completed studies, have they been made public? If yes, through what channels? If no, why?
The University of Hong Kong	By invitation of quotations	School-based survey on smoking among students 2014/15: 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	1,429,664	July 2014	In progress	The survey is still in progress	The survey is still in progress and survey results are expected to be released in late 2015/early 2016.
The Chinese University of Hong Kong	By invitation of proposals	Provision of Consultancy Services for the Study on Health and Medical Advertisements in Hong Kong and their Regulation by the Undesirable Medical Advertisements Ordinance (Cap. 231)	1,381,585	Oct. 2014	In progress	The study is still on-going	The project result will not be publicised as it is for internal reference for reviewing the legislative regime.

Projects for which funds have been reserved for conducting consultancy study in 2015-16

Name of consultant	Mode of award (open auction/ tender/others (please specify))	Title, content and objective of the project	Consultancy fee ($)	Start date	Progress of the study (under planning/ in progress/ completed)	Follow-up actions taken by the Government on the study report and their progress (if any)	For projects that are expected to be completed this year, is there any plan to make them public? If yes, through what channels? If no, why?
To be selected	By invitation of quotations	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2012-13 and provision of professional support services: to further update the estimates of Hong Kong's domestic health expenditure, and to appraise the applications of DHA	1,430,000 (estimate)	April 2015	Under planning	Contract not yet awarded	The project is yet to commence and it is expected to be completed in 2016 and the results will be released through the website of Food and Health Bureau.
To be selected	By invitation of proposals	Consultancy Services for the Study on the Control of Use of Selected Medical Devices in Hong Kong	To be confirmed	2015	Tender exercise in progress	Contract not yet awarded	The outcome of the study will be reported to the LegCo Panel on Health Services.

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)266

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4688)

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

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not Specified

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

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 your bureau and the departments under your purview have been involved.

(a) For Hong Kong/Mainland cross-boundary projects or programmes, please provide information for 2013-14 and 2014-15 as per following table:

Project / Programme	Details, objective and whether it is related to the Framework Agreement on Hong Kong / Guangdong Co-operation (the Framework Agreement) or the National 13th Five-year Plan	Expenditure involved	Mainland officials and department/ organisation involved	Has any agreement been signed and whether it has been made public? If not, what are the reasons?	Progress (% completed, commencement date, target completion date)	Have the details, objectives, amount involved or impact on the public, society, culture and ecology been released to the public? If so, through which channels and what were the manpower and expenditure involved? If not, what are the reasons?	Has public consultation on the cross-boundary project been conducted in Hong Kong?	Details of the legislative amendments or policy changes involved in the project/ programme

(b) Has provision been earmarked for Hong Kong/Mainland cross-boundary projects or programmes in this year (2015-16)? If yes, please provide information in respect of Hong Kong/Mainland cross-boundary projects or programmes for 2015-16 as per following table:

Project / Programme	Details, objective and whether it is related to the Framework Agreement on Hong Kong / Guangdong Co-operation (the Framework Agreement) or the National 13th Five-year Plan	Expenditure involved	Mainland officials and department/ organisation involved	Has any agreement been signed and whether it has been made public? If not, what are the reasons?	Progress (% completed, commencement date, target completion date)	Have the details, objectives, amount involved or impact on the public, society, culture and ecology been released to the public? If so, through which channels and what were the manpower and expenditure involved? If not, what are the reasons?	Will public consultation on the cross-boundary project be conducted in Hong Kong?	Details of the legislative amendments or policy changes involved in the project/ programme

(c) Apart from the projects or programmes listed above, are there any other modes of Hong Kong/Mainland cross-boundary cooperation? If so, in what modes are they taken forward? What were the manpower and expenditure involved over the past 3 years? How much financial and manpower resources have been earmarked in the 2015-16 Estimates?

Asked by: Hon HO Sau-lan, Cyd (Member Question No. 186)

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.

The FHB and relevant departments/organisations have been working with the Mainland authorities on the six aforementioned areas of cooperation. Details are set out as follows –

(i) <u>To expand and open up the medical services market</u>

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. Under Supplement VII to CEPA, 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. Under Supplement VII and IX to CEPA, 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 in the form of equity joint venture, contractual joint venture, or wholly-owned basis other than wholly-owned convalescent hospitals in Guangdong Province so as to reduce the lead time and streamline the procedures. Under Supplement X, Hong Kong service providers are allowed to provide contract services in Guangdong Province and receive payments in Hong Kong. With the signing of Agreement between the Mainland and Hong Kong on Achieving Basic Liberalization of Trade in Services in Guangdong under CEPA on 18 December 2014, Hong Kong permanent residents are allowed to apply for registration as practising pharmacists in accordance with the relevant Mainland's regulations in Guangdong Province. These arrangements have greatly facilitated business expansion of Hong Kong's medical service 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. The Government will continue to work in collaboration with the Mainland health authorities to explore other liberalisation measures for early and pilot implementation in Guangdong Province and to enhance communication with the

local healthcare professionals to facilitate their practice and setting up of medical institutions in the Mainland.

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

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

(iii) To make medical services more accessible

The HA and the Health and Family Planning Commission of Shenzhen Municipality have run a pilot scheme since the first quarter of 2011 to facilitate the transfer of patient records from two designated Shenzhen hospitals to two designated HA hospitals. The scheme is applicable on a voluntary basis to patients who are Hong Kong residents and in stable condition. The Government is also exploring cross-boundary patient transfer arrangements between Shenzhen and Hong Kong to make it more convenient for Hong Kong patients residing in the Mainland to return to Hong Kong for medical treatment.

To allow eligible elders who choose to reside in the Mainland to use their Elderly Health Care Vouchers to meet the cost of primary care services provided by specific hospitals and clinics, the Government will launch a small-scale pilot at the University of Hong Kong-Shenzhen Hospital in 2015.

(iv) To develop the Chinese medicine industry

Hong Kong's Department of Health (DH) has on-going exchanges with the Guangdong Food and Drug Administration on a range of topics of mutual interest. Designated contact points have been established for communication on Chinese medicine related poisoning and adverse incidents. Cooperation in expertise exchange will be continued.

Under the Hong Kong Chinese Materia Medica Standards project, the DH conducts studies on the setting of standards for Chinese herbal medicines commonly used in Hong Kong, in collaboration with local research institutions and the Mainland, regional and international experts. The National Institutes for Food and Drug Control under the China Food and Drug Administration (CFDA) has been taking up research work for some Chinese herbal medicines under the project.

In May 2014, FHB and the CFDA signed the cooperation agreement on Food, Drug (including Chinese medicines) and Medical Devices to strengthen their communication. The FHB and the DH will continue maintaining close liaison

with the Mainland on matters relating to Chinese medicines, and carry out relevant exchange activities as appropriate.

(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. The three places also organise, from time to time, drills and workshops to enhance exchange and to test the tripartite coordination mechanism for handling cross-border public health emergencies. The Government 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 Government exchanges relevant information with the Mainland and Macao authorities concerned. The DH and the Mainland authorities have arranged meetings and visits from time to time to discuss matters such as drug registration and clinical trial; and to conduct mutual exchange on training and further enhancing the exchange of information on drug safety. The Government 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.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)267

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4689)

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

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the details of duty visits made by the Secretary and the Under Secretary in each of the past 5 years. In respect of each visit, please list by date the (a) purpose and destination, (b) post titles of the local officials met, (c) number and post titles of the Hong Kong officials in the entourage, (d) duration, (e) total expenditures involved and the respective expenses on (i) transportation (list out both the expenses on air tickets and local transportation), (ii) accommodation, (iii) meals, (iv) receptions or entertainment and (v) gifts.

Date	(a)	(b)	(c)	(d)	(e)	(i)	(ii)	(iii)	(iv)	(v)

Asked by: Hon HO Sau-lan, Cyd (Member Question No. 187)

Reply:

The details of duty visits made by the Secretary for Food and Health and the Under Secretary for Food and Health in the past 5 years and the related expenditure are provided in the response to the same question under Head 139 (i.e. Question Serial No. 4676).

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)268

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4690)

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

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not specified

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the details of the meetings, visits or exchanges held between the Department and the relevant Mainland authorities in the past 5 years, and list, by date, the following for each trip:

(a) objective, venue;
(b) titles of the Mainland officials met;
(c) number and titles of the participating officers from Hong Kong;
(d) duration of trip (days);
(e) total expenditure incurred;
(f) whether the trip was promulgated before departure; if not, what are the reasons for the confidentiality;
(g) whether minutes of the meeting were filed; if not, what are the reasons;
(h) whether agreement was reached; if so, what are the contents and implementation progress;
(i) transport (please list flight tickets and local transport at destinations separately);
(ii) accommodation;
(iii) meals;
(iv) banquets or entertainment; and
(v) expenses on gifts.

Date	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(ii)	(iii)	(iv)	(v)

Asked by: Hon HO Sau-lan, Cyd (Member Question No. 188)

Reply:

Details of meetings, visits or exchanges held between the Food and Health Bureau (Health Branch) and the relevant Mainland authorities in the past 5 years and the expenditure involved are as follows -

Period (No. of visits)	**Purpose and Place of visit***	**Number of officers**	**Hotel expenses^** ($'000) (a)	**Air tickets expenses** ($'000) (b)	**Subsistence allowance and other expenses** ($'000) (c)	**Total expenditure** ($'000) (a)+(b)+(c)
2010-2011 (13)	To attend conferences, meetings and official visits in Beijing, Chengdu, Guangzhou, Nansha and Shanghai	1 to 2	16	49	30	95
2011-2012 (15)	To attend conferences, meetings and official visits in Beijing, Chengdu, Guangzhou, Hangzhou, Qingyuan, Sichuan and Xian.	1 to 2	34	84	92	210
2012-2013 (12)	To attend conferences, meetings and official visits in Beijing, Chengdu, Guangzhou and Sichuan.	1 to 3	11	84	61	156
2013-2014 (7)	To attend conferences, meetings and official visits in Chengdu and Guangzhou	1	0	23	28	51
2014-2015 (6)	To attend conferences, meetings and official visits in Beijing, Chengdu and Shenzhen.	1 to 4	2	28	46	76

* The above duty visits lasted for 1 to 4 days per trip, joined by officers of different ranks and led by a senior officer or directorate officer.

^ Excluding the expenses on hotel accommodation where the officers received the normal rate of subsistence allowance, the amount of which has been included under the column of "Subsistence allowance and other expenses".

We conduct exchanges and discussions with the relevant Mainland authorities on issues of mutual concern from time to time as and when necessary. Generally speaking, the meetings are recorded as appropriate, having regard to the different circumstances and factors such as nature of the meeting and subject matter, consensus reached by both sides, development of the subject matter, etc. We will decide whether and how the trips and the agreements concluded should be made public in the light of the circumstances and needs.

As a general rule, all politically appointed officials and civil servants should observe the same principles in the provision of official meals. They are required to exercise prudent judgement and economy in order to avoid any public perception of extravagance and act in accordance with the relevant regulations and administrative guidelines. According to the existing guidelines, the expenditure limits on entertainment in the form of official meals should not exceed $450 per person for lunch or $600 per person for dinner, inclusive of all expenses incurred on food and beverages consumed on the occasion, service charges and tips.

In line with the Government's green policy, public officers should as far as possible refrain from bestowing gifts/souvenirs to others during the conduct of official activities. According to the existing guidelines, where bestowal of gifts/souvenirs is necessary or unavoidable due to operational, protocol or other reasons, the gift/souvenir items should not be lavish or extravagant and the number should be kept to a minimum. Also, the exchange of gifts/souvenirs should only be made from organisation to organisation. As we do not specifically maintain separate accounts for the expenses on the procurement of gifts and souvenirs, relevant breakdowns are not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3965)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
Under the Matters Requiring Special Attention in 2015-16, the Health Branch will continue to oversee the progress of various capital works projects of the Hospital Authority. In this connection, please advise on:

(a) the commencement date, approved estimate, current progress and anticipated date of completion of the works (redevelopment of Yan Chai Hospital and Caritas Medical Centre, construction of the new Tin Shui Wai Hospital and the Hong Kong Children's Hospital in Kai Tak, the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital, and to plan for the expansion of United Christian Hospital and the Hong Kong Red Cross Blood Transfusion Service Headquarters, the redevelopment of Kwong Wah Hospital, Queen Mary Hospital and Kwai Chung Hospital, the refurbishment of Hong Kong Buddhist Hospital, the construction of a new acute hospital in Kai Tak, and the extension of the Operating Theatre Block of Tuen Mun Hospital) as well as the additional beds and increased service capacity upon their completion; and the staff establishment and resources involved;

(b) whether there is any redevelopment/expansion of hospital(s) in addition to the works projects above. If yes, please state the commencement date, approved estimate, current progress and anticipated date of completion of such projects as well as the additional beds and increased service capacity upon their completion; and the staff establishment and resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. 51)

Reply:
(a)

Construction works of the redevelopment of Yan Chai Hospital (YCH) commenced in July 2011 and are progressing on schedule with the target completion date of the whole project in early 2016. The approved project estimate (APE) in money-of-the-day (MOD) prices is

$590.5 million. The project provides a new community health and wellness centre comprising a health resource centre, a primary care centre and a specialist care centre that deliver community-based services which promote continuity of healthcare at different stages of life through "one-stop" integrated services. The estimated additional manpower for the project is approximately 77 staff including about 10 doctors and four nurses.

Construction works of the redevelopment of Caritas Medical Centre (CMC), phase 2 commenced in June 2009 and the target completion date for the whole project is mid-2015. The APE in MOD prices is $1,719.6 million. A new ambulatory / rehabilitation block will be provided through the redevelopment project to accommodate convalescent / rehabilitation beds, ambulatory care and clinical support facilities to cope with increasing service demands of the community. Provision of an additional 133 beds is also planned for the project. The estimated additional manpower for the project is approximately 51 staff including about 16 nurses.

Construction works for Tin Shui Wai Hospital (TSWH) commenced in February 2013 for completion in 2016. The APE in MOD prices is $3,910.9 million. The new TSWH will be a general hospital with a planned capacity of 300 in patient and day beds in total providing in patient services, ambulatory services including an Accident & Emergency (A&E) department, community care services, diagnostic services and other supporting and administrative services. The estimated manpower requirement for TSWH is approximately 1 000 staff including about 70 doctors and 270 nurses.

Construction works for the new Specialist Clinic Building (SCB) at Queen Elizabeth Hospital (QEH) to reprovision the Yaumatei Specialist Clinic (YMTSC) commenced in July 2013 for completion in 2016. The APE in MOD prices is $1,891.6 million. The new SCB will be constructed at the site of the old Specialist Outpatient Clinic Building at QEH for reprovisioning the existing Hospital Authority (HA) services at YMTSC and relocating some ambulatory care services of QEH. HA expects that no additional manpower is required for the reprovisioned or relocated services.

Construction works for Hong Kong Children's Hospital (HKCH) are in progress since its commencement in August 2013 and are planned for completion in 2017. The APE in MOD prices is $12,985.5 million. The new HKCH with a total planned capacity of 468 in patient and day beds will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory. The HA is currently working on the service re-organisation for the whole paediatric service network, including service model development, training and manpower plan. Following this, HA will work out the estimated caseload and manpower requirement for the service provision of HKCH.

The expansion of United Christian Hospital (UCH) project will be carried out in two phases, namely preparatory works and main works. The preparatory works commenced in August 2012 with the APE in MOD prices at $352.3 million. Subject to funding approval of the Finance Committee (FC), the main works are planned to commence in 2015 for completion of the whole project in 2022-23. Many existing services including ambulatory care service, cancer service, in patient convalescent and rehabilitation services as well as A&E service will be enhanced under the UCH expansion project to cater for increasing medical needs of the community due to growing and ageing population. The total bed capacity including in

patient and day beds in UCH will be increased from about 1 400 to around 1 960 after the expansion project.

Subject to funding approval of FC, the expansion of Hong Kong Red Cross Blood Transfusion Service (BTS) Headquarters project is planned to start in 2015 for completion in 2020. The estimated cost of the project is in the order of $890 million in MOD prices. The expanded BTS will cater for new and expanded services in order to cope with the projected increase in service levels since BTS is the only organisation responsible for the collection and supply of fully-tested blood and haematopoietic stem cells, and is also the major provider of plasma products in Hong Kong. The expansion project will bring the facilities of BTS up to prevailing international standards, provide adequate space to cope with its projected level of services, and ensure a safe working environment.

The redevelopment of Kwong Wah Hospital (KWH) project will be carried out in two phases, namely preparatory works and main works. The preparatory works commenced in March 2013 and the APE in MOD prices is $552.7 million. The main works are planned to commence in 2016 for completion of the whole project in 2022, subject to FC funding approval. The redevelopment of KWH will provide new and modernised facilities for service development, 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 Chinese and Western medicine services. The total number of beds in KWH will be increased from about 1 200 to around 1 550 after the redevelopment.

The redevelopment of Queen Mary Hospital, phase 1 project will be carried out in two stages, namely preparatory works and main works. The preparatory works commenced in July 2014 and the APE in MOD prices is $1,592.8 million. Subject to funding approval by FC, the main works will commence in 2017 for completion of the whole phase 1 redevelopment project by 2023-24. The redevelopment project aims to renew the hospital into a modern medical centre with additional space to meet operational needs, improved accessibility and physical design for cost-effective and efficient clinical operations, and promote integrated research and education.

Subject to FC funding approval, the redevelopment of Kwai Chung Hospital (KCH) project will be carried out in phases. The first phase of works is expected to start in 2016 for completion of the whole redevelopment project in 2023. This project involves phased demolition of all existing hospital buildings except Block J and the construction of a new hospital campus for mental health services providing in patient services, rehabilitation facilities, ambulatory care, patient resources and social centre with therapeutic and leisure areas. The total bed capacity in KCH will be increased from about 920 to around 1 000 after the redevelopment project.

Subject to FC funding approval, the refurbishment of Hong Kong Buddhist Hospital (HKBH) project is planned to start in 2015 for completion in 2019. The estimated cost of the project is in the order of $560 million in MOD prices. This project covers the provision of 130 additional convalescent / rehabilitation beds to strengthen longer term care and rehabilitation services for elderly people suffering from chronic diseases as well as the

refurbishment of existing in patient wards, supporting departments, offices and ancillary facilities.

The construction of the proposed new acute general hospital in Kai Tak will be carried out in phases and, subject to FC funding approval, the first phase is expected to start in 2017 for completion in 2021. According to the preliminary plan, Phase 1 of the new hospital will provide in-patient and oncology services, including ambulatory chemotherapy, surgery and radiotherapy. When fully developed, the hospital will provide clinical services of major specialties, including A&E service. It will also house a state-of-the-art neuroscience centre to provide specialty services of neuroscience.

The extension of the Operating Theatre (OT) Block of Tuen Mun Hospital is under planning with necessary pre-construction works being carried out. It is planned to start in 2016 for completion in 2020, subject to funding approval of FC. This project involves the construction of a new block adjacent to the existing OT Block in order to accommodate additional operating theatres as well as expanded A&E and Radiology departments. Functional relationship of A&E, Radiology, OT and in-patient services will be improved, patient flow and work flow will also be streamlined for efficient delivery of services.

HA will work out the estimated additional manpower requirement for the above eight projects at a later stage when the detailed design and commissioning plan are finalised.

(b)

To ensure that the medical needs of the community are met, HA regularly reviews the service capacity and physical conditions of its healthcare facilities for planning the redevelopment or expansion of existing hospitals and the development of new hospitals. HA will continue to regularly monitor and review the utilisation rate and trend of demand for various healthcare services, conduct demand projections of medical needs, and plan for the provision of healthcare services to ensure that the services can meet public demand through increasing service capacity, taking forward hospital development projects as well as implementing other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3966)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question (Member Question No. 52):

Regarding the seasonal influenza vaccination, would the Government advise on the following:

(a) In the past three years, what were the coverage rates of receiving seasonal influenza vaccination among local residents? Please provide information in accordance with the table below:

Target Group	Coverage Rate of Vaccination
6 months to 5 years old	
6 to 49 years	
50 to 64 years old	
65 years old or above	
Local Population	

(b) In the past three years, what were the coverage rates of receiving seasonal influenza vaccination among local residents who belong to "high risk groups"? Please provide information in accordance with the table below:

Target Group	Coverage Rate of Vaccination
Pregnant women	
Persons with chronic medical problems	
Healthcare workers in public sector	
Healthcare workers in private sector	
Healthcare workers in residential care homes	

(c) In the past three years, how many people received vaccination through the Government Vaccination Programme and Vaccination Subsidy Schemes? Please provide information accordance to target groups of the Programme/ Scheme.

(d) How many private clinics have joined the Vaccination Subsidy Schemes?

(e) Does the Government have any measures to promote the rate of seasonal influenza vaccination among local residents? If yes, what the measures and expenditures involved?

Asked by: Hon KWOK Ka-ki

Reply:

(a) & (b)

The Department of Health (DH) has been administering the following vaccination programme/schemes to provide influenza vaccination to local residents –

- Government Vaccination Programme (GVP), which provides free influenza vaccination to eligible target groups ;

- Vaccination Subsidy Schemes (VSS), which provide subsidised influenza vaccination to children between the age of six months to less than six years (under Childhood Influenza Vaccination Subsidy Scheme (CIVSS)) and elders aged 65 or above (under Elderly Vaccination Subsidy Scheme (EVSS)) through private practitioners.

It should be noted that many local residents may have received influenza vaccination outside the Government's vaccination programme/schemes and hence the overall coverage is not reflected in the statistics under these programme/schemes. A survey on the coverage of seasonal influenza vaccination (SIV) conducted by the Centre for Health Protection (CHP) in the 2012-13 season indicated the overall picture of receipt of SIV among the different target groups in the population. About 14% of the local population has received SIV and detailed breakdown is as follows –

Category of target groups	Coverage Rate of SIV (%)
Children aged 6 months to 5 years	28.4
Persons aged 6 to 49 years	11.0
Persons aged 50 to 64 years	8.5
Elderly aged 65 or above	39.1
Pregnant women	2.0
Persons with chronic illness	28.2
Healthcare professionals in public sector	28.6 - 44.9
Healthcare professionals in residential care homes	39.8
Healthcare professionals in private sector	32.6 - 35.4
Local population	14

(c) The numbers of recipients of SIV under the GVP and VSS, which include CIVSS and EVSS, for the past three years are as follows –

SIV provided under the GVP, CIVSS and EVSS

Target groups	**Vaccination programme/ scheme**	**2012-13**	**2013-14**	**2014-15 (as at 1 Mar 2015)**
		No. of recipients	**No. of recipients**	**No. of recipients**
Children between the age of 6 months and less than 6 years	GVP	2 700	2 700	2 300
	CIVSS	60 400	62 000	53 700
Elderly aged 65 or above	GVP	180 500	176 100	186 900
	EVSS	141 700	160 100	175 700
Others[#]	GVP	58 600	61 900	61 000
Total:		**443 900**	**462 800**	**479 600**

Others include (a) healthcare workers; (b) poultry workers; (c) pig farmers or pig-slaughtering industry personnel; and (d) pregnant women or people aged 50 to below 65 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges, etc.

(d) As at 1 March 2015, a total of 1 679 private doctors (involving 2 252 clinics) have joined the VSS.

(e) The total number of recipients of SIV as at 1 March 2015 for 2014-15 vaccination season, as shown in the table at (c) above, has exceeded that of the whole vaccination season in 2013-14 by 16 800 (around 3.6% higher). As the 2014-15 vaccination season is yet to end, it is expected that the number of recipients for the vaccination would continue to increase in the remaining months of the season.

(f) The Government has been closely monitoring the vaccination rate of SIVs, and promoting the importance of SIVs to the public through various channels. It will continue to make early appeals to target groups by means of press announcements, mass media, social media and joint-up support from experts and professional organisations.

DH has been encouraging greater participation of private doctors in the VSS. To

further enhance the availability of SIV service to the public, in particular the high risk groups, the Government will approach different stakeholders, including the Hospital Authority, medical professionals and the community groups, to explore feasible options to reach out the target groups for vaccination.

The expenditure on the publicity and promotion on the prevention of influenza cannot be separately identified as it is absorbed as part of the overall expenditure for health promotion and other related votes under the DH.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)271

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3967)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question (Member Question No. 53):

Regarding the Pneumococcal Vaccination Programme for elderly people and young children, would the Government advise on the following:

(a) In the past three years, how many elderly people received pneumococcal vaccination? In 2015-16, what is the estimated number of elderly people who will receive pneumococcal vaccination? What is the percentage of elderly people receiving pneumococcal vaccination in the target group to which they belong? What is the expenditure involved?

(b) In the past three years, how many young children received pneumococcal vaccination? In 2015-16, what is the estimated number of young children who will receive pneumococcal vaccination? What is the percentage of young children receiving pneumococcal vaccination in the target group to which they belong? What is the expenditure involved?

(c) How many private clinics have joined the Pneumococcal Vaccination Progamme?

(d) Does the Government have any measures to promote the rate of pneumococcal among local residents? If yes, what the measures and expenditures involved?

Asked by: Hon KWOK Ka-ki

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide pneumococcal to eligible elders and children –

- Government Vaccination Programme (GVP), which provides free pneumococcal vaccination to eligible elders aged 65 or above;

- Elderly Vaccination Subsidy Scheme (EVSS), which provides subsidised

pneumococcal vaccination to elderly aged 65 or above;

- Hong Kong Childhood Immunisation Programme, which includes provision of pneumococcal conjugate vaccine (PCV) to eligible children at two, four, six months of age followed by a booster dose at 12 months at DH's Maternal and Child Health Centres (MCHCs); and

- The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme (the Programme), which commenced on 2 December 2013 by phases and ended on 30 June 2014. The Programme provides a choice for Hong Kong residents aged from two to under five years old (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary. Since 13 December 2013, the Childhood Vaccination Subsidy Scheme (PCV13 booster) (CVSS (PCV13 booster)), being part of the Programme, commenced to provide eligible children with one subsidised dose of PCV13 from enrolled private doctors. For better utilisation of resources, enrolled private doctors under the CVSS (PCV13 booster) who have not yet used up the PCV13 supplied by the Government may continue to provide subsidised vaccination to eligible children or eligible elders (as from 2 March 2015) until all PCV13 vaccines supplied by the Government have been used up or are expired.

(a) Relevant statistics and estimated number of recipients for the past three years and the 2015-16 vaccination season, and the expenditure involved are detailed at Annex 1. It should be noted that some elders may have received pneumococcal vaccination outside the GVP and EVSS and hence not reflected in these statistics.

(b) <u>Hong Kong Childhood Immunisation Programme</u>

The statistics on PCV vaccinations in the MCHCs in the past three years are tabulated as follows. The total vaccine cost involved for the past three years is about $ 222.7 million.

Year	**No. of doses of PCV administered in MCHC**
2012	251 800
2013	232 400
2014	205 900

It should be noted that children may have received PCV outside the MCHCs and hence are not reflected in the above statistics.

Based on the figure for 2014, the number of PCV doses administered in the MCHCs in 2015 is estimated to be around 206 000 and the expenditure involved depends on the relevant contract price.

<u>The Childhood PCV13 Booster Vaccination Programme</u>

The relevant statistics of the Programme are at Annex 2.

According to an immunisation survey conducted by the DH in 2012, the PCV vaccination coverage among surveyed children for the 1st, 2nd, 3rd and booster dose were 99.4%, 99.0%, 97.4% and 94.7% respectively.

(c) As at 1 March 2015, 1 618 doctors (involving 2 173 clinics) are enrolled in the EVSS providing subsidised pneumococcal vaccination to eligible elders. As for the CVSS (PCV13 booster) which commenced on 13 December 2013, a total of 951 doctors (involving 1 149 clinics) are enrolled in this scheme.

(d) The DH will continue to work with different stakeholders, including community groups and private doctors, and make appeals to target groups of pneumococcal vaccination by means of press announcements, mass media, websites of the DH and the Centre for Health Protection, health talks, publicity posters and other printed materials, etc. The expenditure on such publicity and promotion cannot be separately identified as it is absorbed as part of the overall expenditure for health promotion and other related votes under the DH.

- End -

Annex 1

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme/ scheme	2012-13			2013 -14			2014-15 (as at 1 Mar 2015)		
		No. of recipients^	**Subsidy Paid ($ million)**	**Accumulative Percentage of population in the age group vaccinated+**	**No. of recipients^**	**Subsidy Paid ($ million)**	**Accumulative Percentage of population in the age group vaccinated+**	**No. of recipients^**	**Subsidy Paid ($ million)**	**Accumulative Percentage of population in the age group vaccinated+**
Elderly aged 65 or above*	GVP	13 000	Not applicable	31.2%	13 700	Not applicable	32.4%	13 300	Not applicable	34.2%
	EVSS	18 000	3.4		22 800	4.3		21 900	4.2	
Total:		**31 000**	**3.4**		**36 500**	**4.3**		**35 200**	**4.2**	

* According to the latest recommendation from relevant Scientific Committee, elders aged 65 or above require a single dose of pneumococcal vaccination.

^ Refers to new recipients only.

+ Based on the accumulated number of recipients excluding those already deceased

For the 2015-16 vaccination season, it is estimated that around 23 000 elders will receive pneumococcal vaccination under EVSS (with $4.4 million being subsidy payments reserved by the Department of Health), and around 14 000 elders will receive pneumococcal vaccination under GVP, resulting in a total estimate of around 37 000 elders.

Annex 2

The Childhood PCV13 Booster Vaccination Programme (the Programme) ※

	No. of recipients (as at 1 Mar 2015)	**Percentage of population in the age group**
Eligible paediatric patients receiving vaccination at Hospital Authority institutions	351	-
Eligible children receiving vaccination at Maternal and Child Health Centres	1 252	-
Eligible children receiving vaccination at enrolled private doctors under Childhood Vaccination Subsidy Scheme (PCV13 booster)	21 658	-
Total:	**23 261**	**22.2%##**

※ The Programme commenced on 2 December 2013 by phases and ended on 30 June 2014. Since 13 December 2013, the Childhood Vaccination Subsidy Scheme (PCV13 booster) (CVSS (PCV13 booster)), being part of the Programme, commenced to provide eligible children with one subsidised dose of PCV13 from enrolled private doctors. Under the CVSS (PCV13 booster), free vaccine is provided to the doctor's clinics and an injection fee of $50 for each dose of PCV13 given to eligible children will be reimbursed to the doctors through the e-Health System.

As at 1 March 2015, the cost of all PCV13 used under the Programme amounted to $7.8 million and the subsidies for private doctors amounted to $1.1 million.

Some children received the PCV13 supplementary dose in private sector not covered by the Programme. As such, the actual coverage should be higher. It also does not reflect the overall coverage of PCV13 vaccination in the Hong Kong Childhood Immunisation Programme.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3968)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
According to Matters Requiring Special Attention in 2015-16, the Health Branch will 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 Government advise on:
a. the details and expenditure of the implementation of the established tobacco control policy including promotion, education, legislation, enforcement, taxation and smoking cessation for the past 3 years and the coming year;
b. the years, scopes, and smoking percentages of the population of the last 5 adjustments to tobacco tax (in table form);
c. the numbers of people suffering from diseases and deaths caused by smoking, and the medical cost concerned;
d. the numbers of people suffering from diseases and deaths caused by passive smoking, and the medical cost concerned; and
e. whether studies on the import, sale and consumption of electronic cigarettes were conducted and policies governing electronic cigarettes were formulated over the past 3 years; if yes, what were the results and the manpower and expenditure involved; if not, whether related estimates were made for 2015-16, and what are the details?

Asked by: Hon KWOK Ka-ki (Member Question No. 54)

Reply:

a. On tobacco control, the Government has been adopting a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, promote smoking cessation and taxation. The expenditures / provisions of tobacco control activities managed by the Tobacco Control Office (TCO) of the Department of Health (DH) from 2012-13 to 2015-16, broken down by types of activities, are at **Annex**. TCO will continue to enforce the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and collaborate with non-governmental

organisations to provide community-based smoking cessation services to the public. With DH's funding, the Hong Kong Council on Smoking and Health will continue to promote a smoke-free culture in Hong Kong.

b. The Government increased tobacco duty in 1998, 2001, 2009, 2011 and 2014. The table below shows the percentage increase in tobacco duty and smoking prevalence since 1998 -

Year	Percentage of tobacco duty	Smoking Prevalence (daily cigarette smokers aged 15 and above)[#]
1998	6%	15.0%
2000	-	12.4%
2001	5%	-
2002/03	-	14.4%
2005	-	14.0%
2007/08	-	11.8%
2009	50%	-
2010	-	11.1%
2011	41.5%	-
2012	-	10.7%
2014	11.7%	-

[#] *Source: Thematic Household Survey conducted by the Census and Statistics Department*

c. & d.

Regarding the number of deaths related to smoking and second hand smoke, the School of Public Health of the University of Hong Kong published a study report in 2006 on the estimated mortality figures and annual cost of tobacco-related diseases. The study reported that a total of 6 920 deaths (aged 35 and over) in Hong Kong in 1998 were caused by active smoking or second-hand smoke, in which 1 324 deaths were attributed to second-hand smoke. The results showed that the total annual cost of active and passive smoking in Hong Kong was $5.3 billion ($4.1 billion for active smoking and $1.2 billion for passive smoking). We have commissioned a local university to update these statistics which should be available later this year.

e. Under the Pharmacy and Poisons Ordinance (Cap. 138), e-cigarette containing nicotine is regarded as pharmaceutical product and must be registered with the Pharmacy and Poisons Board before sale or distribution. In addition, nicotine is a listed Part I poison under the same Ordinance. Possession or sale of unregistered pharmaceutical product, and the possession or sale without authority of Part I poison, are both offences. Each offence shall be liable on conviction to maximum penalty of $100,000 fine and two years' imprisonment.

There is currently no nicotine-containing e-cigarette products registered as pharmaceutical products in Hong Kong. Neither has the DH received any application for import of e-cigarette products containing nicotine for sale in Hong Kong.

In addition, smoking in statutory no smoking area is prohibited under the Smoking (Public Health) Ordinance (Cap. 371). "Smoke" is defined under Cap. 371 as "inhaling

and expelling the smoke of tobacco or other substance". Any person who smokes (including e-cigarette) in a no smoking area is subject to a fixed penalty of $1,500.

According to the school-based survey on smoking conducted by the School of Public Health of the University of Hong Kong, about 1% of secondary school students had used e-cigarettes in the 2012/13 school year. In order to gain a more in-depth understanding of the use of e-cigarettes in Hong Kong, we have included in the next round of Thematic Household Survey on the pattern of smoking in Hong Kong a series of questions relating to e-cigarettes.

Given the potential harmful effects of e-cigarettes, the Government will keep in view closely further developments in Hong Kong and other countries and take appropriate actions to protect public health and deploy the necessary resources.

- End -

Annex

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2012-13 ($ million)	2013-14 ($ million)	2014-15 Revised Estimate ($ million)	2015-16 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	39.6	42.7	39.4	40.5
Health Education and Smoking Cessation				
Programme 3: Health Promotion	102.6	120.2	125.7	126.4
(a) General health education and promotion of smoking cessation				
TCO	*46.3*	*48.2*	*46.2*	*46.8*
Subvention to Council on Smoking and Health	*20.7*	*22.0*	*24.3*	*21.4*
Sub-total	***67.0***	***70.2***	***70.5***	***68.2***
(b) Provision for smoking cessation and related services by non-governmental organisations				
Subvention to Tung Wah Group of Hospitals	*26.5*	*34.7*	*37.1*	*39.1*
Subvention to Pok Oi Hospital	*6.0*	*7.3*	*7.8*	*7.6*
Subvention to Po Leung Kuk	*1.7*	*2.2*	*2.0*	*2.0*
Subvention to Lok Sin Tong	*1.4*	*1.9*	*1.9*	*2.3*
Subvention to United Christian Nethersole Community Health Service		*2.6*	*2.6*	*2.6*
Subvention to Life Education Activity Programme		*1.3*	*2.3*	*2.3*
Subvention to The University of Hong Kong			*1.5*	*2.3*
Sub-total	***35.6***	***50.0***	***55.2***	***58.2***
Total	**142.2**	**162.9**	**165.1**	**166.9**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3969)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in the Matters Requiring Special Attention in 2015-16, the Health Branch will encourage private hospital development and revamp private healthcare facilities regulatory regime taking into account the outcome of the public consultation. In this connection, would the Government advise on the following:

a. What are the details of the plan to encourage private hospital development? What is the expenditure involved? What are the targeted numbers of private hospital beds to be increased and private hospitals to be developed?

b. Please provide details on the effectiveness of various methods, the number of institutions which have indicated to the Government the intention to provide private hospital services, and the reasons of acceptance or refusal by the Government.

c. Does the Government have any plan to reserve sites for private hospital development? If yes, what are the location and area of the sites? If no, what are the reasons?

d. What are the details of publicity and education efforts for the public consultation? What is the expected number of people to be reached? What is the cost involved?

e. The Government set up the Steering Committee on Review of Regulation of Private Healthcare Facilities in 2012. Up to now, what is the progress of the work? What are the future work programme and schedule, and the staffing and expenditure involved?

f. Does the Government have any plan to legislate on the beauty industry, including general beauty services and those involving medical procedures, by implementing licensing and demerit point systems?

Asked by: Hon KWOK Ka-ki (Member Question No. 55)

Reply:
(a) to (c)

We propose to provide a loan of about $4 billion to the Chinese University of Hong Kong (CUHK) for the development of a non-profit making private teaching hospital called the CUHK Medical Centre (CUHKMC). The CUHKUMC will have 516 beds upon full commissioning (with an expansion potential of an additional 90 beds).

Apart from the CUHKMC, we note that five organizations have also indicated intention to develop new private hospitals.

In considering reserving government sites for private hospital development, we will also consider proposals to expand existing private hospitals and develop new private hospitals from various organizations (including non-governmental organizations). At the same time, we note the current shortage of land supply in Hong Kong and understand that there are other social demands that need to be met by land supply. We will assess the needs of the community in formulating the overall direction of the development of private hospitals.

The work on facilitating private hospital development is conducted with existing resources of the Food and Health Bureau (FHB) and breakdown on the expenditure involved in this area is not available.

(d) to (f)

A three-month public consultation on Regulation of Private Healthcare Facilities (PHFs) ended on 16 March 2015. During the consultation period, the Government hosted public forums, participated in talks, attended district council meetings, sent consultation documents to healthcare organisations and personnels, universities and schools, etc. with a view to introducing the new proposal on the regulation of PHFs to all sectors of the general public. Related expenditure was absorbed within the existing resources of the FHB.

The Steering Committee on Review of Regulation of PHFs (the Steering Committee) concluded its work in June 2014. The recommendations of the Steering Committee form the basis of the public consultation document on Regulation of PHFs. We propose to introduce a new regulatory regime to cover three classes of PHFs, namely (a) hospitals; (b) facilities providing high-risk medical procedures in ambulatory setting; and (c) facilities providing medical services under the management of incorporated bodies. A three-month public consultation ended on 16 March 2015 and we are now consolidating and analysing views received during the public consultation and aim to introduce the legislative proposal to the Legislative Council in 2015/16. Related expenditure will be absorbed within the existing resources of FHB.

We propose in the consultation document that premises providing medical services (including those for aesthetic purpose) which involve high-risk procedure, high-risk anaesthesia and unstable patient's condition shall be regulated as 'facilities providing high-risk medical procedures in ambulatory setting'. As regards premises providing non-high-risk medical services for aesthetic purpose through salaried medical practitioners,

they will be regulated as ‘facilities providing medical services under the management of incorporated bodies’.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)274

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3970)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Matters Requiring Special Attention that the Health Branch will continue the strategic review on healthcare manpower planning and professional development. In this connection, would the Government please advise on the progress of the review, and whether resources are earmarked to review the manpower planning of different clusters under the Hospital Authority in order to address the problem of manpower imbalance among clusters.

Asked by: Hon KWOK Ka-ki (Member Question No. 56)

Reply:

In response to the growing demand for healthcare services of an ageing population, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong. The objective of the review is to assess the manpower need of the various healthcare professions, strengthen professional training and development as well as enhancing the regulatory framework. The review is still ongoing and we will publish the result and recommendations after the completion of the review.

The Government also set up the Steering Committee on Review of Hospital Authority (HA) in August 2013 to conduct an overall review on the operation of HA in order to meet the social changes brought about by the ageing population and increasing demand for healthcare services. HA's staff management is one of the areas covered in the Review.

The Steering Committee on Review of HA has completed the initial discussions on various aspects of the review and will consolidate and conclude the discussions and recommendations. It is expected that the review and report will be completed in the first half of 2015.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)275

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3971)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Matters Requiring Special Attention that the Government will develop the long-term regulatory framework for medical devices. Has the Government considered regulating the import and sale of medical devices through legislative control? If so, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 57)

Reply:

The Administration has been taking steps to put in place statutory regulation of the safety, performance and quality of medical devices manufactured, sold and/or used in Hong Kong. To this end, 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 the way for implementing long-term statutory control.

In November 2010, the Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services (HS Panel) on the proposed regulatory framework for medical devices, which had taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, the DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal. The BIA was completed in 2013. The Administration reported to the LegCo HS Panel in June 2014 on the outcome of the BIA study together with the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical devices.

The Working Group on Differentiation between Medical Procedures and Beauty Services (WG) under the Steering Committee on Review of Regulation of Private Healthcare Facilities had examined, among others, the safety and health risks of devices commonly used in beauty procedures e.g. high-power medical lasers, intense pulsed light equipment, radiofrequency devices, etc. Given the heterogeneity of the devices involved, the WG considered that the control of their use (particularly energy-emitting devices) should be deliberated under the regulatory framework for medical devices.

Taking into consideration the views and recommendations of the WG, the DH is now in the process of engaging an external consultant to conduct a detailed study to examine overseas experience and practices and the scope of control on the use of the selected medical devices. Upon completion of the study, the Administration will report to the LegCo HS Panel on the outcome of the consultancy study and the details of the legislative proposal.

In 2015-16, a provision of $18.4 million has been earmarked for the DH for the operation of the existing MDACS as well as the preparatory work for the long-term statutory control of medical devices. The number of staff establishment of the Medical Device Control Office of the DH as at 1 March 2015 was 16.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)276

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3972)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Government explain why the revised estimate for 2014-15 is 3.6% higher than the original estimate? What initiatives account for the increase? How much resources are spent on improving the working hours of doctors, reducing the waiting time for outpatient services and strengthening manpower?

Asked by: Hon KWOK Ka-ki (Member Question No. 58)

Reply:

The increase of $1.73 billion in the 2014-15 revised estimate over the original estimate is mainly due to an increase of $1.79 billion in the recurrent subvention for the Hospital Authority (HA) resulted from 2014 pay adjustment, offset by the return of $0.04 billion for the Government's 50% share of the additional income arising from the non-obstetric services for non-eligible persons and private services at HA's hospitals for 2013-14 and other minor adjustments of $0.02 billion.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3973)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The estimate for 2015-16 has increased by 0.3% as compared with the total revised estimate for 2014-15. Would the Government please advise on the following:

a. What are the reasons for this? What are the items that cause the increase in the estimate?
b. How much of this is used for improving the working hours of doctors, shortening the waiting time for outpatient services and increasing manpower?
c. How much increased resources will be allocated to each hospital cluster? In allocating the resources, has consideration been given to redress the imbalance of resources among hospital clusters. If yes, what is the basis for the allocation? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 59)

Reply:

To meet the growing demand from population growth and ageing, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure for 2015-16 is projected to reach $54 billion, representing an increase of over 3% as compared to the 2014-15 budget. With the financial provision of $49.9 billion for 2015-16 from the Government to HA, coupled with HA's own income and redeployment of its internal resources, HA will implement various measures to meet the increasing demand for hospital services and to improve the quality of patient care. Examples of such measures are:

(i) increasing a total of 250 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Tseung Kwan O Hospital, Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital to enhance the capacity of inpatient services, including additional emergency beds;

(ii) providing additional operating theatre sessions to allay the waiting list for surgeries;

(iii) widening the indications of Special Drug for Multiple Sclerosis and introducing new drugs of proven safety and efficacy to the Drug Formulary for cancer treatment, chronic Hepatitis C and Crohn's disease to benefit around 4 000 patients annually;

(iv) enhancing endoscopy service by performing around 5 300 additional endoscopic procedures;

(v) increasing the episodic quota for general outpatient clinics in five Clusters (namely Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West) by 55 000 attendances for 2015-16;

(vi) setting up Hong Kong's fourth Joint Replacement Centre in the New Territories East Cluster for performing 90 additional operations;

(vii) augmenting mental health services by strengthening manpower of psychiatric teams and introducing a peer support element into the Case Management Programme for people with severe mental illness;

(viii) relocating the Geriatric Day Rehabilitation Centre of Yan Chai Hospital to the hospital's new wellness centre and expanding the geriatric day places from 20 to 40 places; and

(ix) strengthening the Community Geriatric Assessment Team service by conducting 3 000 additional visits to residential care homes for the elderly.

Budget allocation among clusters is driven by the planning of patient services guided by the overall direction at the corporate level. When HA plans its services and budget in its annual planning exercise, due consideration is given to a basket of relevant factors. Residential location and daytime distribution of population are both important factors affecting where people may seek healthcare services. In particular, the latter will affect service demand of Accident & Emergency attendance and consequential admission into the hospital. In addition, cross-cluster service utilisation may arise from referral to designated centres for special services, or by patients' own preference, etc. Apart from the above, there are other factors affecting the resource needs of individual clusters, for example, differences in demographic and economic status of the population, and varying complexity of patient conditions being treated by individual clusters.

The budget allocation to individual clusters including the additional financial provision for 2015-16 is being worked out by HA and hence not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3974)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the provision allocated to the Hospital Authority (HA), will the Government inform this Committee of:

(a) the resources allocated to various clusters of the HA over the past 3 years;

(b) the population served by various clusters of the HA over the past 3 years?

Asked by: Hon KWOK Ka-ki (Member Question No. 60)

Reply:

(a)

The table below sets out the budget allocation for each cluster of the Hospital Authority (HA) in the past three years from 2012-13 to 2014-15:

Year	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
	($ billion)						
2012-13	4.39	4.53	5.47	4.12	9.00	6.49	5.20
2013-14	4.63	4.80	5.84	4.49	9.72	6.91	5.56
2014-15 (projection as of 31 December 2014)	5.01	5.21	6.27	4.95	10.67	7.46	6.08

(b)

The tables below set out the total population in the districts corresponding to each cluster in 2012, 2013 and 2014.

Population Estimates in 2012 (as at mid-2012)

Districts	Corresponding Hospital Cluster	Population*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	780 200
Central & Western, Southern	HKWC	533 600
Kowloon City, Yau Tsim	KCC	508 700
Kwun Tong, Sai Kung	KEC	1 074 900
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 929 300
Sha Tin, Tai Po, North	NTEC	1 246 500
Tuen Mun, Yuen Long	NTWC	1 080 300
Overall Hong Kong		**7 154 600**

Population Estimates in 2013 (as at mid-2013)

Districts	Corresponding Hospital Cluster	Population*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	777 600
Central & Western, Southern	HKWC	534 100
Kowloon City, Yau Tsim	KCC	508 800
Kwun Tong, Sai Kung	KEC	1 088 100
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 931 800
Sha Tin, Tai Po, North	NTEC	1 258 200
Tuen Mun, Yuen Long	NTWC	1 088 300
Overall Hong Kong		**7 187 500**

Projected Population in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	774 500
Central & Western, Southern	HKWC	530 100
Kowloon City, Yau Tsim	KCC	536 000
Kwun Tong, Sai Kung	KEC	1 098 000
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 945 200
Sha Tin, Tai Po, North	NTEC	1 266 400
Tuen Mun, Yuen Long	NTWC	1 099 400
Overall Hong Kong		**7 250 400**

* The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC has been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures in the above table have also been adjusted accordingly.

Notes:
The above population figures are based on the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.

It should be noted that geographical population is only one of the many factors involved in determining budget allocation to individual clusters. Other relevant factors that have to be taken into account include differences among clusters on needs for public hospital services (given the different and changing demographic characteristics and economic status of the population), cross-cluster use of HA services, as well as varying complexity of treatments of patients in individual clusters. Since the portfolio of hospitals was not originally planned on a cluster basis and not all clusters started at the same stage, the level and scope of hospital facilities and expertise available in different clusters also vary. As such, budget allocation to clusters should not be measured solely against the residential population in the corresponding catchment districts.

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)279

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3975)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the provision for the Hospital Authority (HA), please set out the details of provision for HA in the past 5 financial years in the table below:

	Provision for the year	Increase of provision against the budget of the previous year (amount/ percentage)	Expenses on staff increments (amount/ percentage in the additional provision)	Expenses on improving pay structure (amount/ percentage in the additional provision)	Resources for service improvement received by each hospital (item/ amount/ percentage in the additional provision)
2014-15					
2013-14					
2012-13					
2011-12					
2010-11					

Asked by: Hon KWOK Ka-ki (Member Question No. 61)

Reply:

The relevant information is set out in the table below.

	Provision for the financial year ($) million	**Increase of provision as compared with that in last financial year ($) million (amount/percentage)**	**Expenses on increment for staff (amount/(%) in the total provision for the financial year) ($) million**	**Expenses on improving salary structure (amount/(%) in the additional provision for the financial year) ($) million**
2014-15 (Revised estimate)	49,706.8	3,391.2 (7.32%)	803 (1.62%)	30.6 (0.9%)
2013-14 (Actual)	46,315.6	3,428.7 (7.99%)	672 (1.45%)	0.4 (0.01%)
2012-13 (Actual)	42,886.9	4,257.7 (11.02%)	588 (1.37%)	-
2011-12 (Actual)	38,629.4	4,264.5 (12.41%)	571 (1.48%)	172 (4.03%)
2010-11 (Actual)	34,364.9	1,508.7 (4.59%)	379 (1.10%)	2 (0.13%)

Note: (1) For meaningful comparison, the financial provision for 2012-13 set out above excludes the one-off injection of $10 billion from the Government into the Samaritan Fund.

(2) The expenses on increment for staff are included in the total provision for the financial year. For meaningful comparison, the expenses are compared against the total provision for the respective year instead of the additional provision as compared with that in the preceding financial year.

Information on the resources allocated for service improvements for each of the years from 2010-11 to 2014-15 are provided in the table below:

	Service Improvement Projects	**Clusters**	**Funds involved Amount / (%) in the additional provision for the financial year ($) million**
2014-15			
(1)	enhance service capacity to meet growing demand arising from population growth and ageing through a number of initiatives, including opening of additional beds, particularly in high needs communities like HKE, NTE and NTW Clusters	HKE, KC, KE, KW, NTE & NTW	over 270 (over 7.9%)
(2)	enhance healthcare services to meet the medical needs of the local community on Lantau Island through the phased introduction of services in North Lantau Hospital (NLTH)	KW	65 (1.9%)
(3)	commission the improved facilities provided under the redevelopment of Yan Chai Hospital and Caritas Medical Centre to enhance the standard of care	KW	69 (2.0%)
(4)	implement measures to improve patients' access to service, including accident and emergency service, general and specialist outpatient (SOP) service, elective surgeries, radiological service as well as pharmacy service in SOP clinics	All clusters	287 (8.5%)
(5)	augment mental health services by further strengthening service provision in hospital, ambulatory and community settings and enhancing the quality of drugs provided to patients with psychosis and dementia	All clusters	95 (2.8%)
2013-14			
(1)	improve service to cope with the rising service demand due to population growth and demographic changes through a number of initiatives, including opening of additional beds, particularly in high needs communities like the NTW and KE clusters	HKE, KC, KE, KW, NTE and NTW	over 300 (over 8.7%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
(2)	commence the service of NLTH by phases to meet the medical needs of the local community on Lantau Island	KW	236 (6.9%)
(3)	enhance the treatment of critical illnesses through strengthening cardiac services, providing 24-hour thrombolytic service by phases to improve acute stroke management, and enhancing haemodialysis service for renal patients	All clusters	76 (2.2%)
(4)	widen the coverage of and expand the use of drugs in the HA Drug Formulary	All clusters	44 (1.3%)
(5)	implement measures to improve patients' access to SOP service, including SOP dispensing service	All clusters	57 (1.7%)
(6)	strengthen medical treatment for elderly patients, particularly the treatment of degenerative diseases, such as age-related macular degeneration, osteoporosis fracture and advanced Parkinson's disease	All clusters	46 (1.3%)
(7)	attract, motivate and retain healthcare staff through various measures including enhancement of their promotion opportunities and professional training, and recruitment of additional staff	All clusters	321 (9.4%)
2012-13			
(1)	improve service to cope with the rising service demand due to population growth and demographic changes through a number of initiatives, including opening of additional beds in the KE and the NTW clusters	KE and NTW	75 (1.8%)
(2)	enhance neonatal intensive care services through opening of additional neonatal intensive care unit beds in five clusters	HKE, KC, KW, NTE and NTW	53 (1.2%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
(3)	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	All clusters	54 (1.3%)
(4)	enhance chronic disease services through adopting a multidisciplinary approach in accordance with the primary care development strategy	All clusters	191 (4.5%)
(5)	improve service quality and safety including strengthening of support for clinical service delivery and enhanced response to contingencies	All clusters	370 (8.7%)
(6)	introduce additional drugs of proven cost effectiveness and efficacy as standard drugs and expansion of use of drugs in the HA Drug Formulary	All clusters	230 (5.4%)
(7)	implement measures to recruit and retain staff for the provision of quality patient care	All clusters	897 (21.1%)
2011-12			
(1)	improve service to cope with the rising service demand due to population growth and demographic changes through a number of initiatives, including opening of additional beds in the NTW cluster	NTW	32 (0.8%)
(2)	enhance provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, and expansion of the Cancer Case Manager Programme	All clusters	54 (1.3%)
(3)	strengthen mental health services through extension of the case management programme to persons with severe mental illness, extension of	All clusters	216 (5.1%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
	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		
(4)	enhance chronic disease management through multidisciplinary, case management and empowerment approach in accordance with the primary care development strategy	All clusters	365 (8.6%)
(5)	introduce additional drugs of proven cost effectiveness and efficacy as standard drugs and expansion of use of drugs in the HA Drug Formulary	All clusters	237 (5.6%)
(6)	enhance community and ambulatory care to minimise hospital admissions and reduce avoidable hospitalisation	All clusters	172 (4.0%)
2010-11			
(1)	improve healthcare services in HKE, KE and NTW clusters through opening of additional acute and convalescent beds	HKE, KE and NTW	137 (9.1%)
(2)	enhance service provision for life-threatening diseases including haemodialysis service, palliative care for patients with end-stage renal diseases, clinical oncology service, integrated cancer care, acute cardiac care, etc.	All clusters	66 (4.4%)
(3)	strengthen mental health services through introduction of case management programme and personalised care programme for patients with	All clusters	109 (7.2%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
	severe mental illness in the community, enhance treatment of patients with common mental disorders by providing more timely treatment at psychiatric SOP clinics and introduce an integrated mental health programme in the primary care settings		
(4)	enhance service provision of Substance Abuse Clinics to improve early treatment to drug abusers with mental health problems	All clusters	10 (0.7%)
(5)	introduce additional drugs of proven cost effectiveness and efficacy as standard drugs in the HA Drug Formulary	All clusters	194 (12.9%)
(6)	enhance support to discharged elderly patients through expansion of service of the Community Health Call centres to four more hospital clusters	All clusters	17 (1.1%)
(7)	strengthen the support for chronic patients by expanding the comprehensive multi-disciplinary Risk Assessment and Management Programme and provision of systematic diabetic complication screening	HKW, KC, KE, KW and NTE	36 (2.4%)
(8)	enhance infection control measures to cope with the new virus human swine influenza (H1N1 Influenza A)	All clusters	46 (3.0%)
(9)	strengthen the quality control mechanism for pharmaceutical products supplied to HA	All clusters	56 (3.7%)

Abbreviations

HA - Hospital Authority
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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)280

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3976)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
When comparing with 2014-15, the number of general beds will only increase by 250 and no additional infirmary beds and beds for the mentally ill and mentally handicapped will be provided in 2015-16. In this connection, please advise:

(a) What were the respective numbers of hospital beds and patients and the ratio between them by department in each of the Hospital Authority clusters at present and over the past 3 years?

(b) What were the respective occupancy rates of general beds and beds in various specialties as well as the average length of stay of patients by hospital in each of the Hospital Authority clusters at present and over the past 3 years? Please provide a breakdown by age group.

(c) Has the Government assessed whether the hospital beds are sufficient to meet the service needs of Hong Kong's growing population? Will the Government allocate additional resources to make up for any possible shortfall? What are the manpower and expenditure involved?

Asked by: Hon KWOK Ka-ki (Member Question No. 62)

Reply:

(a)

The table below sets out (i) the number of inpatient and day inpatient discharges and deaths (IPDP D&D); (ii) number of hospital beds; and (iii) the ratio of IPDP D&D to hospital beds in the Hospital Authority (HA) and its clusters, by general (acute and convalescent) and mentally ill types of services in 2012-13, 2013-14 and 2014-15 (1 January to 31 December 2014).

2012-13

	Cluster							Overall HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
General (acute and convalescent)								
Number of IPDP D&D	170 736	179 628	199 573	166 294	357 951	253 464	194 244	1 521 890
Number of hospital beds*	2 004	2 853	3 004	2 175	5 179	3 474	2 156	20 845
Ratio of IPDP D&D to hospital beds	85.2	63.0	66.4	76.5	69.1	73.0	90.1	73.0
Mentally ill								
Number of IPDP D&D	1 838	765	3 058	670	4 089	4 053	2 826	17 299
Number of hospital beds*	400	82	425	80	920	524	1 176	3 607
Ratio of IPDP D&D to hospital beds	4.6	9.3	7.2	8.4	4.4	7.7	2.4	4.8

* Number of hospital beds as at 31 March 2013

2013-14

	Cluster							Overall HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
General (acute and convalescent)								
Number of IPDP D&D	173 516	185 094	199 168	167 219	365 816	258 026	198 815	1 547 654
Number of hospital beds#	2 004	2 860	3 005	2 291	5 221	3 477	2 274	21 132
Ratio of IPDP D&D to hospital beds	86.6	64.7	66.3	73.0	70.1	74.2	87.4	73.2
Mentally ill								
Number of IPDP D&D	1 911	825	3 196	619	4 217	4 159	2 878	17 805
Number of hospital beds#	400	82	425	80	920	524	1 176	3 607
Ratio of IPDP D&D to hospital beds	4.8	10.1	7.5	7.7	4.6	7.9	2.4	4.9

Number of hospital beds as at 31 March 2014

2014-15 (1 January to 31 December 2014) [Provisional figures]

	Cluster							Overall HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
General (acute and convalescent)								
Number of IPDP D&D	178 909	193 353	204 178	174 487	375 844	263 043	203 716	1 593 530
Number of hospital beds^	2 044	2 860	3 029	2 295	5 244	3 539	2 312	21 323

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Ratio of IPDP D&D to hospital beds	87.5	67.6	67.4	76.0	71.7	74.3	88.1	74.7
Mentally ill								
Number of IPDP D&D	1 821	781	3 134	516	4 171	4 102	2 804	17 329
Number of hospital beds^	400	82	425	80	920	524	1 176	3 607
Ratio of IPDP D&D to hospital beds	4.6	9.5	7.4	6.5	4.5	7.8	2.4	4.8

^ Number of hospital beds as at 31 December 2014

For infirmary and mentally handicapped service, HA's overall IPDP D&Ds in the past three years are as follows:

	2012-13	2013-14	2014-15 (1 January to 31 December 2014) [Provisional figures]
Infirmary	3 373	3 309	3 507
Mentally Handicapped	570	563	542

As both infirmary and mentally handicapped services involve long-stay patients and small patient volume, their respective IPDP D&D is highly variable year by year and across clusters and is not a meaningful indicator to reflect the service utilisation across clusters. The number of patient days is instead a better indicator to reflect the utilisation of the services.

The table below sets out (i) the number of patient days; (ii) number of hospital beds; and (iii) inpatient bed occupancy rate in HA and its clusters, for infirmary and mentally handicapped inpatient services in 2012-13, 2013-14 and 2014-15 (1 January to 31 December 2014).

2012-13

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary								
Number of patient days@	165 972	54 396	30 975	31 631	93 449	98 606	29 816	504 845
Number of hospital beds*	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate	88%	82%	79%	75%	97%	82%	95%	86%
Mentally handicapped**								
Number of patient days@	-	-	-	-	31 659	-	176 250	207 909
Number of hospital beds*	-	-	-	-	160	-	500	660
Inpatient bed occupancy rate	-	-	-	-	57%	-	97%	87%

* Number of hospital beds as at 31 March 2013

** Mentally handicapped beds are provided in KWC and NTWC only.

@ Patient days include inpatient patient days and day inpatient discharges and deaths.

2013-14

	Cluster							Overall HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Infirmary								
Number of patient days[@]	169 842	52 422	29 836	35 567	93 628	95 537	28 420	505 252
Number of hospital beds[#]	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate	90%	81%	76%	84%	98%	80%	97%	87%
Mentally handicapped**								
Number of patient days[@]	-	-	-	-	31 018	-	174 883	205 901
Number of hospital beds[#]	-	-	-	-	160	-	500	660
Inpatient bed occupancy rate	-	-	-	-	57%	-	96%	87%

Number of hospital beds as at 31 March 2014
** Mentally handicapped beds are provided in KWC and NTWC only.
@ Patient days include inpatient patient days and day inpatient discharges and deaths.

2014-15 (1 January to 31 December 2014) [Provisional figures]

	Cluster							Overall HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Infirmary								
Number of patient days[@]	170 205	52 109	34 902	38 375	94 382	93 088	28 772	511 833
Number of hospital beds[^]	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate	90%	86%	89%	91%	98%	78%	95%	89%
Mentally handicapped**								
Number of patient days[@]	-	-	-	-	27 445	-	174 912	202 357
Number of hospital beds[^]	-	-	-	-	160	-	500	660
Inpatient bed occupancy rate	-	-	-	-	50%	-	96%	85%

^ Number of hospital beds as at 31 December 2014
** Mentally handicapped beds are provided in KWC and NTWC only.
@ Patient days include inpatient patient days and day inpatient discharges and deaths.

(b)

The table below sets out the inpatient bed occupancy rate in HA and its clusters for all general specialties and major specialties in 2012-13, 2013-14 and 2014-15 (1 April to 31 December 2014).

2012-13

Inpatient bed occupancy rate	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties	83%	73%	88%	87%	85%	88%	96%	85%
Gynaecology	90%	53%	90%	70%	84%	69%	98%	76%
Medicine	87%	82%	99%	94%	95%	101%	99%	95%
Obstetrics	75%	65%	72%	67%	71%	62%	97%	71%
Orthopaedics & Traumatology	85%	68%	91%	91%	86%	90%	94%	87%
Paediatrics	87%	69%	70%	76%	63%	81%	89%	73%
Surgery	76%	76%	89%	79%	72%	93%	97%	81%

2013-14

Inpatient bed occupancy rate	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties	87%	73%	89%	88%	86%	90%	98%	87%
Gynaecology	95%	53%	85%	53%	84%	70%	99%	72%
Medicine	91%	83%	105%	99%	99%	105%	106%	99%
Obstetrics	71%	59%	69%	58%	63%	57%	90%	65%
Orthopaedics & Traumatology	91%	69%	99%	93%	92%	93%	90%	90%
Paediatrics	88%	69%	67%	78%	63%	85%	91%	74%
Surgery	79%	73%	91%	81%	73%	94%	97%	82%

2014-15 (1 April to 31 December 2014) [Provisional figures]

Inpatient bed occupancy rate	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescent) Specialties	87%	75%	91%	86%	86%	88%	96%	87%
Gynaecology	93%	56%	98%	55%	96%	76%	112%	79%
Medicine	89%	85%	103%	94%	97%	100%	103%	96%
Obstetrics	83%	63%	76%	63%	70%	66%	96%	72%
Orthopaedics & Traumatology	94%	73%	107%	89%	89%	90%	86%	89%
Paediatrics	76%	68%	68%	71%	65%	81%	91%	72%
Surgery	89%	74%	98%	86%	73%	94%	89%	83%

The table below sets out the inpatient average length of stay (IP ALOS) (days) in HA and its clusters for all general specialties and major specialties, as well as the respective IP ALOS by age group (0 – 64, 65 or above, Overall) in 2012-13, 2013-14 and 2014-15 (1 April to 31 December 2014).

2012-13

IP ALOS (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute and convalescent) Specialties								
Aged 0 – 64	3.7	5.1	5.2	3.7	3.8	4.9	4.0	4.3
Aged 65 or above	6.1	6.6	8.8	6.3	7.1	7.3	7.2	7.1
Overall	4.9	5.8	7.0	5.0	5.2	6.0	5.2	5.6

IP ALOS (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Gynaecology								
Aged 0 – 64	2.1	2.4	2.4	2.3	1.9	1.8	1.8	2.0
Aged 65 or above	3.7	4.1	5.3	4.3	3.6	4.1	3.9	4.1
Overall	2.2	2.6	2.6	2.4	1.9	1.9	1.9	2.1
Medicine								
Aged 0 - 64	3.7	5.0	6.5	4.2	4.5	5.1	5.1	4.8
Aged 65 or above	5.1	5.7	8.2	5.8	6.8	7.2	7.3	6.6
Overall	4.7	5.5	7.8	5.3	6.0	6.6	6.4	6.0
Obstetrics								
Aged 0 - 64	2.9	2.9	3.3	2.8	2.8	2.8	3.0	2.9
Orthopaedics & Traumatology								
Aged 0 - 64	3.8	6.4	7.4	4.6	4.3	6.4	5.9	5.4
Aged 65 or above	7.3	9.1	13.1	8.2	9.4	11.5	14.8	10.3
Overall	5.4	7.7	10.4	6.2	6.7	8.6	9.0	7.6
Paediatrics								
Aged 0 - 64	4.7	4.4	4.1	2.5	3.0	3.7	3.3	3.4
Surgery								
Aged 0 - 64	3.0	5.4	4.1	3.3	3.1	5.2	3.3	3.9
Aged 65 or above	4.1	6.1	5.6	4.5	4.7	5.9	5.0	5.1
Overall	3.6	5.7	4.9	3.9	3.9	5.5	4.0	4.4

2013-14

IP ALOS (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute and convalescent) Specialties								
Aged 0 - 64	3.7	5.3	5.4	3.9	3.8	5.1	4.1	4.4
Aged 65 or above	6.4	6.4	9.4	6.7	7.1	7.7	7.5	7.3
Overall	5.1	5.8	7.4	5.3	5.3	6.3	5.4	5.8
Gynaecology								
Aged 0 - 64	2.1	2.3	2.2	2.3	1.9	2.0	1.8	2.0
Aged 65 or above	4.0	3.7	4.5	4.4	3.5	3.8	4.4	3.9
Overall	2.3	2.4	2.3	2.4	2.0	2.0	1.9	2.1
Medicine								
Aged 0 - 64	3.8	5.3	7.1	4.2	4.6	5.3	5.3	5.0
Aged 65 or above	5.6	5.6	9.1	6.1	6.8	7.8	7.6	6.9
Overall	5.0	5.5	8.5	5.5	6.1	7.0	6.7	6.3
Obstetrics								
Aged 0 - 64	3.6	3.0	3.4	2.9	2.8	2.9	2.9	3.0
Orthopaedics & Traumatology								
Aged 0 - 64	3.8	6.2	7.8	4.8	4.1	6.6	5.8	5.4
Aged 65 or above	7.0	8.8	13.9	8.2	9.3	12.1	14.0	10.3
Overall	5.3	7.5	11.1	6.4	6.5	9.0	8.8	7.6
Paediatrics								
Aged 0 - 64	3.4	5.3	4.3	2.7	2.9	3.4	3.4	3.4
Surgery								
Aged 0 - 64	3.0	5.1	4.0	3.2	3.0	5.2	3.5	3.8
Aged 65 or above	4.3	6.0	5.7	4.8	4.8	5.8	5.4	5.2
Overall	3.7	5.5	4.9	4.0	3.9	5.5	4.3	4.5

2014-15 (1 April to 31 December 2014) [Provisional figures]

IP ALOS (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute and convalescent) Specialties								
Aged 0 - 64	3.8	5.3	5.4	3.8	3.7	4.9	4.2	4.4
Aged 65 or above	6.6	6.4	9.6	6.8	7.0	7.6	7.6	7.3
Overall	5.3	5.8	7.4	5.2	5.2	6.1	5.5	5.7
Gynaecology								
Aged 0 - 64	2.1	2.4	2.2	2.2	1.9	2.1	1.8	2.0
Aged 65 or above	3.8	3.6	4.6	4.4	3.4	3.9	4.4	3.9
Overall	2.2	2.5	2.4	2.3	1.9	2.1	1.9	2.1
Medicine								
Aged 0 - 64	4.0	5.8	6.8	4.4	4.4	5.6	5.3	5.0
Aged 65 or above	5.7	5.6	9.0	6.3	6.9	7.8	7.6	7.0
Overall	5.2	5.7	8.4	5.7	6.0	7.1	6.7	6.3
Obstetrics								
Aged 0 - 64	3.8	2.9	3.3	2.9	2.9	2.9	2.8	3.0
Orthopaedics & Traumatology								
Aged 0 - 64	3.6	6.4	7.2	4.5	4.1	6.6	6.3	5.4
Aged 65 or above	6.9	8.7	15.7	8.0	9.1	11.8	14.4	10.3
Overall	5.1	7.5	11.6	6.0	6.4	8.8	9.1	7.6
Paediatrics								
Aged 0 - 64	3.5	5.4	4.9	2.3	2.8	3.9	3.6	3.5
Surgery								
Aged 0 - 64	3.1	4.8	4.2	3.2	3.1	5.2	3.5	3.8
Aged 65 or above	4.6	5.9	5.7	4.7	4.4	5.6	5.4	5.0
Overall	3.9	5.3	4.9	4.0	3.7	5.4	4.2	4.4

HA organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Hence information by cluster provides a better picture than that by hospital on service utilisation. Activity indicators such as inpatient bed occupancy rate and ALOS should be interpreted at cluster level.

The requested data on inpatient bed occupancy rate by age group are not available as usage of beds are not categorised by age group.

It should be noted that ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatment. It 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 hospital bed complement and specialisation of the specialties in the cluster. Therefore, the figures cannot be directly compared among different clusters or specialties.

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency Department or stayed for more than one day. The calculation of the number of hospital beds, patient days, and discharges and deaths include that of both inpatients and day inpatients. The calculation of inpatient average length of stay and bed occupancy rate, on the other hand, does not include that of

day inpatients.

(c)

In the planning of public hospital bed capacity, HA has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in different districts, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals, etc.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

In fact, HA is currently planning or working on a number of hospital projects, including –

(i) Projects currently underway include redevelopment of Caritas Medical Centre (Phase 2) and Yan Chai Hospital; construction of Tin Shui Wai Hospital and the Hong Kong Children's Hospital; and reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital.

(ii) Projects under planning include expansion of United Christian Hospital and Hong Kong Red Cross Blood Transfusion Services Headquarters; redevelopment of Kwong Wah Hospital, Queen Mary Hospital and Kwai Chung Hospital; extension of Operating Theatre Block of Tuen Mun Hospital; refurbishment of Hong Kong Buddhist Hospital and Phase 1 development of an acute general hospital in Kai Tak Development Area.

The works expenditure of these hospital projects is estimated at $81 billion. HA will provide a total of 2 800 additional beds upon their completion.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3977)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the numbers of new specialist outpatient cases in various specialties (including Ear, Nose & Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics & Adolescent Medicine, Surgery, Geriatrics and Psychiatry) under the Hospital Authority clusters in the past 3 years, as well as the respective average, lower quartile and 99th percentile waiting time.

Asked by: Hon KWOK Ka-ki (Member Question No. 63)

Reply:

The table below sets out the number of specialist outpatient new cases, and their respective lower quartile (25^{th} percentile), median (50^{th} percentile), and the longest (90^{th} percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

Cluster	Specialty	2012-13				2013-14				2014-15 (Up to 31 December 2014) [Provisional figures]			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile
HKEC	ENT	8 152	1	8	30	8 211	1	8	38	6 264	1	6	37
	MED	11 348	2	5	45	11 799	2	5	39	9 431	2	7	50
	GYN	5 438	3	12	24	5 793	3	8	21	4 607	3	7	32
	OBS	3 720	1	2	4	3 541	<1	1	3	2 690	<1	1	3
	OPH	11 851	<1	3	29	12 089	<1	4	23	9 699	<1	3	17
	ORT	9 242	3	9	50	9 559	3	11	51	7 549	4	12	50
	PAE	1 463	2	5	9	1 356	3	6	13	1 040	3	5	13
	PSY	3 368	1	5	26	3 447	1	3	26	2 691	1	5	19
	SUR	12 937	4	8	47	13 248	5	8	44	10 700	6	10	51
HKWC	ENT	6 498	2	6	34	6 662	3	7	73	5 133	3	7	67
	MED	12 005	3	13	40	12 178	3	12	50	9 326	3	12	57
	GYN	7 322	1	7	22	8 460	2	9	35	6 086	2	9	26
	OBS	4 255	1	2	3	4 162	1	2	4	3 375	1	3	5
	OPH	10 446	1	5	18	10 199	1	5	20	7 458	1	3	23
	ORT	10 465	2	12	45	11 020	2	10	39	8 463	3	12	38
	PAE	2 359	3	8	20	2 426	2	8	19	1 911	1	7	14
	PSY	3 988	2	5	49	4 118	2	7	77	3 198	2	7	89
	SUR	13 716	1	8	63	14 354	1	8	54	11 088	2	9	56
KCC	ENT	14 605	1	8	14	15 720	2	20	26	10 690	4	26	35
	MED	11 578	3	16	62	12 044	2	21	81	9 418	4	27	88
	GYN	5 262	3	6	26	5 509	4	5	26	4 195	4	10	25
	OBS	6 069	3	7	19	6 742	3	8	19	5 229	5	11	20
	OPH	24 031	<1	2	64	24 202	<1	2	57	19 061	<1	4	57
	ORT	8 282	7	25	65	8 153	11	37	91	6 065	12	46	103
	PAE	2 111	1	6	18	2 196	1	6	20	1 865	1	6	17
	PSY	2 703	1	4	25	2 775	2	7	35	2 210	3	9	33
	SUR	16 931	4	16	60	17 354	4	21	61	14 031	5	26	43
KEC	ENT	10 025	3	12	119	8 981	2	7	69	7 667	1	16	49
	MED	18 536	5	13	58	18 724	5	12	60	14 195	5	12	74
	GYN	8 153	2	15	79	8 724	2	12	80	6 426	4	15	79
	OBS	2 724	<1	1	5	2 874	<1	1	3	2 609	<1	1	4
	OPH	17 825	1	11	71	17 694	1	11	69	14 128	1	11	71
	ORT	15 811	2	9	133	16 059	1	12	148	13 019	2	8	157
	PAE	4 192	1	12	35	4 149	2	13	32	3 212	1	14	17
	PSY	7 157	3	9	67	7 253	4	11	88	5 445	4	9	99
	SUR	25 216	7	20	133	24 423	4	8	147	19 781	7	12	124

Cluster	Specialty	2012-13				2013-14				2014-15 (Up to 31 December 2014) [Provisional figures]			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile
KWC	ENT	16 588	3	8	31	17 367	3	10	42	13 370	2	11	50
	MED	29 518	6	23	66	30 048	6	22	69	23 531	6	20	67
	GYN	12 991	5	11	50	14 080	5	15	45	10 852	6	16	50
	OBS	16 331	4	6	12	16 240	3	6	12	11 490	3	6	13
	OPH	18 771	<1	4	37	18 798	<1	4	47	15 420	<1	4	54
	ORT	19 796	2	10	96	22 424	3	12	94	18 363	3	16	92
	PAE	7 451	<1	4	14	7 716	<1	6	16	6 332	<1	5	15
	PSY	14 799	1	15	72	14 344	1	15	87	11 092	1	17	63
	SUR	36 608	5	11	109	37 571	4	10	80	29 775	6	13	72
NTEC	ENT	14 805	1	6	60	15 090	1	5	75	11 529	1	6	61
	MED	20 102	4	35	70	21 260	4	45	77	16 209	6	26	92
	GYN	11 401	2	29	112	12 511	1	17	104	9 915	1	16	86
	OBS	11 011	4	7	24	12 404	4	6	22	9 475	4	6	19
	OPH	20 370	<1	8	141	19 958	<1	7	69	15 898	<1	7	65
	ORT	21 578	1	16	105	21 796	1	12	125	17 104	1	15	135
	PAE	4 311	3	11	42	4 069	3	12	44	3 041	3	12	35
	PSY	8 685	2	6	62	8 669	2	8	90	7 030	3	9	113
	SUR	23 666	6	19	81	24 234	6	22	77	19 467	7	26	75
NTWC	ENT	12 573	2	13	30	12 608	2	14	38	9 704	2	17	66
	MED	9 452	3	20	40	10 061	4	18	54	7 700	5	10	75
	GYN	6 728	5	13	41	7 336	5	11	42	5 643	7	13	55
	OBS	3 272	<1	1	2	3 280	<1	1	1	2 535	1	1	2
	OPH	20 176	<1	4	53	19 621	<1	4	63	15 761	<1	3	63
	ORT	12 852	6	58	75	13 049	4	43	80	10 332	6	75	83
	PAE	2 373	8	14	17	2 187	8	12	14	1 695	4	9	10
	PSY	6 530	1	6	26	6 924	2	8	46	5 288	4	12	65
	SUR	21 074	9	30	45	22 538	10	39	59	17 080	10	42	65

Note:

1. Statistics for Geriatrics are grouped under Medicine specialty.
2. The Hospital Authority uses 90th percentile to denote the longest waiting time for specialist outpatient service.

Abbreviations

Specialty:

ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OBS – Obstetrics
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

Cluster:

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)282

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3978)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) Regarding cancer drugs, will the Administration inform this Committee of the number of patients receiving various types of cancer treatment from the Hospital Authority (HA) over the past 3 years? How many of them received drug subsidies and what was the subsidy amount? How many of them were required to purchase drugs at their own expenses? What were the maximum and average amounts of expenses of each type of self-financed drugs borne by the patients? Please provide a breakdown by cancer type and drug.

(b) Please set out in the table below the details of subsidy for drugs for treating cancers by the HA and the Samaritan Fund over the past 3 years:

Cancer Type	Number of Patients	Purchase of drugs under the Samaritan Fund				Purchase of drugs under other funds (Please specify the name of the fund)			
		Number of Applicants	Number of Applicants Granted Subsidies	Amount of Subsidy	Names of Drugs	Number of Applicants	Number of Applicants Granted Subsidies	Amount of Subsidy	Names of Drugs

Asked by: Hon KWOK Ka-ki (Member Question No. 64)

Reply:

(a)
The Hospital Authority (HA) does not have readily available information on the breakdowns of patient number, drug expenditure for treatments provided at standard fees and charges, and amount of patients' expenditure for purchase of self-financed drugs by cancer types in HA.

The total number of cancer patients receiving treatment at standard fees and charges in HA and the total drug consumption expenditure involved for all types of cancers in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014) are set out in the table below.

Year	Number of Cancer Patients Receiving Treatment in HA	Drug Expenditure Involved
2012-13	114 418	$415.1 million
2013-14	118 760	$532.7 million
2014-15*	121 910^	$419.8 million#

* Provisional figure
^ January – December 2014
# April – December 2014

(b)
At present, the Samaritan Fund is the only Government fund administered by HA that provides financial assistance to eligible patients in meeting the expenses on self-financed drugs and privately purchased medical items.

The tables below set out the names of cancer drugs covered by the Samaritan Fund, the number of applications received and approved, and the amount of subsidies granted in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

2012-13				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic Leukaemia (ALL)	Imatinib	12	12	2.95
Brain cancer	Temozolomide	19	19	1.41
Breast cancer	Trastuzumab	428	428	69.22
Chronic Myeloid Leukaemia (CML)	Dasatinib	51	51	11.21
	Imatinib	215	215	36.39
	Nilotinib	59	59	14.90
Gastrointestinal Stromal Tumour (GIST)	Imatinib	127	127	18.90
Head & Neck Squamous Cell Carcinoma	Cetuximab	18	18	1.32

2012-13				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Lung cancer	Erlotinib	30	30	4.43
	Gefitinib	48	48	6.83
Lymphoma	Rituximab	174	174	14.10
Mesothelioma	Pemetrexed	1	1	0.09
Myeloma	Bortezomib	97	97	21.20
	Total	**1 279**	**1 279**	**202.95**

2013-14				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic Leukaemia (ALL)	Imatinib	15	15	4.07
	Dasatinib	7	7	1.25
Brain cancer	Temozolomide	49	49	3.65
Breast cancer	Trastuzumab	416	416	64.88
Chronic Lymphocytic Leukaemia	Rituximab	24	24	1.67
Chronic Myeloid Leukaemia (CML)	Dasatinib	71	71	14.32
	Imatinib	198	198	41.64
	Nilotinib	69	69	16.56
Gastrointestinal Stromal Tumour (GIST)	Imatinib	136	136	24.41
Lung cancer	Erlotinib	21	21	3.38
	Gefitinib	31	31	4.13
Lymphoma	Rituximab	202	202	17.02
Myeloma	Bortezomib	96	96	20.72
	Lenalidomide	62	62	9.63
	Total	**1 397**	**1 397**	**227.33**

2014-15 (up to 31 December 2014)				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic Leukaemia (ALL)	Imatinib	10	10	2.53
	Dasatinib	5	5	1.42

2014-15 (up to 31 December 2014)				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Brain cancer	Temozolomide	34	34	3.13
Breast cancer	Trastuzumab	375	375	61.15
Chronic Lymphocytic Leukaemia	Rituximab	13	13	1.07
Chronic Myeloid Leukaemia (CML)	Dasatinib	76	76	13.61
	Imatinib	139	139	30.13
	Nilotinib	68	68	16.55
Gastrointestinal Stromal Tumour (GIST)	Imatinib	113	113	21.28
Lung cancer	Erlotinib	18	18	2.06
	Gefitinib	14	14	1.98
Lymphoma	Rituximab	181	181	15.16
Myeloma	Bortezomib	74	74	14.10
	Lenalidomide	20	20	2.27
	Total	**1 140**	**1 140**	**186.44**

Note :

(1) Cetuximab for squamous cell carcinoma of head and neck was included in the HA Drug Formulary as Special Drug in 2013-14.

(2) Pemetrexed for mesothelioma was included in the HA Drug Formulary as Special Drug in 2013-14.

(3) Drugs supported by Community Care Fund Medical Assistance Programme are not included as the Programme is implemented by the Community Care Fund Task Force, set up under the Commission on Poverty.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)283

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3979)

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

Subhead (No. & title): (001) Salaries

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please give a breakdown of the actual expenditure on salaries, bonuses, gratuities, regularly-paid allowances, job-related allowances and non-accountable entertainment allowance payable to the Chief Executive in 2014-15, as well as the estimate for salaries, bonuses, gratuities, regularly-paid allowances, job-related allowances and non-accountable entertainment allowance payable to the Chief Executive in 2015-16.

Asked by: Hon KWOK Ka-ki (Member Question No. 65)

Reply:

The remuneration of the Chief Executive of the Hospital Authority, which comprises salaries, allowances, contributions for retirement schemes and other benefits, was $5.1 million in 2013-14. The actual expenditure for 2014-15 will only be available after the close of the current financial year and therefore the estimated expenditure for 2015-16 is also not available.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)284

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3980)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the numbers of doctors by department in each of the hospitals in the Hospital Authority clusters in the past 3 years; their numbers by rank (*including Consultant, Associate Consultant/Senior Medical Officer, Specialist and Specialist Trainee*); the ratio between doctors and patients; and the doctors' median length of service.

Asked by: Hon KWOK Ka-ki (Member Question No. 66)

Reply:

The table below sets out the number of all ranks of doctors by major specialties in each hospital cluster of the Hospital Authority (HA) in 2012-13, 2013-14 and 2014-15 (as at 31 December 2014).

Cluster	Specialty	2012-13 (as at 31 March 2013)				2013-14 (as at 31 March 2014)				2014-15 (as at 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	5	21	28	**54**	5	25	25	**54**	5	25	27	57
	Anaesthesia	3	14	16	**33**	4	14	13	**31**	4	13	14	31
	Family Medicine	1	11	44	**56**	2	10	44	**55**	2	8	44	53
	Intensive Care Unit	1	5	7	**13**	1	5	9	**15**	1	6	6	13
	Medicine	19	60	69	**148**	18	59	71	**148**	19	60	75	154
	Neurosurgery	3	2	5	**10**	2	3	6	**11**	2	2	8	12
	Obstetrics & Gynaecology	4	6	13	**23**	3	5	13	**21**	3	6	12	21
	Ophthalmology	4	7	9	**19**	4	7	11	**21**	3	7	10	19
	Orthopaedics & Traumatology	5	11	14	**30**	5	11	17	**33**	5	11	18	34
	Paediatrics	5	6	11	**22**	6	6	11	**23**	6	6	11	23
	Pathology	5	7	7	**19**	6	8	5	**19**	6	9	5	20
	Psychiatry	4	12	19	**35**	4	12	19	**35**	5	13	18	36
	Radiology	9	10	18	**37**	9	11	16	**36**	9	11	20	40
	Surgery	8	12	28	**48**	8	13	24	**45**	8	14	27	49
	Others	5	6	14	**25**	4	9	14	**27**	4	9	14	27
	Total	**80**	**191**	**302**	**572**	**81**	**197**	**297**	**575**	**82**	**200**	**308**	**590**
HKWC	Accident & Emergency	3	8	19	**30**	3	11	15	**29**	3	11	13	**27**
	Anaesthesia	14	21	24	**59**	15	22	23	**60**	15	23	24	**62**
	Cardio-thoracic Surgery	2	6	3	**11**	3	5	3	**11**	3	5	3	**11**
	Family Medicine	1	7	32	**40**	2	6	32	**40**	2	6	34	**42**
	Intensive Care Unit	2	5	4	**11**	2	5	7	**14**	2	6	6	**14**
	Medicine	19	35	79	**133**	21	36	78	**134**	23	34	76	**133**
	Neurosurgery	2	3	7	**12**	2	4	6	**12**	2	4	7	**13**
	Obstetrics & Gynaecology	7	4	15	**26**	7	5	15	**27**	7	4	16	**27**
	Ophthalmology	1	5	6	**12**	2	4	5	**11**	2	4	7	**13**
	Orthopaedics & Traumatology	5	7	18	**30**	5	8	18	**31**	5	8	17	**30**
	Paediatrics	10	14	17	**41**	11	14	21	**46**	10	14	23	**47**
	Pathology	7	9	11	**27**	7	8	7	**22**	8	7	10	**25**
	Psychiatry	3	7	14	**24**	3	9	12	**24**	3	8	13	**24**
	Radiology	9	11	18	**38**	9	11	19	**39**	9	11	17	**37**
	Surgery	10	19	48	**78**	11	20	43	**74**	12	18	48	**78**
	Others	5	6	15	**26**	6	5	16	**27**	6	5	17	**29**
	Total	**100**	**168**	**331**	**599**	**109**	**172**	**321**	**602**	**112**	**169**	**331**	**613**

Cluster	Specialty	2012-13 (as at 31 March 2013)				2013-14 (as at 31 March 2014)				2014-15 (as at 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
KCC	Accident & Emergency	3	14	23	**39**	3	16	21	**40**	3	18	20	**41**
	Anaesthesia	9	18	25	**52**	10	21	23	**54**	10	21	26	**57**
	Cardio-thoracic Surgery	3	7	5	**15**	3	7	6	**16**	3	7	6	**16**
	Family Medicine	1	8	46	**55**	1	7	46	**54**	1	8	44	**53**
	Intensive Care Unit	2	5	1	**8**	2	5	3	**10**	2	6	2	**10**
	Medicine	16	45	83	**143**	16	46	77	**139**	20	47	80	**148**
	Neurosurgery	3	7	10	**20**	4	5	10	**19**	4	6	10	**20**
	Obstetrics & Gynaecology	7	10	14	**30**	7	10	15	**31**	7	9	14	**29**
	Ophthalmology	5	11	20	**36**	6	13	15	**34**	6	15	15	**36**
	Orthopaedics & Traumatology	8	15	10	**33**	8	15	10	**33**	9	14	12	**35**
	Paediatrics	8	17	14	**39**	8	18	16	**43**	10	14	21	**45**
	Pathology	7	11	9	**28**	7	14	9	**30**	8	15	6	**29**
	Psychiatry	5	9	23	**36**	4	10	21	**34**	4	9	23	**36**
	Radiology	11	17	17	**45**	11	15	18	**44**	11	13	20	**44**
	Surgery	9	16	28	**53**	9	18	28	**55**	10	17	28	**55**
	Others	10	15	17	**42**	10	15	19	**43**	10	15	19	**44**
	Total	**106**	**224**	**344**	**674**	**108**	**234**	**337**	**679**	**117**	**233**	**346**	**696**
KEC	Accident & Emergency	4	24	27	**55**	4	24	31	**59**	4	26	33	**63**
	Anaesthesia	5	17	20	**41**	5	17	20	**42**	6	16	20	**41**
	Family Medicine	1	11	73	**85**	2	12	70	**84**	2	12	73	**87**
	Intensive Care Unit	1	5	4	**10**	1	5	4	**10**	1	5	5	**11**
	Medicine	15	46	72	**132**	15	57	71	**143**	18	54	76	**149**
	Obstetrics & Gynaecology	5	7	15	**27**	6	6	16	**28**	6	6	13	**25**
	Ophthalmology	1	6	11	**18**	2	6	10	**18**	2	5	11	**18**
	Orthopaedics & Traumatology	6	9	24	**39**	6	10	24	**40**	6	11	24	**41**
	Paediatrics	5	13	20	**38**	6	12	21	**39**	5	12	25	**42**
	Pathology	6	9	4	**19**	6	10	4	**20**	6	12	4	**22**
	Psychiatry	3	15	17	**35**	3	16	16	**35**	3	17	15	**35**
	Radiology	8	10	7	**25**	9	8	9	**26**	10	6	12	**28**
	Surgery	8	14	35	**56**	9	18	29	**56**	11	18	29	**57**
	Others	5	8	14	**27**	5	10	14	**29**	5	10	14	**29**
	Total	**72**	**193**	**342**	**607**	**78**	**211**	**338**	**627**	**84**	**210**	**354**	**648**

Cluster	Specialty	2012-13 (as at 31 March 2013)				2013-14 (as at 31 March 2014)				2014-15 (as at 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
KWC	Accident & Emergency	10	36	62	**108**	10	40	75	**126**	11	47	70	**129**
	Anaesthesia	9	38	36	**83**	10	39	37	**86**	10	40	35	**85**
	Family Medicine	3	23	124	**150**	3	24	130	**157**	3	29	129	**161**
	Intensive Care Unit	3	15	15	**33**	4	15	15	**34**	4	13	17	**34**
	Medicine	34	106	147	**286**	36	113	145	**293**	38	114	149	**301**
	Neurosurgery	4	7	12	**23**	3	8	15	**26**	3	7	13	**23**
	Obstetrics & Gynaecology	9	15	27	**51**	9	15	27	**51**	8	15	26	**49**
	Ophthalmology	3	6	13	**22**	3	10	11	**24**	3	10	12	**25**
	Orthopaedics & Traumatology	12	22	41	**75**	12	23	39	**75**	12	24	42	**79**
	Paediatrics	12	29	39	**79**	12	31	42	**84**	13	30	44	**86**
	Pathology	14	16	17	**47**	14	17	18	**49**	14	19	16	**49**
	Psychiatry	8	24	35	**68**	8	28	33	**69**	9	28	34	**71**
	Radiology	13	26	16	**55**	16	25	20	**61**	16	26	21	**63**
	Surgery	17	39	55	**111**	17	42	61	**120**	16	42	63	**121**
	Others	8	10	36	**54**	7	13	25	**45**	7	14	24	**45**
	Total	**158**	**412**	**675**	**1245**	**165**	**442**	**693**	**1300**	**167**	**458**	**694**	**1319**
NTEC	Accident & Emergency	7	28	29	**64**	8	28	31	**67**	8	29	28	**65**
	Anaesthesia	7	26	23	**56**	7	26	27	**60**	8	24	30	**62**
	Cardio-thoracic Surgery	1	2	2	**5**	1	2	2	**5**	1	1	3	**5**
	Family Medicine	2	14	74	**90**	3	13	73	**89**	3	12	72	**87**
	Intensive Care Unit	1	11	14	**26**	2	12	12	**26**	2	11	16	**29**
	Medicine	22	45	115	**182**	22	53	108	**183**	24	56	112	**192**
	Neurosurgery	4	1	3	**8**	4	1	3	**8**	3	1	3	**7**
	Obstetrics & Gynaecology	6	7	18	**31**	4	7	16	**27**	6	7	15	**29**
	Ophthalmology	2	6	19	**26**	2	6	20	**27**	2	6	19	**27**
	Orthopaedics & Traumatology	10	19	33	**62**	10	22	27	**59**	11	22	24	**57**
	Paediatrics	9	18	30	**57**	9	21	28	**58**	9	20	32	**61**
	Pathology	7	15	10	**32**	7	16	10	**33**	7	16	10	**33**
	Psychiatry	5	18	38	**61**	5	19	37	**61**	5	18	38	**60**
	Radiology	11	12	18	**41**	11	11	19	**41**	11	16	16	**43**
	Surgery	14	19	49	**82**	15	20	50	**85**	15	23	49	**87**
	Others	9	15	28	**52**	10	17	25	**52**	9	17	25	**51**
	Total	**116**	**256**	**502**	**874**	**120**	**274**	**486**	**879**	**123**	**278**	**492**	**893**

Cluster	Specialty	2012-13 (as at 31 March 2013)				2013-14 (as at 31 March 2014)				2014-15 (as at 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
NTWC	**Accident & Emergency**	4	21	33	**59**	5	22	36	**63**	5	22	39	**66**
	Anaesthesia	6	12	25	**43**	7	15	22	**43**	6	16	24	**45**
	Cardio-thoracic Surgery	1	1	0	**2**	1	1	0	**2**	1	1	0	**2**
	Family Medicine	1	11	63	**75**	1	12	61	**73**	2	13	63	**78**
	Intensive Care Unit	1	9	8	**18**	0	8	9	**17**	2	8	9	**19**
	Medicine	17	36	70	**124**	18	40	72	**130**	19	40	78	**137**
	Neurosurgery	3	4	8	**15**	3	2	8	**13**	3	2	7	**12**
	Obstetrics & Gynaecology	6	8	18	**32**	6	8	16	**30**	6	9	15	**29**
	Ophthalmology	4	6	9	**19**	4	7	11	**22**	4	7	12	**23**
	Orthopaedics & Traumatology	7	12	22	**41**	7	13	26	**46**	7	13	27	**47**
	Paediatrics	5	12	18	**34**	5	12	22	**38**	5	12	22	**39**
	Pathology	5	9	6	**20**	5	10	7	**22**	5	11	7	**23**
	Psychiatry	8	26	42	**76**	10	24	46	**80**	10	26	43	**79**
	Radiology	11	4	16	**30**	11	6	18	**34**	11	5	20	**35**
	Surgery	12	14	31	**57**	12	14	31	**57**	12	15	38	**65**
	Others	5	8	18	**31**	5	9	17	**31**	5	10	18	**33**
	Total	**96**	**193**	**388**	**676**	**99**	**202**	**402**	**702**	**102**	**209**	**422**	**733**

Tables 1 and 2 below set out the doctor-to-patient ratio by cluster and major specialties for inpatient and day inpatient in 2012-13, 2013-14 and 2014-15 (as at 31 December 2014).

Table 1: Doctor-to-patient ratio by cluster in 2012-13, 2013-14 and 2014-15 (as at 31 December 2014)

Cluster	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2012-13			
HKEC	572	5.0	3.3
HKWC	599	5.4	3.3
KCC	674	5.3	3.3
KEC	607	5.0	3.6
KWC	1 245	4.8	3.4
NTEC	874	5.2	3.4
NTWC	676	5.3	3.4
2013-14			
HKEC	575	5.1	3.2
HKWC	602	5.5	3.2
KCC	679	5.5	3.3
KEC	627	5.2	3.7
KWC	1 300	4.9	3.5
NTEC	879	5.3	3.4
NTWC	702	5.3	3.5
2014-15 (as at 31 December 2014)			
HKEC	590	5.2	3.2
HKWC	613	5.4	3.2
KCC	696	5.5	3.4
KEC	648	5.2	3.7
KWC	1 319	4.9	3.5
NTEC	893	5.3	3.3
NTWC	733	5.5	3.5

Table 2: Doctor-to-patient ratio by major specialties for inpatient and day inpatient in 2012-13, 2013-14 and 2014-15 (as at 31 December 2014)

Specialty	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2012-13			
Medicine	1 149	2.6	1.8
Surgery (including Neurosurgery and Cardiothoracic Surgery)	605	3.6	2.2
Obstetrics & Gynaecology	221	2.3	1.5
Paediatrics	309	3.4	2.5
Orthopaedics & Traumatology	311	3.7	3.1
Psychiatry	335	18.9	18.7

Specialty	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2013-14			
Medicine	1 171	2.6	1.8
Surgery (including Neurosurgery and Cardiothoracic Surgery)	616	3.6	2.2
Obstetrics & Gynaecology	215	2.4	1.5
Paediatrics	331	3.7	2.8
Orthopaedics & Traumatology	317	3.6	2.9
Psychiatry	338	18.6	18.4
2014-15 (as at 31 December 2014)			
Medicine	1 213	2.7	1.8
Surgery (including Neurosurgery and Cardiothoracic Surgery)	634	3.6	2.1
Obstetrics & Gynaecology	210	2.2	1.4
Paediatrics	342	3.8	2.8
Orthopaedics & Traumatology	322	3.6	2.9
Psychiatry	341	19.2	19.1

The table below sets out the median length of service of all ranks of doctors by major specialties in HA in 2012-13, 2013-14 and 2014-15 (as at 31 December 2014).

	2012-13 (as at 31 March 2013)				2013-14 (as at 31 March 2014)				2014-15 (as at 31 December 2014)			
Specialty	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
Accident & Emergency	20.9	17.3	6.3	12.8	21.9	17.7	6.7	12.7	22.7	18.0	6.5	12.2
Anaesthesia	19.2	12.8	5.8	9.8	20.0	11.7	4.7	8.7	20.6	12.5	5.5	9.5
Cardio-thoracic Surgery	18.4	12.8	2.8	12.8	19.3	14.7	3.7	13.2	20.1	14.0	5.0	13.5
Family Medicine	17.0	11.8	8.8	9.8	16.1	12.3	9.7	10.7	17.1	13.3	9.5	10.5
Intensive Care Unit	20.3	15.8	5.8	11.8	20.8	15.7	5.2	10.7	21.4	15.5	4.5	10.5
Medicine	20.3	17.8	6.8	10.8	21.2	18.2	6.2	10.7	21.5	18.5	5.5	10.5
Neurosurgery	19.7	15.8	4.8	8.8	20.7	15.6	3.7	8.7	21.4	13.5	3.5	9.5
Obstetrics & Gynaecology	18.5	9.8	4.8	6.8	19.5	10.7	5.7	7.7	19.9	10.5	5.5	8.3
Ophthalmology	18.0	13.8	4.8	7.8	18.7	11.7	4.7	7.7	18.0	11.5	4.5	7.5
Orthopaedics & Traumatology	20.6	17.8	5.8	11.8	20.7	18.2	5.7	10.7	21.2	18.5	6.5	10.5
Paediatrics	19.5	18.0	5.8	9.8	20.3	18.7	5.7	8.7	20.7	19.5	5.5	8.5
Pathology	18.8	16.6	5.8	13.8	19.7	14.7	5.7	13.7	20.3	14.5	6.5	13.5
Psychiatry	19.5	14.8	5.8	9.1	20.2	13.7	5.7	9.7	20.5	14.5	6.5	9.5
Radiology	18.8	10.0	4.8	8.8	19.6	9.7	5.7	7.9	20.3	10.5	5.5	8.5
Surgery	19.2	14.8	5.8	7.8	19.4	13.7	5.7	7.7	20.5	13.5	5.5	8.5
Others	19.8	17.8	6.8	10.8	20.7	16.5	6.7	9.7	21.5	16.5	7.2	10.5
Total	**19.7**	**15.8**	**5.8**	**9.8**	**20.3**	**15.7**	**5.7**	**9.7**	**20.8**	**15.5**	**6.0**	**9.5**

Notes:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding Interns and Dental Officers. Individual figures may not add up to the total due to rounding.

2. The specialty of medicine department includes hospice, rehabilitation and infirmary. Paediatrics specialty includes adolescent medicine and neonatology. Psychiatry specialty includes services for the mentally handicapped.

3. HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.

4. For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2014-15, the manpower status as at 31 December 2014 was drawn); whereas the number of inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2014-15, the throughput from 1 January 2014 to 31 December 2014 was taken). The numbers of inpatient and day inpatient discharges and deaths for 2014-15 are provisional figures.

5. It is important to note that doctors are responsible for rendering services for the whole continuum of services spanning from inpatient, outpatient, ambulatory and outreach services. Therefore, the manpower ratios for inpatient services may not give meaningful year on year comparison. Variations are also noted among specialties and clusters as the throughputs are related to the mode of care delivery, the condition of individual patients and the complexity of individual cases.

6. It should be noted that the ratio of doctors staff per 1 000 inpatient discharges and deaths vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

   (a) in planning for its services, 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 organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;

   (b) patients may receive treatment in hospitals other than those in their own residential districts; and

   (c) some specialised services are available only in certain hospitals, and hence certain

clusters, and the beds in these clusters, are providing services for patients throughout the territory.

7. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency department or stayed for more than one day.

Abbreviations

SMO/AC – Senior Medical Officer/Associate Consultant
MO/R – Medical Officer/Resident
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

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 3981)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the number of all ranks of nurses in various departments of hospitals under the hospital clusters of the Hospital Authority in the past 3 years? What were the respective nurse-to-patient ratios?

Asked by: Hon KWOK Ka-ki (Member Question No. 67)

Reply:

Tables 1 and 2 below set out the number of nurses and nurse-to-patient ratios in 2012-13, 2013-14 and 2014-15 (as at 31 December 2014) by clusters and by major specialties for inpatients and day inpatients in the Hospital Authority (HA).

Table 1: By cluster in 2012-13, 2013-14 and 2014-15 (as at 31 December 2014)

Cluster	**Number of Nurses**	**Ratio per 1 000 inpatient discharges and deaths**	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2012-13 (as at 31 March 2013)			
Hong Kong East	2 348	20.5	13.5
Hong Kong West	2 600	23.6	14.4
Kowloon Central	3 069	24.2	15.1
Kowloon East	2 313	19.2	13.8
Kowloon West	5 088	19.7	14.0
New Territories East	3 524	21.0	13.7
New Territories West	2 834	22.0	14.3

Cluster	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2013-14 (as at 31 March 2014)			
Hong Kong East	2 443	21.6	13.8
Hong Kong West	2 553	23.2	13.7
Kowloon Central	3 175	25.8	15.7
Kowloon East	2 474	20.6	14.7
Kowloon West	5 337	20.3	14.4
New Territories East	3 707	22.3	14.1
New Territories West	3 027	23.0	15.0
2014-15 (as at 31 December 2014)			
Hong Kong East	2 490	21.9	13.6
Hong Kong West	2 685	23.7	13.8
Kowloon Central	3 265	25.6	15.7
Kowloon East	2 578	20.6	14.7
Kowloon West	5 512	20.3	14.5
New Territories East	3 806	22.7	14.2
New Territories West	3 149	23.5	15.2

Table 2: By major specialties in 2012-13, 2013-14 and 2014-15 (as at 31 December 2014)

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2012-13 (as at 31 March 2013)			
Medicine	5 597	12.8	8.8
Obstetrics & Gynaecology	1 053	11.0	7.2
Orthopaedics & Traumatology	898	10.7	8.9
Paediatrics	1 229	13.4	9.9
Psychiatry	2 239	126.3	125.3
Surgery	1 835	10.9	6.6
2013-14 (as at 31 March 2014)			
Medicine	6 140	13.9	9.4
Obstetrics & Gynaecology	1 120	12.7	7.9
Orthopaedics & Traumatology	1 011	11.5	9.4
Paediatrics	1 340	15.0	11.2
Psychiatry	2 316	127.1	126.1
Surgery	1 974	11.6	6.9

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2014-15 (as at 31 December 2014)			
Medicine	6 352	14.1	9.5
Obstetrics & Gynaecology	1 163	12.4	7.8
Orthopaedics & Traumatology	1 045	11.6	9.4
Paediatrics	1 397	15.3	11.3
Psychiatry	2 341	131.9	131.0
Surgery	2 043	11.6	6.9

Note :

(1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff.

(2) The specialty of medicine includes hospice, rehabilitation and infirmary. Surgery specialty includes neurosurgery and cardiothoracic surgery. Paediatrics specialty includes adolescent medicine and neonatology. Psychiatry specialty includes services for the mentally handicapped.

(3) HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.

(4) 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 discharges and deaths.

(5) It should be noted that the number of nurses and the nurse-to-patient ratios 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 specialisation of the specialties in the cluster. They also vary due to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. Therefore the number of nurses and the nurse-to-patient ratios cannot be directly compared among clusters.

(6) For the manpower per 1 000 inpatient and day inpatient discharges and deaths ratios, manpower status is drawn as at 31 March of respective years (except for 2014-15 the manpower status is drawn as at 31 December 2014), whereas number of inpatient and day inpatient discharges and deaths refers to the throughput for the whole financial year (except

for 2014-15 the number refers to the actual number from 1 January 2014 to 31 December 2014). The numbers of inpatient and day inpatient discharges and deaths for the 2014-15 are provisional figures.

(7) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency department or stayed for more than one day.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 3982)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Government please advise this Committee of the number of allied health professionals (including physiotherapists and occupational therapists) of various ranks by department in each of the hospitals in the Hospital Authority clusters in the past 3 years and their ratios to patients?

Asked by: Hon KWOK Ka-ki (Member Question No. 68)

Reply:
The table below sets out the number of allied health professionals and their ratios to patients in 2012-13, 2013-14 and 2014-15 by cluster and by major allied health grades in the Hospital Authority (HA).

Cluster	Grade	2012-13			2013-14			2014-15 (up to 31 December 2014)		
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Hong Kong East	Medical Laboratory Technologist	106	0.9	0.6	110	1.0	0.6	115	1.0	0.6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	112	1.0	0.6	118	1.0	0.7	122	1.1	0.7
	Medical Social Worker	45	0.4	0.3	47	0.4	0.3	50	0.4	0.3
	Occupational Therapist	73	0.6	0.4	79	0.7	0.4	77	0.7	0.4
	Physiotherapist	107	0.9	0.6	110	1.0	0.6	111	1.0	0.6
	Pharmacist	62	0.5	0.4	65	0.6	0.4	69	0.6	0.4
	Dispenser	133	1.2	0.8	136	1.2	0.8	143	1.3	0.8
	Others	78	0.7	0.4	82	0.7	0.5	83	0.7	0.5

Cluster	Grade	2012-13			2013-14			2014-15 (up to 31 December 2014)		
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Hong Kong West	Medical Laboratory Technologist	219	2.0	1.2	226	2.1	1.2	234	2.1	1.2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	120	1.1	0.7	123	1.1	0.7	128	1.1	0.7
	Medical Social Worker	41	0.4	0.2	43	0.4	0.2	47	0.4	0.2
	Occupational Therapist	69	0.6	0.4	68	0.6	0.4	76	0.7	0.4
	Physiotherapist	98	0.9	0.5	93	0.8	0.5	101	0.9	0.5
	Pharmacist	59	0.5	0.3	58	0.5	0.3	63	0.6	0.3
	Dispenser	112	1.0	0.6	117	1.1	0.6	124	1.1	0.6
	Others	108	1.0	0.6	111	1.0	0.6	113	1.0	0.6
Kowloon Central	Medical Laboratory Technologist	218	1.7	1.1	225	1.8	1.1	228	1.8	1.1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	146	1.2	0.7	154	1.3	0.8	148	1.2	0.7
	Medical Social Worker	18	0.1	0.1	20	0.2	0.1	22	0.2	0.1
	Occupational Therapist	99	0.8	0.5	105	0.9	0.5	108	0.8	0.5
	Physiotherapist	152	1.2	0.7	153	1.2	0.8	150	1.2	0.7
	Pharmacist	54	0.4	0.3	57	0.5	0.3	62	0.5	0.3
	Dispenser	132	1.0	0.7	139	1.1	0.7	147	1.2	0.7
	Others	121	1.0	0.6	125	1.0	0.6	127	1.0	0.6
Kowloon East	Medical Laboratory Technologist	122	1.0	0.7	124	1.0	0.7	126	1.0	0.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	87	0.7	0.5	91	0.8	0.5	92	0.7	0.5
	Medical Social Worker	39	0.3	0.2	41	0.3	0.2	41	0.3	0.2
	Occupational Therapist	65	0.5	0.4	69	0.6	0.4	72	0.6	0.4
	Physiotherapist	105	0.9	0.6	108	0.9	0.6	109	0.9	0.6
	Pharmacist	46	0.4	0.3	52	0.4	0.3	58	0.5	0.3
	Dispenser	114	0.9	0.7	125	1.0	0.7	126	1.0	0.7
	Others	68	0.6	0.4	76	0.6	0.5	83	0.7	0.5
Kowloon West	Medical Laboratory Technologist	267	1.0	0.7	277	1.1	0.7	285	1.1	0.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	207	0.8	0.6	231	0.9	0.6	231	0.9	0.6
	Medical Social Worker	85	0.3	0.2	92	0.4	0.2	90	0.3	0.2
	Occupational Therapist	146	0.6	0.4	157	0.6	0.4	161	0.6	0.4
	Physiotherapist	158	0.6	0.4	168	0.6	0.5	178	0.7	0.5
	Pharmacist	117	0.5	0.3	130	0.5	0.4	140	0.5	0.4
	Dispenser	250	1.0	0.7	279	1.1	0.8	306	1.1	0.8
	Others	130	0.5	0.4	144	0.5	0.4	157	0.6	0.4

Cluster	Grade	2012-13			2013-14			2014-15 (up to 31 December 2014)		
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
New Territories East	Medical Laboratory Technologist	204	1.2	0.8	209	1.3	0.8	219	1.3	0.8
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	164	1.0	0.6	162	1.0	0.6	172	1.0	0.6
	Medical Social Worker	24	0.1	0.1	27	0.2	0.1	29	0.2	0.1
	Occupational Therapist	111	0.7	0.4	110	0.7	0.4	128	0.8	0.5
	Physiotherapist	140	0.8	0.5	145	0.9	0.6	145	0.9	0.5
	Pharmacist	66	0.4	0.3	65	0.4	0.2	75	0.4	0.3
	Dispenser	172	1.0	0.7	179	1.1	0.7	189	1.1	0.7
	Others	118	0.7	0.5	121	0.7	0.5	129	0.8	0.5
New Territories West	Medical Laboratory Technologist	133	1.0	0.7	136	1.0	0.7	138	1.0	0.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	110	0.9	0.6	121	0.9	0.6	129	1.0	0.6
	Medical Social Worker	29	0.2	0.1	30	0.2	0.1	30	0.2	0.1
	Occupational Therapist	109	0.8	0.6	109	0.8	0.5	113	0.8	0.5
	Physiotherapist	84	0.7	0.4	92	0.7	0.5	94	0.7	0.5
	Pharmacist	48	0.4	0.2	57	0.4	0.3	57	0.4	0.3
	Dispenser	131	1.0	0.7	142	1.1	0.7	147	1.1	0.7
	Others	108	0.8	0.5	110	0.8	0.5	122	0.9	0.6

Notes:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

2. The group of "Others" includes Audiology Technician, Clinical Psychologist, Dental Technician, Dietitian, Mould Laboratory Technician, Optometrist, Orthoptist, Physicist, Podiatrist, Prosthetist & Orthotist, Scientific Officer (Medical)-Pathology, Scientific Officer (Medical)-Audiology, Scientific Officer (Medical)-Radiology, Scientific Officer (Medical)-Radiotherapy and Speech Therapist.

3. For Medical Social Worker (MSW), only MSWs employed by HA are included.

4. HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.

5. For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2014-15, the manpower status as at 31 December 2014 was drawn); whereas the number of inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2014-15, the throughput from 1 January 2014 to 31 December 2014 was taken). The numbers of inpatient and day inpatient discharges and deaths for 2014-15 are provisional figures.

6. As the condition of each patient and the complexity of each case vary among different allied health grades, the workload of relevant allied health staff cannot be assessed and compared simply on the ratio of the number of allied health staff to the number of discharges and deaths.

7. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency Department or stayed for more than one day.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 3983)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Government please advise this Committee of the number of health care assistants (including phlebotomists) of various ranks by department in each of the hospitals in the Hospital Authority clusters in the past 3 years and their ratios to patients?

Asked by: Hon KWOK Ka-Ki (Member Question No. 69)

Reply:

The tables below set out the number of care-related supporting staff (including phlebotomists) of the Hospital Authority (HA), the ratio to inpatient discharges and deaths and the ratio to inpatient and day inpatient discharges and deaths in the past three years:

2012-13 (as at 31 March 2013)

Cluster	Number of care-related supporting staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
HKEC	1 220	10.6	7.0
HKWC	1 164	10.6	6.4
KCC	1 551	12.2	7.6
KEC	1 083	9.0	6.5
KWC	2 292	8.9	6.3
NTEC	1 935	11.5	7.5
NTWC	1 802	14.0	9.1
Total	**11 047**	**10.8**	**7.2**

2013-14 (as at 31 March 2014)

Cluster	Number of care-related supporting staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
HKEC	1 341	11.9	7.6
HKWC	1 231	11.2	6.6
KCC	1 748	14.2	8.6
KEC	1 211	10.1	7.2
KWC	2 478	9.4	6.7
NTEC	2 099	12.6	8.0
NTWC	2 028	15.4	10.0
Total	**12 136**	**11.8**	**7.7**

2014-15 (as at 31 December 2014)

Cluster	Number of care-related supporting staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
HKEC	1 482	13.0	8.1
HKWC	1 396	12.3	7.2
KCC	1 972	15.5	9.5
KEC	1 416	11.3	8.1
KWC	2 809	10.4	7.4
NTEC	2 349	14.0	8.8
NTWC	2 205	16.5	10.6
Total	**13 628**	**12.9**	**8.4**

Note:

(1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA's workforce. Individual figures may not add up to the total due to rounding.

(2) HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.

(3) For the ratios of manpower per 1 000 inpatient discharges and deaths and the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2014-15, the manpower status was drawn as at 31 December 2014); whereas the number of inpatient and day inpatient discharges and deaths refers to the throughput for the whole financial year

(except for 2014-15, the throughput refers to the actual number from 1 January 2014 to 31 December 2014). The numbers of inpatient and day inpatient discharges and deaths for 2014-15 are provisional figures.

(4) It is important to note that care-related supporting staff are responsible for rendering services for the whole continuum of services spanning from inpatient, outpatient, ambulatory and outreach services. Therefore, the manpower ratios for inpatient services may not give a meaningful year on year comparison. The ratios also vary among clusters as throughputs are related to the mode of care delivery, the condition of each patient and the complexity of each case among different specialties and clusters.

(5) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency department or stayed for more than one day.

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

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 3984)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

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 2012-13, 2013-14 and 2014-15 by post (including Consultant, Associate Consultant/Senior Doctor, Specialist and Specialist Trainee) and by clinical department upon the officers' departure, including the number of departures, attrition rate and median lengths of service upon departure.

Asked by: Hon KWOK Ka-ki (Member Question No. 70)

Reply:

The table below sets out the attrition number of all ranks of full-time doctors by major specialties in the Hospital Authority (HA) in 2012-13, 2013-14 and 2014-15 (rolling 12 months from 1 January 2014 to 31 December 2014).

Cluster	Specialty	2012-13				2013-14				2014-15 (rolling 12 months from 1 January 2014 - 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	0	0	1	1	0	0	2	2	0	0	1	1
	Anaesthesia	0	0	1	1	0	1	3	4	0	4	0	4
	Family Medicine	0	0	0	0	0	0	2	2	0	0	2	2
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	2	0	2	4	1	1	2	4	3	1	1	5
	Neurosurgery	0	0	1	1	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	1	0	0	1	0	1	0	1
	Ophthalmology	0	1	1	2	0	0	0	0	1	0	1	2
	Orthopaedics & Traumatology	0	1	0	1	0	0	0	0	0	0	0	0
	Paediatrics	0	0	3	3	1	1	0	2	0	0	0	0
	Pathology	0	1	0	1	0	1	0	1	1	0	0	1
	Psychiatry	0	1	0	1	0	1	0	1	0	1	2	3
	Radiology	0	1	0	1	1	3	0	4	0	1	0	1
	Surgery	3	1	0	4	0	5	0	5	0	3	0	3
	Others	1	0	1	2	1	0	0	1	0	0	0	0
	Total	**6**	**6**	**10**	**22**	**5**	**13**	**9**	**27**	**5**	**11**	**7**	**23**
HKWC	Accident & Emergency	0	0	0	0	0	0	0	0	0	0	0	0
	Anaesthesia	1	0	1	2	1	2	3	6	0	3	2	5
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0	0	1	0	1
	Family Medicine	0	0	1	1	0	0	0	0	0	0	2	2
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	1	1
	Medicine	2	1	5	8	1	2	2	5	2	4	3	9
	Neurosurgery	0	0	0	0	0	1	0	1	0	0	0	0
	Obstetrics & Gynaecology	1	1	1	3	1	0	0	1	1	1	0	2
	Ophthalmology	0	0	0	0	0	1	0	1	0	1	1	2
	Orthopaedics & Traumatology	0	0	1	1	0	0	0	0	0	1	0	1
	Paediatrics	0	0	2	2	0	0	1	1	0	0	0	0
	Pathology	0	1	1	2	0	2	2	4	0	1	0	1
	Psychiatry	0	0	3	3	1	0	2	3	0	0	1	1
	Radiology	1	0	0	1	0	0	1	1	0	4	0	4
	Surgery	2	2	1	5	2	3	0	5	1	1	1	3
	Others	0	1	0	1	1	1	0	2	1	0	0	1

Cluster	Specialty	2012-13				2013-14				2014-15 (rolling 12 months from 1 January 2014 - 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Total	**7**	**6**	**16**	**29**	**7**	**12**	**11**	**30**	**5**	**17**	**11**	**33**
KCC	Accident & Emergency	0	2	2	4	0	0	1	1	0	1	1	2
	Anaesthesia	0	0	0	0	1	0	0	1	1	0	1	2
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0
	Family Medicine	0	0	2	2	0	1	0	1	0	0	2	2
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	0	1	3	4	2	3	0	5	1	2	1	4
	Neurosurgery	1	0	0	1	1	1	0	2	0	1	1	2
	Obstetrics & Gynaecology	0	1	0	1	0	0	0	0	0	1	1	2
	Ophthalmology	1	1	0	2	0	2	3	5	0	3	2	5
	Orthopaedics & Traumatology	1	1	0	2	1	2	0	3	3	3	0	6
	Paediatrics	0	1	0	1	0	0	0	0	1	0	1	2
	Pathology	0	1	1	2	0	0	0	0	0	0	0	0
	Psychiatry	0	0	0	0	0	0	2	2	0	1	0	1
	Radiology	0	0	0	0	1	2	0	3	2	3	0	5
	Surgery	0	1	0	1	1	1	0	2	2	0	0	2
	Others	2	0	1	3	0	1	0	1	1	1	1	3
	Total	**5**	**9**	**9**	**23**	**7**	**13**	**6**	**26**	**11**	**16**	**11**	**38**
KEC	Accident & Emergency	0	0	2	2	0	0	2	2	0	0	2	2
	Anaesthesia	0	1	2	3	0	1	0	1	0	0	0	0
	Family Medicine	0	0	3	3	0	0	6	6	0	0	6	6
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	2	1	5	8	0	0	2	2	1	0	2	3
	Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	2	0	2	0	0	0	0	0	1	2	3
	Ophthalmology	0	2	1	3	0	0	3	3	0	1	0	1
	Orthopaedics & Traumatology	0	0	1	1	1	0	1	2	0	2	0	2
	Paediatrics	0	0	2	2	0	0	3	3	0	0	1	1
	Pathology	0	0	0	0	0	0	1	1	0	0	1	1
	Psychiatry	0	0	0	0	0	1	0	1	0	0	0	0
	Radiology	1	1	0	2	0	1	0	1	0	1	0	1
	Surgery	1	1	1	3	0	3	0	3	1	3	0	4

Cluster	Specialty	2012-13				2013-14				2014-15 (rolling 12 months from 1 January 2014 - 31 December 2014)			
		Consultant	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
	Others	0	0	0	0	0	0	0	0	0	0	0	0
	Total	**4**	**8**	**17**	**29**	**1**	**6**	**18**	**25**	**2**	**8**	**14**	**24**

Cluster	Specialty	2012-13				2013-14				2014-15 (rolling 12 months from 1 January 2014 - 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
KWC	Accident & Emergency	0	1	8	9	0	1	2	3	0	0	3	3
	Anaesthesia	0	3	3	6	1	1	0	2	0	3	2	5
	Family Medicine	0	0	12	12	0	1	3	4	0	0	6	6
	Intensive Care Unit	0	0	0	0	0	0	0	0	2	2	0	4
	Medicine	3	3	3	9	3	4	3	10	1	2	2	5
	Neurosurgery	0	0	1	1	0	0	0	0	1	1	1	3
	Obstetrics & Gynaecology	0	0	0	0	0	0	1	1	1	3	2	6
	Ophthalmology	0	1	0	1	0	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	1	1	2	1	1	1	3	0	0	1	1
	Paediatrics	1	0	3	4	0	1	0	1	0	0	2	2
	Pathology	1	0	1	2	1	0	1	2	0	0	1	1
	Psychiatry	0	4	0	4	0	0	2	2	1	2	1	4
	Radiology	1	2	0	3	2	3	0	5	1	2	0	3
	Surgery	2	5	1	8	0	0	2	2	3	1	2	6
	Others	0	0	1	1	0	0	1	1	0	0	2	2
	Total	**8**	**20**	**34**	**62**	**8**	**12**	**16**	**36**	**11**	**16**	**25**	**52**
NTEC	Accident & Emergency	0	1	1	2	0	1	1	2	0	0	0	0
	Anaesthesia	0	0	1	1	0	4	0	4	0	5	0	5
	Cardio-thoracic Surgery	0	0	0	0	0	1	0	1	0	2	0	2
	Family Medicine	0	0	2	2	0	0	6	6	0	3	3	6
	Intensive Care Unit	0	0	1	1	0	0	0	0	0	2	0	2
	Medicine	1	0	4	5	0	1	4	5	0	5	3	8
	Neurosurgery	1	0	0	1	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	2	1	2	5	1	1	1	3
	Ophthalmology	0	0	0	0	0	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	0	0	2	2	0	0	0	0	1	1	1	3
	Paediatrics	0	0	3	3	0	0	4	4	0	0	1	1
	Pathology	0	0	1	1	0	0	0	0	0	0	1	1
	Psychiatry	0	2	0	2	0	1	1	2	0	3	0	3
	Radiology	0	1	0	1	0	0	0	0	0	0	0	0
	Surgery	0	0	0	0	0	1	2	3	0	0	0	0
	Others	0	1	0	1	0	0	2	2	1	0	2	3

Cluster	Specialty	2012-13				2013-14				2014-15 (rolling 12 months from 1 January 2014 - 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Total	**2**	**5**	**15**	**22**	**2**	**10**	**22**	**34**	**3**	**22**	**12**	**37**

Cluster	Specialty	2012-13				2013-14				2014-15 (rolling 12 months from 1 January 2014 - 31 December 2014)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
NTWC	Accident & Emergency	0	2	1	3	0	0	0	0	0	0	0	0
	Anaesthesia	1	0	1	2	1	2	0	3	1	2	0	3
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0
	Family Medicine	0	1	2	3	0	1	3	4	0	0	4	4
	Intensive Care Unit	0	0	1	1	1	1	0	2	1	0	0	1
	Medicine	0	1	6	7	1	3	1	5	0	3	1	4
	Neurosurgery	0	0	0	0	0	1	0	1	1	0	0	1
	Obstetrics & Gynaecology	1	0	0	1	0	0	3	3	0	0	4	4
	Ophthalmology	1	1	0	2	0	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	1	2	1	4	1	0	0	1	0	0	1	1
	Paediatrics	0	0	3	3	0	0	0	0	0	0	0	0
	Pathology	0	0	1	1	1	2	0	3	0	2	0	2
	Psychiatry	1	1	3	5	0	2	0	2	0	1	2	3
	Radiology	0	2	1	3	0	1	0	1	0	1	0	1
	Surgery	1	1	1	3	1	2	0	3	0	2	0	2
	Others	0	0	1	1	0	1	0	1	0	0	0	0
	Total	**6**	**11**	**22**	**39**	**6**	**16**	**7**	**29**	**3**	**11**	**12**	**26**

On the basis of the above turnover of doctors, the table below sets out the attrition rate and median length of service of all ranks of full-time doctors departing HA by major specialties in HA in 2012-13, 2013-14 and 2014-15 (rolling 12 months from 1 January 2014 to 31 December 2014).

Specialty	Full-time Attrition (wastage) rate				Median length of service of full-time departing doctors (Years)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
2012-13								
Accident & Emergency	-	4.1%	6.8%	**5.3%**	-	17.6	4.58	**8.42**
Anaesthesia	3.9%	2.9%	5.3%	**4.2%**	17.96	11.97	1.56	**5.03**
Cardio-thoracic Surgery	-	-	-	**-**	-	-	-	**-**
Family Medicine	-	1.3%	4.9%	**4.3%**	-	14.43	5.32	**5.38**
Intensive Care Unit	-	-	3.9%	**1.7%**	-	-	5.37	**5.37**
Medicine	7.7%	2.0%	4.4%	**4.0%**	20.5	17.92	7.24	**10.34**
Neurosurgery	13.7%	-	4.3%	**4.7%**	19.16	-	4.04	**11.91**
Obstetrics & Gynaecology	5.1%	7.9%	0.8%	**3.3%**	19.25	10.61	2.55	**11.09**
Ophthalmology	11.0%	13.1%	2.3%	**6.6%**	20.71	13.88	4.46	**13.88**

Specialty	Full-time Attrition (wastage) rate				Median length of service of full-time departing doctors (Years)			
	Consultant	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
Orthopaedics & Traumatology	3.8%	5.4%	3.6%	**4.2%**	19.94	16.84	4.25	**14.92**
Paediatrics	2.1%	1.1%	10.5%	**6.1%**	20.75	18.94	7.6	**7.79**
Pathology	2.0%	4.1%	7.3%	**4.7%**	19.41	17.98	6.6	**17.83**
Psychiatry	2.9%	7.5%	3.1%	**4.5%**	19.83	15.88	5.83	**12.84**
Radiology	4.5%	8.4%	0.9%	**4.1%**	20.75	9.66	4.5	**10.66**
Surgery	12.5%	8.5%	1.4%	**4.9%**	20.64	17.1	5	**17.34**
Others	6.9%	2.9%	2.9%	**3.6%**	20.35	14.34	12.18	**14.58**
Total	**5.6%**	**4.2%**	**4.2%**	**4.4%**	**20.3**	**16.33**	**5.46**	**10.38**
2013-14								
Accident & Emergency	-	1.3%	3.6%	**2.4%**	-	14.87	2.26	**3.51**
Anaesthesia	7.7%	7.6%	3.6%	**5.7%**	19.87	13.66	4.65	**15.34**
Cardio-thoracic Surgery	-	6.3%	-	**2.9%**	-	12.62	-	**12.62**
Family Medicine	-	3.7%	4.4%	**4.2%**	-	15.45	3.96	**5.00**
Intensive Care Unit	8.6%	1.8%	-	**1.6%**	21.30	19.13	-	**20.21**
Medicine	6.0%	3.6%	2.2%	**3.1%**	21.97	16.45	5.24	**14.71**
Neurosurgery	6.0%	13.1%	-	**4.6%**	19.30	18.75	-	**19.02**
Obstetrics & Gynaecology	10.5%	1.9%	5.0%	**5.2%**	20.37	8.92	6.48	**16.72**
Ophthalmology	-	6.1%	7.1%	**5.9%**	-	15.52	6.21	**8.14**
Orthopaedics & Traumatology	7.6%	3.0%	1.2%	**2.9%**	21.79	12.66	2.74	**17.25**
Paediatrics	2.0%	1.9%	5.1%	**3.6%**	21.88	11.39	7.40	**7.50**
Pathology	3.9%	6.6%	6.4%	**5.8%**	19.25	19.16	6.23	**17.49**
Psychiatry	2.9%	4.5%	3.8%	**3.9%**	19.25	12.51	5.26	**11.89**
Radiology	5.9%	11.8%	0.8%	**5.5%**	21.01	12.28	2.76	**13.10**
Surgery	5.5%	11.1%	1.4%	**4.7%**	16.78	13.52	2.81	**13.25**
Others	4.3%	3.8%	2.1%	**3.0%**	18.93	22.42	9.68	**17.08**
Total	**5.1%**	**5.0%**	**3.1%**	**3.9%**	**21.28**	**15.43**	**5.26**	**12.59**
2014-15 (Rolling 12 months from 1 January 2014 - 31 December 2014)								
Accident & Emergency	-	0.6%	3.1%	**1.9%**	-	16.84	2.00	**2.00**
Anaesthesia	3.7%	11.5%	3.0%	**6.5%**	20.62	13.63	4.91	**12.83**
Cardio-thoracic Surgery	-	20.8%	-	**8.9%**	-	17.36	-	**17.36**
Family Medicine	-	3.7%	5.6%	**5.2%**	-	16.75	7.01	**10.25**
Intensive Care Unit	23.2%	7.5%	1.7%	**6.4%**	20.43	15.96	7.00	**18.86**
Medicine	5.7%	4.3%	2.1%	**3.2%**	22.31	16.69	8.11	**15.66**
Neurosurgery	12.6%	9.1%	4.1%	**7.0%**	22.48	14.99	5.07	**14.99**
Obstetrics & Gynaecology	8.0%	15.4%	8.6%	**10.2%**	22.03	10.93	6.85	**9.00**
Ophthalmology	10.1%	9.8%	4.7%	**7.1%**	21.15	14.60	8.04	**14.25**
Orthopaedics & Traumatology	7.6%	6.9%	1.8%	**4.4%**	22.46	17.42	1.82	**17.79**
Paediatrics	2.0%	-	3.0%	**1.9%**	22.00	-	6.04	**6.36**
Pathology	1.9%	3.7%	5.0%	**3.6%**	22.50	15.51	4.58	**10.83**
Psychiatry	2.7%	7.2%	3.2%	**4.5%**	22.33	14.33	9.43	**13.75**
Radiology	4.4%	13.6%	-	**5.4%**	22.73	10.75	-	**11.21**

Specialty	Full-time Attrition (wastage) rate				Median length of service of full-time departing doctors (Years)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Surgery	9.4%	7.0%	1.1%	**4.0%**	21.66	12.74	7.29	**14.32**
Others	6.5%	1.3%	5.0%	**4.2%**	20.59	13.06	3.33	**10.66**
Total	**5.6%**	**6.0%**	**3.2%**	**4.4%**	**22.13**	**14.00**	**6.06**	**12.09**

Notes:

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis.

2. Rolling Attrition (Wastage) Rate = Total number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

3. Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

4. The services of the psychiatry departments include services for the mentally handicapped.

Abbreviations

SMO/AC – Senior Medical Officer/Associate Consultant
MO/R – Medical Officer/Resident
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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3985)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

For the estimates in the past 3 years and 2015-16, are there provisions for the training of all ranks of doctors, nurses, allied health staff and health care assistants? If so, what is the total time involved in each training programme? What resources and manpower are involved?

Asked by: Hon KWOK Ka-Ki (Member Question No. 71)

Reply:

In the past years, the Hospital Authority (HA) has implemented various measures to enhance training for doctors, nurses, allied health staff and supporting staff. Major measures include enhancing simulation training to build up the competencies of healthcare professionals, sponsoring healthcare professionals for overseas training, expanding student intakes for Registered Nurse and Enrolled Nurse training and providing corporate training programmes for supporting staff. HA will continue to implement these measures to retain staff in medical, nursing, allied health and supporting grades and enhance quality of services.

The table below sets out the number of recorded training days of doctors, nurses, allied health staff and supporting staff in HA in 2012-13, 2013-14 and 2014-15 (as at 31 December 2014). Since the target group and design of each training programme are different, for example, some training programmes are full time diploma courses while others are short lecture sessions and on-the-job training, and as some training programmes are conducted during off duty hours, breakdown of the total time involved in each training programme is not available.

	Recorded Training Days		
Staff Group	**2012-13***	**2013-14#**	**2014-15 (as at 31 December 2014)#**
Doctors	35 072	34 424	32 311
Nurses	83 252	137 869	97 109
Allied Health staff	37 023	38 862	16 528
Supporting staff	19 667	33 249	31 470
Total	**175 014**	**244 404**	**177 418**

Note:
The recorded training days are generated from HA's eLearning Centre and Human Resources Payroll System databases.
*Training days for practicum and on-the-job training are not included.
#Training days for on-the-job training are not included.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3986)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Is there any provision for the Hospital Authority to improve the working hours of doctors in the 2015-16 estimates? If yes, what are the resources and manpower (with ranks) earmarked for the improvement of working hours? What are the additional resources and manpower involved? Please provide an itemised breakdown. If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 72)

Reply:

Since 2009, the Hospital Authority (HA) has piloted programmes to improve doctors' working hours. These include allocating funding to set up Emergency Medicine Wards, enhancing operating theatre (OT) services in order to decrease the proportion of emergency OT services at night time, employing non-medical staff to provide care-related supporting services, employing additional doctors to relieve workload in some specialties, employing additional nurses and allied health (AH) professionals with extended roles to improve patient care, and enhancing the communication of the clinical teams. The programmes have been rolled out by phases across all HA hospitals. The proportion of doctors working for more than 65 hours per week on average has dropped from around 18% in 2006 to around 4.6% in 2013-14.

HA is committed to improving doctors' working hours and working condition without compromising the quality of care and patient safety. Despite manpower shortage of doctors, the number of doctors has increased since 2011-12 and is estimated to increase in 2014-15 and 2015-16, as set out in the table below.

	2011-12 (as at 31 Mar 2012)	2012-13 (as at 31 Mar 2013)	2013-14 (as at 31 Mar 2014)	2014-15 (revised estimate)	2015-16 (estimate)
Number of doctors	5 165	5 260	5 376	5 482	5 630

HA will continue to monitor the condition and identify ways to manage workload, and at the same time ensuring the delivery of quality services to the public. Meanwhile, HA is facing pressure from the increasing healthcare service demands against manpower shortage. The condition is expected to improve with the increased supply of local medical graduates from 250 to 320 in 2015 and 420 in 2018. HA will continue to monitor the manpower situation of doctors, particularly in the pressurised specialties due to manpower shortage, and will make appropriate arrangements in manpower planning and deployment to meet the service needs and improve staff working conditions, including the doctors' working hours.

In 2014-15, HA earmarked around $321 million for recruitment and retention of healthcare staff. The same level of funding has been earmarked in 2015-16 for the same purpose to continue to implement a series of measures to retain staff in medical, nursing and AH grade.

In view of the manpower shortage, HA plans to recruit about 400 doctors in 2015-16 to further increase its manpower strength. HA will continue to implement existing measures to retain doctors, including to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits and enhancing training opportunities for doctors.

Note

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

2. The average weekly working hours of doctors are quoted according to the surveys conducted in 2006 and 2013-14. From 2010-11 onwards, only specialties with doctors reported to have worked more than 65 hours per week in 2009-10 are required to report the doctor working hour data on a yearly basis from July to December. On the other hand, full-scale monitoring for all specialties has been conducted from July to December every alternate year starting from 2011. Thus, the average weekly working hours of doctors in 2012-13 are not available for all specialties. The average weekly working hours of doctors for the year 2014-15 are being collected and are not available at present.

3. According to HA's prevailing human resource policy, conditioned hours of HA employees are expressed in terms of weekly basis. The average weekly working hours are calculated on actual calendar day on weekly basis based on rostered hours and self-reported hours of duties when the doctors are on off-site calls. Figures on average monthly working hours of doctors are not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3987)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Regarding the specialist outpatient services, the median waiting time for first appointment at specialist clinics for first priority and secondary priority patients is less than 1 week and 5 weeks respectively as at 31 March 2014. However, the median waiting time increases to 2 weeks and 8 weeks respectively in the revised estimate as at 31 March 2015. In the target and plan in 2016, the median waiting time is 2 weeks and 8 weeks respectively.

What is the reason for the increase in the median waiting time for first appointment at specialist clinics? Is there any improvement plan? If yes, what are the manpower and resources involved? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 73)

Reply:
It has been the target of Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for Priority 1 cases (i.e. urgent cases) and Priority 2 cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. The corresponding figures indicated in the Estimates for 2014-15 and 2015-16 reflect this target. The corresponding figures for 2013-14, on the other hand, reflect HA's actual performance (with median waiting time less than one week for Priority 1 patients and five weeks for Priority 2 patients), indicating that HA's actual performance was better than the target.

We understand the public's concern on the waiting time for SOPC consultation. HA has implemented a series of measures as set out below to tackle the problem accordingly.

(i) Triage and prioritization

As indicated above, HA has implemented the triage system for all new SOPC referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a

nurse and then by a specialist doctor of the relevant specialty for classification into Priority 1 (urgent), Priority 2 (semi-urgent) and Routine categories. HA has all along been able to keep the median waiting time of Priority 1 and Priority 2 cases within the target. HA will continue to implement the triage system which is effective in ensuring that the cases most in need will be treated timely.

(ii) Enhancing public primary care service

HA is committed to enhancing public primary care services. Patients with stable and less complex conditions can be managed at the Family Medicine and general outpatient clinics (GOPCs), thereby reducing the service demand at SOPC level. HA will continue to promote primary care so that Family Medicine Specialist Clinics (FMSCs) and GOPCs will play a gatekeeping role and help alleviate pressure on SOPC waiting time.

(iii) Enhancing manpower

HA will continue to engage part-time doctors as well as "limited registration" doctors to improve the manpower strength. We expect that the medical manpower shortage problem will improve when the number of medical graduates starts to go up to 320 in 2015 and to 420 in 2018.

(iv) Public-Private Partnership

The pilot public-private partnership (PPP) projects (e.g. the Cataract Surgeries Programme) have proven to be effective in alleviating the pressure of the public healthcare sector and providing more choices to patients. HA will explore the possibility of launching PPP projects to SOPC services with higher demand but of a non-acute nature, especially during the period of manpower shortage in the public sector.

(v) Annual plan programmes implemented to manage SOPC waiting time

In 2015-16, HA will address the issue of SOPC waiting time through service development programmes that have incorporated SOPC elements. For instance, the North Lantau Hospital in Kowloon West Cluster will expand SOPC services, and Kowloon East Cluster will expand the Orthopaedics & Traumatology service to enhance the accessibility of SOPC services there. It is expected that the total number of attendances at SOPC in 2015-16 for HA will increase by around 20,000 when compared to that in the previous year.

(vi) Reducing the disparity in waiting time at SOPCs in different clusters

HA is aware of the disparity in waiting time at SOPCs in different clusters and has implemented measures to improve the situation.

Firstly, in order to enhance transparency, HA has, since April 2013, uploaded the SOPC waiting time on HA's website by phases. Effective from 30 January 2015, the SOPC waiting time information for all eight major specialties (namely Ear, Nose and Throat (ENT), Gynaecology, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics, Psychiatry and Surgery) is available on HA's website. This information

facilitates patients' understanding of the waiting time situation in HA and assists them to make informed decisions when considering whether they should pursue cross-cluster treatment.

To let more patients benefit from cross-cluster referral arrangement according to patients' preferences, HA has reminded frontline staff to accept new case bookings from patients residing in other clusters. In February 2015, HA has produced a poster on procedures and practice on the booking of first appointment at SOPC for the information of both the public and staff.

While patients may book medical appointments at SOPCs of their choices, HA will take due account of individual patients' clinical condition and nature of service required in arranging cross-cluster appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, HA staff may recommend and arrange the patients to seek medical care at SOPCs close to their residence to provide greater convenience to the patients as well as to encourage compliance with treatment plan.

Apart from allowing patients to voluntarily book appointments at SOPCs in other clusters, HA has, since 2012, enhanced cross-cluster collaboration by establishing a centrally coordinated mechanism to facilitate pairing-up patients in clusters of longer waiting time with clusters of shorter waiting time. Patients with appropriate clinical conditions waiting in a suitable specialty of a cluster will be invited to attend to the SOPC in another cluster with shorter waiting time. So far, the centrally-coordinated cross-cluster collaboration is being implemented in the specialties of ENT, Gynaecology and Ophthalmology.

It should be noted that not all specialties are suitable for cross-cluster arrangement. While specialties with majority of patients having no impaired mobility and short expected treatment period are good candidates for the referral, specialties having more patients who are mobility impaired or require long term follow-up or community support are not. On the other hand, patients with less severe and non-urgent conditions may also choose to wait for their first consultation in the cluster close to their residence and thus have little incentive to receive service in another cluster.

(vii) Optimising appointment scheduling practices of SOPCs

HA is conducting a comprehensive review of appointment scheduling practices of SOPCs, with particular attention to good practices for achieving optimal utilisation of service capacity including timely filling up cancelled and defaulted appointments. Other good practices for clearing backlog of Routine cases, including engagement of Family Medicine Specialists to attend to Routine cases and transferring Routine Residential Care Homes for the Elderly cases to the Community Geriatric Assessment Team, will also be shared among clusters.

In addition, HA is extending an initiative on SOPC Phone Enquiry System, first piloted in the Queen Elizabeth Hospital in Kowloon Central cluster in 2011, to the other six clusters in 2015-16. Apart from answering SOPC enquires and other related functions, the system could facilitate patients in giving advance notice to SOPCs of their intention to cancel or

reschedule their appointments. SOPCs could then fully utilise the released quotas to arrange appointments for other patients and reduce the number of default cases.

HA is also working on a SOPC Operation Manual to align different practices, including appointment scheduling, of SOPCs within HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3988)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

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; geriatric; and psychiatry), will the Government advise on the numbers of new cases triaged respectively as first priority, second priority and routine categories in the past 3 years, i.e. 2012-13, 2013-14 and 2014-15, and their respective percentages.

Among the above cases of different priorities, what are the lower quartile and median of the waiting time, and the longest waiting time for consultation appointments at HA hospitals?

Asked by: Hon KWOK Ka-ki (Member Question No. 74)

Reply:

The tables below set out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; their respective percentages in the total number of SOP new cases; and their respective lower quartile (25^{th} percentile), median (50^{th} percentile), and longest (90^{th} percentile) waiting time in each hospital cluster for 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

2012-13

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		
HKEC	ENT	1 385	17%	<1	<1	<1	2 543	31%	1	3	8	4 223	52%	21	24	34
	MED	2 343	21%	<1	1	2	3 473	31%	2	4	7	5 522	49%	6	14	50
	GYN	738	14%	<1	<1	1	876	16%	2	3	6	3 824	70%	11	16	25
	OPH	5 585	47%	<1	<1	1	1 850	16%	5	7	8	4 414	37%	12	24	34
	ORT	1 880	20%	<1	1	1	2 208	24%	3	6	7	5 150	56%	13	32	51
	PAE	236	16%	<1	1	2	984	67%	3	5	7	243	17%	8	10	22
	PSY	581	17%	<1	1	2	656	19%	2	3	7	2 131	63%	4	8	28
	SUR	2 067	16%	<1	1	2	3 897	30%	5	7	8	6 971	54%	10	22	63
HKWC	ENT	737	11%	<1	<1	1	2 212	34%	3	4	8	3 545	55%	4	16	35
	MED	1 509	13%	<1	<1	1	1 696	14%	3	3	7	8 788	73%	10	25	47
	GYN	1 174	16%	<1	<1	2	989	14%	3	5	7	4 411	60%	9	15	27
	OPH	3 782	36%	<1	<1	1	1 642	16%	3	4	7	5 020	48%	13	16	28
	ORT	821	8%	<1	<1	1	1 359	13%	2	3	6	8 268	79%	7	15	50
	PAE	341	14%	<1	<1	1	797	34%	2	5	8	1 216	52%	13	18	21
	PSY	280	7%	<1	1	2	448	11%	2	3	5	3 253	82%	3	8	60
	SUR	2 171	16%	<1	<1	2	2 399	17%	3	5	8	9 122	67%	5	20	81
KCC	ENT	1 271	9%	<1	<1	<1	1 223	8%	<1	<1	2	12 110	83%	3	9	16
	MED	1 736	15%	<1	1	1	1 426	12%	4	5	7	8 328	72%	14	25	67
	GYN	385	7%	<1	<1	1	1 860	35%	3	4	6	2 996	57%	7	11	37
	OPH	8 239	34%	<1	<1	1	4 672	19%	1	2	6	10 405	43%	26	51	69
	ORT	731	9%	<1	<1	1	751	9%	2	3	7	6 799	82%	20	43	67
	PAE	425	20%	<1	<1	1	354	17%	3	5	7	1 331	63%	5	9	21
	PSY	493	18%	<1	<1	1	964	36%	2	4	7	1 244	46%	3	11	94
	SUR	2 224	13%	<1	1	1	2 791	16%	2	4	7	11 916	70%	16	19	73
KEC	ENT	1 727	17%	<1	<1	1	2 456	24%	3	5	7	5 839	58%	23	40	151
	MED	1 833	10%	<1	1	1	4 084	22%	4	7	8	12 601	68%	12	40	68
	GYN	1 804	22%	<1	1	2	1 091	13%	3	6	7	5 253	64%	16	44	88
	OPH	5 157	29%	<1	<1	1	2 160	12%	1	4	7	10 498	59%	11	22	72
	ORT	3 740	24%	<1	<1	1	3 172	20%	5	6	8	8 895	56%	32	107	140
	PAE	1 033	25%	<1	<1	1	691	16%	3	6	7	2 467	59%	15	19	36
	PSY	553	8%	<1	1	2	1 898	27%	2	5	7	4 512	63%	9	28	78
	SUR	1 565	6%	<1	1	1	6 640	26%	6	7	8	17 001	67%	18	91	137

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		
KWC	ENT	3 697	22%	<1	<1	1	4 362	26%	4	6	8	8 529	51%	14	21	33
	MED	2 824	10%	<1	<1	2	6 376	22%	4	5	7	19 901	67%	22	35	70
	GYN	1 082	8%	<1	<1	2	3 095	24%	3	5	7	8 740	67%	10	14	54
	OPH	6 022	32%	<1	<1	<1	6 154	33%	2	4	6	6 591	35%	6	35	39
	ORT	4 268	22%	<1	<1	1	4 908	25%	3	5	7	10 603	54%	36	51	100
	PAE	2 556	34%	<1	<1	1	948	13%	4	5	7	3 777	51%	5	9	15
	PSY	392	3%	<1	<1	1	943	6%	<1	3	8	13 442	91%	1	17	74
	SUR	4 761	13%	<1	1	2	9 119	25%	4	5	7	22 696	62%	14	31	116
NTEC	ENT	4 129	28%	<1	<1	2	2 926	20%	3	3	7	7 740	52%	18	36	62
	MED	3 175	16%	<1	<1	1	2 468	12%	3	5	8	13 866	69%	24	52	71
	GYN	1 145	10%	<1	<1	2	864	8%	3	6	8	7 869	69%	25	49	125
	OPH	7 290	36%	<1	<1	1	3 017	15%	3	4	8	10 049	49%	17	73	155
	ORT	6 008	28%	<1	<1	1	2 704	13%	4	5	8	12 853	60%	49	90	112
	PAE	630	15%	<1	<1	2	826	19%	3	5	8	2 840	66%	11	23	50
	PSY	1 519	17%	<1	1	2	2 017	23%	2	4	7	4 869	56%	7	24	81
	SUR	2 691	11%	<1	<1	2	3 639	15%	3	5	8	17 149	72%	15	31	100
NTWC	ENT	2 783	22%	<1	<1	1	1 509	12%	3	4	7	8 281	66%	13	20	33
	MED	1 140	12%	1	1	2	1 775	19%	6	6	7	6 535	69%	14	35	42
	GYN	1 017	15%	1	2	3	633	9%	3	5	7	5 077	75%	11	16	42
	OPH	5 940	29%	<1	<1	<1	2 115	10%	1	3	7	12 120	60%	4	32	55
	ORT	1 286	10%	<1	1	1	1 247	10%	2	4	7	10 319	80%	25	63	75
	PAE	76	3%	<1	1	2	455	19%	4	5	8	1 842	78%	14	15	17
	PSY	509	8%	<1	1	1	1 792	27%	1	4	7	4 143	63%	4	13	27
	SUR	1 343	6%	<1	1	6	2 488	12%	3	5	15	17 243	82%	16	37	46

2013-14

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		
HKEC	ENT	1 191	15%	<1	<1	<1	2 781	34%	1	3	7	4 239	52%	15	35	45
	MED	2 306	20%	<1	1	2	3 348	28%	2	4	7	6 143	52%	6	15	47
	GYN	814	14%	<1	<1	1	912	16%	3	3	6	4 067	70%	8	12	22
	OPH	5 321	44%	<1	<1	1	1 757	15%	4	7	8	5 011	41%	10	14	36
	ORT	1 892	20%	<1	1	1	2 297	24%	4	6	7	5 370	56%	15	47	51
	PAE	197	15%	<1	1	2	903	67%	3	5	7	256	19%	9	13	26
	PSY	451	13%	<1	1	1	869	25%	2	3	7	2 127	62%	2	7	28
	SUR	1 971	15%	<1	1	2	3 932	30%	4	6	8	7 345	55%	10	20	47
HKWC	ENT	701	11%	<1	<1	1	2 212	33%	3	6	8	3 743	56%	6	21	89
	MED	1 588	13%	<1	<1	1	1 735	14%	3	5	9	8 839	73%	9	31	57
	GYN	1 174	14%	<1	1	2	893	11%	3	4	7	5 616	66%	9	18	62
	OPH	3 672	36%	<1	<1	1	1 435	14%	4	4	8	5 090	50%	13	17	21
	ORT	1 113	10%	<1	<1	2	1 527	14%	2	4	7	8 340	76%	6	14	42
	PAE	391	16%	<1	<1	1	806	33%	2	4	8	1 226	51%	10	16	19
	PSY	178	4%	<1	1	2	624	15%	1	3	6	3 311	80%	3	14	86
	SUR	2 155	15%	<1	1	2	2 426	17%	3	5	8	9 753	68%	6	21	66
KCC	ENT	1 395	9%	<1	<1	<1	859	5%	<1	2	5	13 466	86%	5	21	28
	MED	1 585	13%	<1	<1	1	1 751	15%	3	4	7	8 584	71%	12	38	85
	GYN	476	9%	<1	<1	1	1 771	32%	3	4	6	3 259	59%	5	10	28
	OPH	7 229	30%	<1	<1	<1	5 314	22%	1	2	5	11 438	47%	43	53	60
	ORT	327	4%	<1	<1	1	1 029	13%	<1	2	6	6 797	83%	29	54	93
	PAE	565	26%	<1	<1	1	428	19%	4	5	7	1 203	55%	6	16	20
	PSY	241	9%	<1	<1	1	964	35%	2	4	8	1 570	57%	8	16	36
	SUR	2 294	13%	<1	1	1	2 960	17%	3	4	7	12 100	70%	20	24	65
KEC	ENT	1 758	20%	<1	<1	1	2 666	30%	3	4	7	4 547	51%	32	52	78
	MED	1 735	9%	<1	1	1	4 433	24%	4	7	7	12 518	67%	12	43	75
	GYN	1 622	19%	<1	1	1	1 067	12%	3	6	7	6 033	69%	11	33	89
	OPH	5 551	31%	<1	<1	1	944	5%	3	6	7	11 141	63%	11	23	71
	ORT	3 881	24%	<1	<1	1	3 033	19%	5	7	8	9 144	57%	37	100	149
	PAE	898	22%	<1	<1	1	749	18%	4	7	7	2 502	60%	15	20	35
	PSY	349	5%	<1	1	2	2 110	29%	3	4	7	4 517	62%	12	48	97
	SUR	1 594	7%	<1	1	1	5 726	23%	4	6	7	17 092	70%	6	24	151

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		
KWC	ENT	3 345	19%	<1	<1	1	4 492	26%	4	6	8	9 530	55%	14	24	45
	MED	2 740	9%	<1	<1	2	6 275	21%	4	6	7	20 394	68%	20	43	74
	GYN	987	7%	<1	<1	1	2 617	19%	4	6	7	10 406	74%	12	21	46
	OPH	6 168	33%	<1	<1	<1	6 129	33%	4	5	7	6 499	35%	36	44	49
	ORT	4 251	19%	<1	<1	1	5 647	25%	3	5	8	12 419	55%	46	57	107
	PAE	2 918	38%	<1	<1	1	1 009	13%	4	6	7	3 652	47%	8	10	17
	PSY	396	3%	<1	1	2	840	6%	1	4	8	13 096	91%	1	17	92
	SUR	5 182	14%	<1	1	2	10 720	29%	4	6	7	21 631	58%	17	38	104
NTEC	ENT	4 278	28%	<1	<1	2	3 310	22%	3	3	7	7 493	50%	23	57	87
	MED	2 787	13%	<1	<1	1	2 594	12%	3	5	8	15 318	72%	19	64	83
	GYN	1 600	13%	<1	<1	2	872	7%	3	5	8	7 886	63%	19	48	128
	OPH	7 061	35%	<1	<1	1	2 942	15%	3	4	8	9 948	50%	14	46	70
	ORT	5 903	27%	<1	<1	1	2 237	10%	4	5	7	13 644	63%	17	111	127
	PAE	495	12%	<1	<1	2	723	18%	3	4	7	2 843	70%	10	26	48
	PSY	1 470	17%	<1	1	2	2 285	26%	2	4	8	4 878	56%	15	40	104
	SUR	2 108	9%	<1	<1	2	3 388	14%	3	5	7	18 571	77%	17	27	79
NTWC	ENT	2 654	21%	<1	<1	1	1 216	10%	2	3	7	8 738	69%	13	28	41
	MED	1 121	11%	1	1	2	2 346	23%	5	6	7	6 593	66%	23	38	59
	GYN	1 130	15%	1	1	3	951	13%	4	6	9	5 255	72%	11	15	43
	OPH	7 057	36%	<1	<1	1	3 282	17%	2	4	6	9 282	47%	15	51	68
	ORT	1 759	13%	<1	1	2	1 153	9%	2	4	7	10 137	78%	20	73	82
	PAE	43	2%	<1	1	2	271	12%	4	6	8	1 873	86%	10	13	14
	PSY	547	8%	<1	1	1	1 888	27%	2	5	8	4 399	64%	6	24	49
	SUR	1 386	6%	<1	1	5	3 478	15%	4	7	29	17 673	78%	22	48	59

2014-15 (up to 31 December 2014) [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
HKEC	ENT	938	15%	<1	<1	<1	2 152	34%	1	3	6	3 174	51%	12	35	42
	MED	1 986	21%	<1	1	2	2 799	30%	2	4	7	4 641	49%	11	23	51
	GYN	548	12%	<1	<1	1	701	15%	3	3	6	3 358	73%	7	11	34
	OPH	4 246	44%	<1	<1	1	1 463	15%	4	6	8	3 989	41%	10	12	32
	ORT	1 484	20%	<1	1	1	1 758	23%	4	6	7	4 307	57%	19	46	51
	PAE	178	17%	<1	1	2	692	67%	3	5	7	170	16%	10	14	19
	PSY	315	12%	<1	1	1	711	26%	2	3	6	1 665	62%	4	9	20
	SUR	1 476	14%	<1	1	2	3 282	31%	5	7	8	5 942	56%	14	31	54
HKWC	ENT	608	12%	<1	<1	1	2 133	42%	3	6	8	2 386	46%	11	26	82
	MED	1 338	14%	<1	<1	1	1 459	16%	3	5	9	6 507	70%	10	35	64
	GYN	1 098	18%	<1	<1	2	838	14%	4	5	7	3 859	63%	9	18	124
	OPH	2 676	36%	<1	<1	1	1 164	16%	3	4	8	3 618	49%	3	7	24
	ORT	711	8%	<1	<1	2	1 229	15%	3	4	8	6 510	77%	8	16	39
	PAE	390	20%	<1	<1	1	537	28%	2	4	8	981	51%	10	13	14
	PSY	322	10%	<1	1	2	727	23%	2	3	6	2 144	67%	6	22	116
	SUR	1 439	13%	<1	<1	2	2 014	18%	3	6	8	7 630	69%	7	15	62
KCC	ENT	1 159	11%	<1	<1	1	907	8%	1	3	6	8 623	81%	23	28	35
	MED	1 089	12%	<1	1	1	1 447	15%	3	5	7	6 767	72%	16	44	98
	GYN	322	8%	<1	<1	1	1 415	34%	3	4	7	2 456	59%	12	15	28
	OPH	5 537	29%	<1	<1	1	3 486	18%	2	4	5	9 836	52%	49	54	57
	ORT	216	4%	<1	1	1	730	12%	<1	2	6	5 119	84%	37	65	106
	PAE	531	28%	<1	<1	1	409	22%	5	6	7	925	50%	6	16	18
	PSY	154	7%	<1	<1	1	742	34%	2	3	7	1 314	59%	15	19	37
	SUR	1 747	12%	<1	1	1	2 152	15%	3	5	7	10 132	72%	22	30	47
KEC	ENT	1 441	19%	<1	<1	1	1 860	24%	1	3	7	4 365	57%	35	39	64
	MED	1 329	9%	<1	1	1	3 298	23%	4	6	7	9 558	67%	12	54	82
	GYN	984	15%	<1	1	1	836	13%	5	6	7	4 606	72%	12	51	80
	OPH	4 317	31%	<1	<1	1	466	3%	3	6	7	9 343	66%	11	14	75
	ORT	2 856	22%	<1	<1	1	2 485	19%	6	7	7	7 677	59%	20	101	163
	PAE	801	25%	<1	<1	1	568	18%	5	7	7	1 843	57%	15	16	20
	PSY	262	5%	<1	1	2	1 455	27%	3	5	7	3 597	66%	8	30	105
	SUR	1 336	7%	<1	1	1	4 920	25%	6	7	7	13 511	68%	12	23	144

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		
KWC	ENT	2 856	21%	<1	<1	1	2 955	22%	3	5	8	7 553	56%	17	27	54
	MED	1 842	8%	<1	<1	1	4 814	20%	4	6	7	16 359	70%	16	46	71
	GYN	719	7%	<1	<1	2	1 763	16%	4	6	8	8 270	76%	11	28	51
	OPH	5 160	33%	<1	<1	<1	5 218	34%	3	5	7	5 042	33%	50	52	57
	ORT	2 956	16%	<1	<1	1	4 123	22%	3	5	8	11 127	61%	28	62	128
	PAE	2 403	38%	<1	<1	1	986	16%	4	5	7	2 842	45%	8	12	18
	PSY	328	3%	<1	1	4	441	4%	2	4	8	10 298	93%	2	22	64
	SUR	2 973	10%	<1	1	2	8 053	27%	4	6	7	18 690	63%	16	40	83
NTEC	ENT	3 149	27%	<1	<1	2	2 644	23%	3	4	7	5 729	50%	16	42	98
	MED	2 118	13%	<1	<1	1	2 042	13%	3	5	8	11 660	72%	17	70	95
	GYN	1 604	16%	<1	<1	2	811	8%	3	5	9	6 266	63%	17	40	98
	OPH	5 940	37%	<1	<1	1	2 374	15%	3	4	8	7 577	48%	20	62	66
	ORT	4 493	26%	<1	<1	1	1 718	10%	3	4	8	10 869	64%	22	119	136
	PAE	264	9%	<1	1	2	369	12%	3	4	7	2 400	79%	6	19	36
	PSY	976	14%	<1	1	2	1 879	27%	3	4	8	4 157	59%	12	45	130
	SUR	1 517	8%	<1	<1	2	2 409	12%	3	5	8	15 392	79%	17	34	78
NTWC	ENT	2 149	22%	<1	<1	1	1 274	13%	2	3	6	6 281	65%	29	55	68
	MED	992	13%	<1	1	2	2 331	30%	5	6	7	4 374	57%	53	61	81
	GYN	870	15%	<1	1	2	477	8%	4	6	8	4 295	76%	12	17	56
	OPH	6 757	43%	<1	<1	1	3 237	21%	2	3	7	5 767	37%	25	60	65
	ORT	1 262	12%	<1	1	1	914	9%	2	4	7	8 128	79%	29	77	83
	PAE	101	6%	1	1	2	278	16%	2	3	5	1 316	78%	9	10	10
	PSY	390	7%	<1	1	2	1 541	29%	4	7	10	3 272	62%	15	47	68
	SUR	1 097	6%	<1	1	4	2 352	14%	4	6	35	13 630	80%	24	58	66

Note

1. Statistics for Geriatrics are grouped under Medicine specialty.
2. The Hospital Authority uses 90th percentile to denote the longest waiting time for specialist outpatient service.
3. Individual percentages of the triage categories (i.e. Priority 1, Priority 2 and Routine) may not add up to 100% due to miscellaneous cases not falling into the triage system and the rounding effect.

The triage system is not applicable to obstetric service at the SOP clinics. The table below sets out the number of obstetric new cases and their respective lower quartile

(25th percentile), median (50th percentile), and longest (90th percentile) waiting time in each hospital cluster for 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

Cluster	2012-13				2013-14				2014-15 (Up to 31 December 2014) [Provisional figures]			
	Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile
HKEC	3 720	1	2	4	3 541	<1	1	3	2 690	<1	1	3
HKWC	4 255	1	2	3	4 162	1	2	4	3 375	1	3	5
KCC	6 069	3	7	19	6 742	3	8	19	5 229	5	11	20
KEC	2 724	<1	1	5	2 874	<1	1	3	2 609	<1	1	4
KWC	16 331	4	6	12	16 240	3	6	12	11 490	3	6	13
NTEC	11 011	4	7	24	12 404	4	6	22	9 475	4	6	19
NTWC	3 272	<1	1	2	3 280	<1	1	1	2 535	1	1	2

Note

1. The Hospital Authority uses 90th percentile to denote the longest waiting time for specialist outpatient service.

Abbreviations

Specialty:

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

Cluster:

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)293

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3989)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number, length of service, vacancy rate, wastage rate and average weekly working hours of doctors by rank in specialist outpatient clinics (including Ear, Nose & Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics & Adolescent Medicine, Surgery, Geriatrics, and Psychiatry) under the Hospital Authority clusters in the past three years.

Asked by: Hon KWOK Ka-ki (Member Question No. 75)

Reply:

The Hospital Authority (HA) provides inpatient services, ambulatory and outreach services to the public, including day inpatient services, Accident & Emergency (A&E) services, specialist outpatient services, primary care services etc., and the same variety applies to the clinical duties of HA doctor which are subject to the operational needs of individual specialties.

Tables 1 to 3 below set out respectively the manpower, years of service and attrition rate of doctors by clusters and by major specialties in HA in 2012-13, 2013-14 and 2014-15.

The manpower shortfall of doctors in 2014-15 is around 340.

Table 1: Manpower of Doctors in HA in 2012-13, 2013-14 and 2014-15

Cluster	Major Specialty	2012-13 (as at 31 Mar 2013)	2013-14 (as at 31 Mar 2014)	2014-15 (as at 31 Dec 2014)
HKEC	Accident & Emergency	54	54	57
	Anaesthesia	33	31	31
	Family Medicine	56	55	53
	Intensive Care Unit	13	15	13
	Medicine	148	148	154
	Neurosurgery	10	11	12
	Obstetrics & Gynaecology	23	21	21
	Ophthalmology	19	21	19
	Orthopaedics & Traumatology	30	33	34
	Paediatrics	22	23	23
	Pathology	19	19	20
	Psychiatry	35	35	36
	Radiology	37	36	40
	Surgery	48	45	49
	Others	25	27	27
	Total	**572**	**575**	**590**
HKWC	Accident & Emergency	30	29	27
	Anaesthesia	59	60	62
	Cardio-thoracic Surgery	11	11	11
	Family Medicine	40	40	42
	Intensive Care Unit	11	14	14
	Medicine	133	134	133
	Neurosurgery	12	12	13
	Obstetrics & Gynaecology	26	27	27
	Ophthalmology	12	11	13
	Orthopaedics & Traumatology	30	31	30
	Paediatrics	41	46	47
	Pathology	27	22	25
	Psychiatry	24	24	24
	Radiology	38	39	37
	Surgery	78	74	78
	Others	26	27	29
	Total	**599**	**602**	**613**
KCC	Accident & Emergency	39	40	41
	Anaesthesia	52	54	57
	Cardio-thoracic Surgery	15	16	16
	Family Medicine	55	54	53
	Intensive Care Unit	8	10	10
	Medicine	143	139	148
	Neurosurgery	20	19	20
	Obstetrics & Gynaecology	30	31	29
	Ophthalmology	36	34	36
	Orthopaedics & Traumatology	33	33	35
	Paediatrics	39	43	45
	Pathology	28	30	29
	Psychiatry	36	34	36
	Radiology	45	44	44
	Surgery	53	55	55
	Others	42	43	44
	Total	**674**	**679**	**696**
KEC	Accident & Emergency	55	59	63
	Anaesthesia	41	42	41
	Family Medicine	85	84	87
	Intensive Care Unit	10	10	11
	Medicine	132	143	149
	Obstetrics & Gynaecology	27	28	25
	Ophthalmology	18	18	18
	Orthopaedics & Traumatology	39	40	41
	Paediatrics	38	39	42
	Pathology	19	20	22
	Psychiatry	35	35	35
	Radiology	25	26	28

Cluster	Major Specialty	2012-13 (as at 31 Mar 2013)	2013-14 (as at 31 Mar 2014)	2014-15 (as at 31 Dec 2014)
	Surgery	56	56	57
	Others	27	29	29
	Total	**607**	**627**	**648**
KWC	Accident & Emergency	108	126	129
	Anaesthesia	83	86	85
	Family Medicine	150	157	161
	Intensive Care Unit	33	34	34
	Medicine	286	293	301
	Neurosurgery	23	26	23
	Obstetrics & Gynaecology	51	51	49
	Ophthalmology	22	24	25
	Orthopaedics & Traumatology	75	75	79
	Paediatrics	79	84	86
	Pathology	47	49	49
	Psychiatry	68	69	71
	Radiology	55	61	63
	Surgery	111	120	121
	Others	54	45	45
	Total	**1245**	**1300**	**1319**
NTEC	Accident & Emergency	64	67	65
	Anaesthesia	56	60	62
	Cardio-thoracic Surgery	5	5	5
	Family Medicine	90	89	87
	Intensive Care Unit	26	26	29
	Medicine	182	183	192
	Neurosurgery	8	8	7
	Obstetrics & Gynaecology	31	27	29
	Ophthalmology	26	27	27
	Orthopaedics & Traumatology	62	59	57
	Paediatrics	57	58	61
	Pathology	32	33	33
	Psychiatry	61	61	60
	Radiology	41	41	43
	Surgery	82	85	87
	Others	52	52	51
	Total	**874**	**879**	**893**
NTWC	Accident & Emergency	59	63	66
	Anaesthesia	43	43	45
	Cardio-thoracic Surgery	2	2	2
	Family Medicine	75	73	78
	Intensive Care Unit	18	17	19
	Medicine	124	130	137
	Neurosurgery	15	13	12
	Obstetrics & Gynaecology	32	30	29
	Ophthalmology	19	22	23
	Orthopaedics & Traumatology	41	46	47
	Paediatrics	34	38	39
	Pathology	20	22	23
	Psychiatry	76	80	79
	Radiology	30	34	35
	Surgery	57	57	65
	Others	31	31	33
	Total	**676**	**702**	**733**

Notes

1. Manpower on full-time equivalent (FTE) basis includes permanent, contract and temporary staff excluding Interns and Dental Officers.
2. Individual figures may not add up to the total due to rounding.

Table 2: Year of Service of Doctors in HA in 2012-13, 2013-14 and 2014-15

Cluster	Major Specialty	2012-13 (as at 31 Mar 2013)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
HKEC	Accident & Emergency	3	14	10	8	17	5	0	57
	Anaesthesia	0	10	7	6	7	3	0	33
	Family Medicine	5	11	19	14	7	2	0	58
	Intensive Care Unit	0	3	3	4	2	1	0	13
	Medicine	5	34	30	21	39	20	0	149
	Neurosurgery	0	4	2	1	3	0	0	10
	Obstetrics & Gynaecology	0	11	7	2	1	2	0	23
	Ophthalmology	2	9	5	3	3	1	0	23
	Orthopaedics & Traumatology	0	9	6	3	11	1	0	30
	Paediatrics	3	9	4	0	6	1	0	23
	Pathology	0	3	6	3	6	1	0	19
	Psychiatry	2	7	9	6	7	5	0	36
	Radiology	1	14	12	1	4	5	0	37
	Surgery	3	18	15	8	6	1	0	51
	Others	0	6	7	4	3	5	0	25
	Total	**24**	**162**	**142**	**84**	**122**	**53**	**0**	**587**
HKWC	Accident & Emergency	0	12	5	3	5	7	0	32
	Anaesthesia	2	17	16	9	16	0	1	61
	Cardio-thoracic Surgery	0	2	1	5	3	0	0	11
	Family Medicine	1	15	15	8	3	0	0	42
	Intensive Care Unit	0	3	3	1	4	0	0	11
	Medicine	4	38	36	16	29	12	0	135
	Neurosurgery	0	4	3	2	2	1	0	12
	Obstetrics & Gynaecology	0	13	10	4	3	1	0	31
	Ophthalmology	0	4	3	3	1	1	0	12
	Orthopaedics & Traumatology	0	10	5	5	7	3	0	30
	Paediatrics	0	9	10	5	18	0	0	42
	Pathology	1	7	2	6	10	1	0	27
	Psychiatry	2	8	7	1	7	0	0	25
	Radiology	1	12	14	4	7	1	0	39
	Surgery	1	30	22	14	9	4	0	80
	Others	0	6	8	4	4	4	0	26
	Total	**12**	**190**	**160**	**90**	**128**	**35**	**1**	**616**
KCC	Accident & Emergency	3	12	5	12	8	1	0	41
	Anaesthesia	0	22	12	4	10	5	0	53
	Cardio-thoracic Surgery	0	5	0	3	4	3	0	15
	Family Medicine	3	18	25	6	5	1	0	58
	Intensive Care Unit	0	0	1	3	2	1	1	8
	Medicine	0	42	40	18	36	14	0	150
	Neurosurgery	0	7	1	2	10	0	0	20
	Obstetrics & Gynaecology	2	17	11	1	4	2	0	37
	Ophthalmology	1	11	15	6	5	0	0	38
	Orthopaedics & Traumatology	1	6	3	4	15	5	0	34
	Paediatrics	2	13	8	0	14	4	0	41
	Pathology	0	6	6	4	12	1	0	29
	Psychiatry	1	17	4	5	7	3	0	37
	Radiology	0	14	10	2	13	6	0	45
	Surgery	0	16	16	5	13	4	0	54
	Others	1	8	10	4	10	9	0	42
	Total	**14**	**214**	**167**	**79**	**168**	**59**	**1**	**702**
KEC	Accident & Emergency	3	17	7	11	16	4	0	58
	Anaesthesia	1	9	10	8	13	1	0	42
	Family Medicine	0	29	38	15	4	1	0	87
	Intensive Care Unit	0	3	1	1	5	0	0	10
	Medicine	1	47	28	18	32	14	0	140
	Obstetrics & Gynaecology	0	13	6	2	2	5	0	28
	Ophthalmology	2	9	5	3	0	0	0	19
	Orthopaedics & Traumatology	0	15	7	6	7	4	0	39
	Paediatrics	0	10	10	5	9	4	0	38
	Pathology	0	2	4	1	9	3	0	19
	Psychiatry	0	12	5	10	5	3	0	35
	Radiology	1	10	3	1	6	5	0	26

Cluster	Major Specialty	2012-13 (as at 31 Mar 2013)							
		<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 - <16 Years**	**16 - <21 Years**	**21 - <26 Years**	**26 Years or above**	**Total**
	Surgery	2	16	16	11	8	4	1	58
	Others	0	10	5	4	7	2	0	28
	Total	**10**	**202**	**145**	**96**	**123**	**50**	**1**	**627**
KWC	Accident & Emergency	7	23	23	12	39	9	0	113
	Anaesthesia	1	22	19	13	24	4	0	83
	Family Medicine	4	53	66	25	10	3	0	161
	Intensive Care Unit	1	6	9	5	8	4	0	33
	Medicine	8	73	54	40	94	29	1	299
	Neurosurgery	1	9	4	4	4	1	0	23
	Obstetrics & Gynaecology	0	19	16	3	12	4	0	54
	Ophthalmology	0	9	6	2	6	0	0	23
	Orthopaedics & Traumatology	2	17	15	10	25	7	0	76
	Paediatrics	6	32	12	10	18	13	0	91
	Pathology	0	8	14	4	13	8	0	47
	Psychiatry	4	22	16	4	20	4	0	70
	Radiology	1	12	18	3	14	8	0	56
	Surgery	2	43	18	16	28	9	0	116
	Others	2	19	12	5	12	4	0	54
	Total	**39**	**367**	**302**	**156**	**327**	**107**	**1**	**1299**
NTEC	Accident & Emergency	1	12	8	8	33	4	0	66
	Anaesthesia	1	18	14	10	12	2	0	57
	Cardio-thoracic Surgery	0	1	0	2	2	0	0	5
	Family Medicine	6	23	44	11	8	0	0	92
	Intensive Care Unit	0	9	5	4	7	1	0	26
	Medicine	3	63	53	18	46	6	1	190
	Neurosurgery	1	1	2	2	2	0	0	8
	Obstetrics & Gynaecology	0	11	10	4	4	2	0	31
	Ophthalmology	1	13	8	3	3	0	0	28
	Orthopaedics & Traumatology	1	16	15	9	18	4	0	63
	Paediatrics	2	17	11	6	16	6	0	58
	Pathology	0	5	7	7	12	1	0	32
	Psychiatry	3	19	15	14	10	0	0	61
	Radiology	2	12	9	6	10	2	0	41
	Surgery	3	30	22	12	11	7	0	85
	Others	0	14	13	8	13	4	0	52
	Total	**24**	**264**	**236**	**124**	**207**	**39**	**1**	**895**
NTWC	Accident & Emergency	1	17	16	8	16	2	0	60
	Anaesthesia	4	13	15	3	7	3	0	45
	Cardio-thoracic Surgery	0	0	0	1	1	0	0	2
	Family Medicine	9	18	28	16	6	4	0	81
	Intensive Care Unit	0	7	4	4	3	0	0	18
	Medicine	3	38	36	10	31	10	0	128
	Neurosurgery	0	6	1	4	3	1	0	15
	Obstetrics & Gynaecology	1	14	8	1	4	5	0	33
	Ophthalmology	1	7	3	2	5	2	0	20
	Orthopaedics & Traumatology	0	15	9	3	11	5	0	43
	Paediatrics	2	13	5	1	12	2	0	35
	Pathology	0	5	3	3	7	2	0	20
	Psychiatry	0	24	17	11	23	3	0	78
	Radiology	1	14	5	2	4	5	0	31
	Surgery	0	26	14	7	10	4	0	61
	Others	1	12	5	4	9	2	0	33
	Total	**23**	**229**	**169**	**80**	**152**	**50**	**0**	**703**

Cluster	Major Specialty	2013-14 (as at 31 Mar 2014)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
HKEC	Accident & Emergency	0	10	12	8	19	7	0	56
	Anaesthesia	1	5	9	7	5	5	0	32
	Family Medicine	1	14	18	14	7	4	0	58
	Intensive Care Unit	0	3	4	5	1	2	0	15
	Medicine	4	40	26	16	38	27	0	151
	Neurosurgery	1	3	4	0	2	1	0	11
	Obstetrics & Gynaecology	1	9	8	1	2	1	0	22
	Ophthalmology	0	12	5	2	4	1	0	24
	Orthopaedics & Traumatology	0	7	10	2	10	4	0	33
	Paediatrics	2	10	2	2	6	1	0	23
	Pathology	0	3	6	3	4	3	0	19
	Psychiatry	0	9	9	5	7	6	0	36
	Radiology	1	14	13	1	3	4	0	36
	Surgery	0	16	18	5	7	2	0	48
	Others	1	9	7	5	3	3	0	28
	Total	**12**	**164**	**151**	**76**	**118**	**71**	**0**	**592**
HKWC	Accident & Emergency	1	7	7	3	4	8	0	30
	Anaesthesia	3	18	15	8	15	3	1	63
	Cardio-thoracic Surgery	0	2	1	5	3	0	0	11
	Family Medicine	0	13	11	15	3	0	0	42
	Intensive Care Unit	0	5	4	1	4	0	0	14
	Medicine	1	35	40	13	31	16	0	136
	Neurosurgery	0	5	3	2	1	1	0	12
	Obstetrics & Gynaecology	0	11	12	6	1	2	0	32
	Ophthalmology	2	2	4	1	2	1	0	12
	Orthopaedics & Traumatology	0	10	6	4	6	5	0	31
	Paediatrics	0	13	10	6	14	4	0	47
	Pathology	1	6	2	4	8	1	0	22
	Psychiatry	2	9	5	3	5	1	0	25
	Radiology	0	13	15	4	5	3	0	40
	Surgery	0	26	26	11	10	4	0	77
	Others	1	6	8	3	2	7	0	27
	Total	**11**	**181**	**169**	**89**	**114**	**56**	**1**	**621**
KCC	Accident & Emergency	0	13	7	7	13	1	0	41
	Anaesthesia	1	19	16	5	8	6	0	55
	Cardio-thoracic Surgery	0	6	0	2	4	4	0	16
	Family Medicine	4	16	19	12	4	2	0	57
	Intensive Care Unit	0	2	2	3	0	2	1	10
	Medicine	3	34	34	19	28	24	0	142
	Neurosurgery	0	6	2	2	8	1	0	19
	Obstetrics & Gynaecology	1	15	14	3	2	4	0	39
	Ophthalmology	2	11	11	7	5	0	0	36
	Orthopaedics & Traumatology	1	7	5	2	10	9	0	34
	Paediatrics	0	18	7	2	9	9	0	45
	Pathology	0	5	8	5	11	2	0	31
	Psychiatry	2	14	6	2	8	4	0	36
	Radiology	1	8	15	3	8	9	0	44
	Surgery	1	17	17	4	7	10	0	56
	Others	2	11	9	4	6	12	0	44
	Total	**18**	**202**	**172**	**82**	**131**	**99**	**1**	**705**
KEC	Accident & Emergency	2	17	9	11	10	10	0	59
	Anaesthesia	0	10	10	8	11	3	0	42
	Family Medicine	1	24	35	21	4	1	0	86
	Intensive Care Unit	0	4	0	1	4	1	0	10
	Medicine	2	46	32	23	27	21	0	151
	Obstetrics & Gynaecology	0	10	9	2	2	5	0	28
	Ophthalmology	1	8	9	3	0	0	0	21
	Orthopaedics & Traumatology	1	14	10	4	6	6	0	41
	Paediatrics	0	12	9	5	7	7	0	40
	Pathology	0	3	4	2	8	3	0	20
	Psychiatry	1	9	9	9	3	5	0	36
	Radiology	0	10	5	0	5	6	0	26

Cluster	Major Specialty	2013-14 (as at 31 Mar 2014)							
		<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 - <16 Years**	**16 - <21 Years**	**21 - <26 Years**	**26 Years or above**	**Total**
	Surgery	0	17	18	9	8	5	1	58
	Others	1	7	7	3	7	4	0	29
	Total	**9**	**191**	**166**	**101**	**102**	**77**	**1**	**647**
KWC	Accident & Emergency	8	32	29	11	31	21	0	132
	Anaesthesia	0	18	24	15	20	9	0	86
	Family Medicine	6	56	68	27	11	5	0	173
	Intensive Care Unit	0	6	9	6	8	5	0	34
	Medicine	5	80	56	43	75	49	0	308
	Neurosurgery	0	12	6	4	2	3	0	27
	Obstetrics & Gynaecology	0	16	19	3	8	7	0	53
	Ophthalmology	2	9	5	3	6	0	0	25
	Orthopaedics & Traumatology	1	20	17	10	17	11	0	76
	Paediatrics	3	34	20	11	10	20	0	98
	Pathology	1	6	17	3	13	9	0	49
	Psychiatry	2	23	13	11	16	8	0	73
	Radiology	6	19	15	3	10	11	0	64
	Surgery	1	51	22	14	20	17	0	125
	Others	1	12	11	5	10	6	0	45
	Total	**36**	**394**	**331**	**169**	**257**	**181**	**0**	**1368**
NTEC	Accident & Emergency	5	12	8	7	29	9	0	70
	Anaesthesia	3	21	17	8	10	3	0	62
	Cardio-thoracic Surgery	0	2	0	1	2	0	0	5
	Family Medicine	3	26	29	25	6	2	0	91
	Intensive Care Unit	0	8	6	3	8	1	0	26
	Medicine	2	55	56	20	43	13	1	190
	Neurosurgery	0	2	2	1	3	0	0	8
	Obstetrics & Gynaecology	1	8	8	6	3	1	0	27
	Ophthalmology	1	12	7	5	5	0	0	30
	Orthopaedics & Traumatology	0	12	13	10	19	5	0	59
	Paediatrics	3	17	11	7	15	7	0	60
	Pathology	2	5	7	5	12	2	0	33
	Psychiatry	0	15	22	13	10	1	0	61
	Radiology	1	11	11	6	9	3	0	41
	Surgery	4	30	27	10	9	10	0	90
	Others	0	10	15	10	11	6	0	52
	Total	**25**	**246**	**239**	**137**	**194**	**63**	**1**	**905**
NTWC	Accident & Emergency	4	16	18	6	13	8	0	65
	Anaesthesia	1	20	13	4	5	3	0	46
	Cardio-thoracic Surgery	0	0	0	1	1	0	0	2
	Family Medicine	2	19	28	17	7	4	0	77
	Intensive Care Unit	0	8	3	4	2	0	0	17
	Medicine	2	50	30	11	25	16	0	134
	Neurosurgery	1	6	1	2	2	2	0	14
	Obstetrics & Gynaecology	0	9	11	2	3	5	0	30
	Ophthalmology	0	11	3	2	4	3	0	23
	Orthopaedics & Traumatology	1	16	14	1	10	7	0	49
	Paediatrics	0	11	12	2	8	6	0	39
	Pathology	1	4	7	3	4	3	0	22
	Psychiatry	3	22	19	12	19	7	0	82
	Radiology	0	16	9	1	4	5	0	35
	Surgery	1	25	13	6	10	6	0	61
	Others	0	8	11	5	5	4	0	33
	Total	**16**	**241**	**192**	**79**	**122**	**79**	**0**	**729**

Cluster	Major Specialty	2014-15 (as at 31 Dec 2014)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
HKEC	Accident & Emergency	0	12	10	10	16	11	0	59
	Anaesthesia	1	8	7	6	4	6	0	32
	Family Medicine	1	10	11	22	7	5	0	56
	Intensive Care Unit	0	3	3	4	1	2	0	13
	Medicine	3	42	28	16	34	33	0	156
	Neurosurgery	1	4	4	0	2	2	0	13
	Obstetrics & Gynaecology	0	7	10	2	2	1	0	22
	Ophthalmology	0	11	4	2	4	1	0	22
	Orthopaedics & Traumatology	1	5	12	1	10	5	0	34
	Paediatrics	0	10	5	2	5	2	0	24
	Pathology	1	3	8	3	2	4	0	21
	Psychiatry	3	9	8	4	7	7	0	38
	Radiology	1	16	15	1	2	5	0	40
	Surgery	0	14	22	4	7	4	0	51
	Others	0	10	6	5	3	4	0	28
	Total	**12**	**164**	**153**	**82**	**106**	**92**	**0**	**609**
HKWC	Accident & Emergency	0	4	9	3	4	8	0	28
	Anaesthesia	1	23	11	12	10	7	1	65
	Cardio-thoracic Surgery	1	0	3	5	2	0	0	11
	Family Medicine	3	9	11	16	4	0	0	43
	Intensive Care Unit	0	5	4	1	3	1	0	14
	Medicine	1	38	35	19	21	21	0	135
	Neurosurgery	0	5	4	1	2	1	0	13
	Obstetrics & Gynaecology	1	8	15	6	1	2	0	33
	Ophthalmology	3	2	4	1	3	1	0	14
	Orthopaedics & Traumatology	0	5	10	4	6	5	0	30
	Paediatrics	1	14	7	7	13	6	0	48
	Pathology	1	6	5	3	8	2	0	25
	Psychiatry	1	10	5	2	5	2	0	25
	Radiology	0	15	11	4	5	3	0	38
	Surgery	0	30	28	8	10	5	0	81
	Others	1	6	10	3	2	7	0	29
	Total	**14**	**180**	**172**	**95**	**99**	**71**	**1**	**632**
KCC	Accident & Emergency	0	13	8	9	10	3	0	43
	Anaesthesia	1	14	20	8	7	7	0	57
	Cardio-thoracic Surgery	0	6	0	2	4	4	0	16
	Family Medicine	2	19	7	20	6	1	1	56
	Intensive Care Unit	0	2	1	3	0	2	1	9
	Medicine	4	39	32	26	20	31	0	152
	Neurosurgery	0	7	2	1	8	2	0	20
	Obstetrics & Gynaecology	0	11	17	2	2	4	0	36
	Ophthalmology	2	12	12	7	6	0	0	39
	Orthopaedics & Traumatology	3	9	6	3	8	8	0	37
	Paediatrics	1	19	9	2	4	13	0	48
	Pathology	0	3	6	6	12	3	0	30
	Psychiatry	0	13	11	1	6	7	0	38
	Radiology	0	8	18	4	8	6	0	44
	Surgery	1	17	17	4	8	9	0	56
	Others	2	12	11	3	5	12	0	45
	Total	**16**	**204**	**177**	**101**	**114**	**112**	**2**	**726**
KEC	Accident & Emergency	3	22	6	13	10	11	0	65
	Anaesthesia	1	7	11	9	10	4	0	42
	Family Medicine	3	26	21	36	3	2	0	91
	Intensive Care Unit	0	4	1	1	3	2	0	11
	Medicine	1	51	25	31	20	28	0	156
	Obstetrics & Gynaecology	0	8	8	2	2	5	0	25
	Ophthalmology	1	10	8	1	1	0	0	21
	Orthopaedics & Traumatology	0	13	11	7	6	5	0	42
	Paediatrics	0	15	8	5	6	8	0	42
	Pathology	0	2	6	3	7	4	0	22
	Psychiatry	0	6	13	5	7	5	0	36
	Radiology	0	10	6	1	5	6	0	28

Cluster	Major Specialty	2014-15 (as at 31 Dec 2014)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
	Surgery	2	16	21	7	9	5	1	61
	Others	0	4	10	4	7	4	0	29
	Total	**11**	**194**	**155**	**125**	**96**	**89**	**1**	**671**
KWC	Accident & Emergency	7	30	29	15	31	25	0	137
	Anaesthesia	2	13	22	15	24	9	0	85
	Family Medicine	6	52	46	55	12	6	0	177
	Intensive Care Unit	1	8	8	6	5	6	0	34
	Medicine	8	80	55	44	65	64	0	316
	Neurosurgery	0	9	6	2	5	2	0	24
	Obstetrics & Gynaecology	1	14	18	5	6	7	0	51
	Ophthalmology	0	11	6	3	4	1	0	25
	Orthopaedics & Traumatology	0	24	18	9	16	13	0	80
	Paediatrics	1	38	18	13	10	20	0	100
	Pathology	1	6	15	5	10	12	0	49
	Psychiatry	3	23	13	10	14	11	0	74
	Radiology	6	20	18	5	7	13	0	69
	Surgery	1	48	28	11	18	19	0	125
	Others	0	7	17	4	10	7	0	45
	Total	**37**	**383**	**317**	**202**	**237**	**215**	**0**	**1391**
NTEC	Accident & Emergency	2	12	9	7	25	13	0	68
	Anaesthesia	1	21	19	6	10	5	0	62
	Cardio-thoracic Surgery	0	1	2	1	1	0	0	5
	Family Medicine	5	24	6	46	5	3	0	89
	Intensive Care Unit	1	12	6	2	7	1	0	29
	Medicine	5	57	50	27	36	22	1	198
	Neurosurgery	0	2	2	1	1	1	0	7
	Obstetrics & Gynaecology	4	10	7	4	4	1	0	30
	Ophthalmology	0	12	7	5	4	1	0	29
	Orthopaedics & Traumatology	1	12	12	10	17	5	0	57
	Paediatrics	1	17	15	6	12	12	0	63
	Pathology	1	6	9	4	11	2	0	33
	Psychiatry	2	16	20	11	9	4	0	62
	Radiology	0	9	16	5	9	4	0	43
	Surgery	3	24	32	11	6	14	0	90
	Others	0	7	16	11	7	10	0	51
	Total	**26**	**242**	**228**	**157**	**164**	**98**	**1**	**916**
NTWC	Accident & Emergency	2	17	19	6	16	8	0	68
	Anaesthesia	0	21	16	4	4	3	0	48
	Cardio-thoracic Surgery	0	0	0	1	1	0	0	2
	Family Medicine	1	24	15	28	9	4	0	81
	Intensive Care Unit	1	8	2	4	3	1	0	19
	Medicine	2	52	30	15	24	19	0	142
	Neurosurgery	1	5	2	2	1	2	0	13
	Obstetrics & Gynaecology	1	8	9	4	3	5	0	30
	Ophthalmology	0	10	4	2	4	4	0	24
	Orthopaedics & Traumatology	1	17	14	0	8	10	0	50
	Paediatrics	1	8	14	3	6	8	0	40
	Pathology	0	5	7	4	3	4	0	23
	Psychiatry	1	21	18	14	15	11	0	80
	Radiology	0	14	12	1	3	6	0	36
	Surgery	0	28	17	8	9	7	0	69
	Others	0	8	11	6	4	5	0	34
	Total	**11**	**246**	**190**	**102**	**113**	**97**	**0**	**759**

Notes

1. Manpower on headcount basis includes permanent, contract, temporary staff excluding Interns and Dental Officers.
2. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 - <6" years.

Table 3: Attrition Rate of Full-time Doctors in HA in 2012-13, 2013-14 and 2014-15

Cluster	Major Specialty	Full-time Attrition Rate		
		2012-13	2013-14	2014-15 (Rolling 12 months from 1 Jan to 31 Dec 2014)
HKEC	Accident & Emergency	1.9%	3.7%	1.8%
	Anaesthesia	3.1%	12.8%	13.0%
	Family Medicine	-	3.7%	3.8%
	Intensive Care Unit	-	-	-
	Medicine	2.7%	2.7%	3.4%
	Neurosurgery	9.8%	-	-
	Obstetrics & Gynaecology	-	4.5%	4.8%
	Ophthalmology	10.5%	-	10.3%
	Orthopaedics & Traumatology	3.2%	-	-
	Paediatrics	13.8%	9.6%	-
	Pathology	5.2%	5.1%	5.2%
	Psychiatry	3.1%	2.9%	8.9%
	Radiology	2.7%	11.1%	2.7%
	Surgery	8.3%	10.7%	6.4%
	Others	8.1%	3.8%	-
	Total	**3.9%**	**4.8%**	**4.0%**
HKWC	Accident & Emergency	-	-	-
	Anaesthesia	3.6%	10.6%	8.5%
	Cardio-thoracic Surgery	-	-	9.4%
	Family Medicine	2.5%	-	4.9%
	Intensive Care Unit	-	-	7.1%
	Medicine	6.1%	3.8%	6.8%
	Neurosurgery	-	8.2%	-
	Obstetrics & Gynaecology	11.3%	3.8%	7.7%
	Ophthalmology	-	8.3%	16.6%
	Orthopaedics & Traumatology	3.3%	-	3.2%
	Paediatrics	5.1%	2.3%	-
	Pathology	7.7%	16.8%	4.4%
	Psychiatry	12.1%	12.7%	4.2%
	Radiology	2.7%	2.7%	11.1%
	Surgery	6.4%	6.6%	3.9%
	Others	3.7%	7.5%	3.7%
	Total	**4.9%**	**5.1%**	**5.5%**
KCC	Accident & Emergency	10.9%	2.5%	5.1%
	Anaesthesia	-	1.9%	3.6%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	3.9%	1.9%	3.8%
	Intensive Care Unit	-	-	-
	Medicine	2.8%	3.5%	2.8%
	Neurosurgery	5.1%	9.8%	10.3%
	Obstetrics & Gynaecology	3.7%	-	7.3%
	Ophthalmology	5.4%	14.3%	14.3%
	Orthopaedics & Traumatology	5.7%	8.8%	17.7%
	Paediatrics	2.8%	-	4.9%
	Pathology	7.3%	-	-
	Psychiatry	-	6.2%	3.1%
	Radiology	-	6.7%	11.2%
	Surgery	1.9%	3.7%	3.7%
	Others	7.0%	2.4%	7.2%
	Total	**3.5%**	**3.9%**	**5.6%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2012-13	2013-14	2014-15 (Rolling 12 months from 1 Jan to 31 Dec 2014)
KEC	Accident & Emergency	3.5%	3.5%	3.4%
	Anaesthesia	7.7%	2.5%	-
	Family Medicine	3.5%	7.0%	7.2%
	Intensive Care Unit	-	-	-
	Medicine	6.1%	1.5%	2.1%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	7.3%	-	11.1%
	Ophthalmology	16.2%	16.7%	5.4%
	Orthopaedics & Traumatology	2.6%	5.0%	4.9%
	Paediatrics	5.3%	7.8%	2.5%
	Pathology	-	5.5%	5.1%
	Psychiatry	-	2.9%	-
	Radiology	8.3%	4.0%	3.8%
	Surgery	5.3%	5.4%	7.2%
	Others	-	-	-
	Total	**4.8%**	**4.1%**	**3.8%**
KWC	Accident & Emergency	8.7%	2.7%	2.5%
	Anaesthesia	7.5%	2.4%	6.0%
	Family Medicine	8.3%	2.7%	4.0%
	Intensive Care Unit	-	-	12.0%
	Medicine	3.2%	3.5%	1.7%
	Neurosurgery	4.6%	-	12.5%
	Obstetrics & Gynaecology	-	2.0%	12.2%
	Ophthalmology	4.4%	-	4.3%
	Orthopaedics & Traumatology	2.7%	4.0%	1.3%
	Paediatrics	5.6%	1.3%	2.5%
	Pathology	4.3%	4.3%	2.0%
	Psychiatry	5.9%	2.9%	5.8%
	Radiology	5.5%	9.2%	5.1%
	Surgery	7.0%	1.7%	5.0%
	Others	2.1%	2.0%	4.6%
	Total	**5.1%**	**2.9%**	**4.1%**
NTEC	Accident & Emergency	3.1%	3.3%	-
	Anaesthesia	1.8%	6.9%	8.3%
	Cardio-thoracic Surgery	-	17.9%	37.5%
	Family Medicine	2.3%	7.0%	7.0%
	Intensive Care Unit	3.8%	-	7.7%
	Medicine	2.8%	2.7%	4.3%
	Neurosurgery	13.8%	-	-
	Obstetrics & Gynaecology	-	17.4%	11.1%
	Ophthalmology	-	-	-
	Orthopaedics & Traumatology	3.3%	-	5.2%
	Paediatrics	5.4%	7.1%	1.7%
	Pathology	3.1%	-	3.1%
	Psychiatry	3.3%	3.3%	5.0%
	Radiology	2.6%	-	-
	Surgery	-	3.6%	-
	Others	2.0%	3.8%	5.8%
	Total	**2.6%**	**3.9%**	**4.3%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2012-13	2013-14	2014-15 (Rolling 12 months from 1 Jan to 31 Dec 2014)
NTWC	Accident & Emergency	5.2%	-	-
	Anaesthesia	4.6%	7.2%	7.4%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	4.2%	5.4%	5.4%
	Intensive Care Unit	6.0%	10.8%	5.5%
	Medicine	5.8%	4.0%	3.1%
	Neurosurgery	-	7.1%	8.2%
	Obstetrics & Gynaecology	3.3%	10.0%	13.9%
	Ophthalmology	10.1%	-	-
	Orthopaedics & Traumatology	9.8%	2.2%	2.1%
	Paediatrics	8.7%	-	-
	Pathology	4.9%	15.1%	9.4%
	Psychiatry	6.6%	2.6%	3.8%
	Radiology	9.5%	3.0%	3.0%
	Surgery	5.4%	5.4%	3.5%
	Others	3.3%	3.2%	-
	Total	**5.9%**	**4.2%**	**3.7%**

Notes

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis
2. Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively
3. Rolling Attrition (Wastage) Rate = Total number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

Table 4 below sets out the average weekly working hours of doctors by specialty according to the surveys conducted in 2012-13 and 2013-14. From 2010-11 onwards, only specialties with doctors reported to have worked more than 65 hours per week in 2009-10 are required to report the doctor working hour data on a yearly basis from July to December. On the other hand, full-scale monitoring for all specialties has been conducted from July to December every alternate year starting from 2011. Thus, the average weekly working hours of doctors in 2012-13 are not available for all specialties. The average weekly working hours of doctors in 2014-15 are being collected and are not available at present.

Table 4: Average Weekly Working Hours of Doctors in 2012-13 and 2013-14

Cluster	Specialty	2012-13	2013-14
HKEC	Accident & Emergency	N/A	42.6
	Anaesthesia	N/A	48.3
	Family Medicine	N/A	45.0
	Intensive Care Unit	57.1	55.2
	Medicine	55.0	55.1
	Neurosurgery	53.4	54.2
	Obstetrics & Gynaecology	60.9	53.5
	Ophthalmology	48.0	49.5
	Orthopaedics & Traumatology	54.3	55.4
	Paediatrics	57.7	59.1
	Pathology	N/A	40.3
	Psychiatry	N/A	46.5
	Radiology	N/A	46.5
	Surgery	52.7	53.7
	Total	**54.8**	**50.9**
HKWC	Accident & Emergency	N/A	44.0
	Anaesthesia	N/A	51.8
	Cardio-thoracic Surgery	58.3	59.2
	Family Medicine	N/A	45.0
	Intensive Care Unit	45.4	46.5
	Medicine	52.6	53.8
	Neurosurgery	56.0	55.3
	Obstetrics & Gynaecology	55.9	55.2
	Ophthalmology	45.1	45.0
	Orthopaedics & Traumatology	55.5	57.4
	Paediatrics	59.1	58.8
	Pathology	N/A	48.1
	Psychiatry	N/A	47.8
	Radiology	N/A	46.9
	Surgery	55.7	57.3
	Total	**54.1**	**52.6**
KCC	Accident & Emergency	N/A	42.9
	Anaesthesia	N/A	51.7
	Cardio-thoracic Surgery	45.1	48.9
	Family Medicine	N/A	45.0
	Intensive Care Unit	N/A	51.8
	Medicine	53.0	54.2
	Neurosurgery	50.7	47.1
	Obstetrics & Gynaecology	55.1	50.3
	Ophthalmology	46.7	45.1
	Orthopaedics & Traumatology	53.1	54.3
	Paediatrics	53.3	53.1
	Pathology	N/A	45.2
	Psychiatry	N/A	45.9

Cluster	Specialty	2012-13	2013-14
	Radiology	N/A	45.0
	Surgery	57.0	55.3
	Total	**52.7**	**50.4**

Cluster	Specialty	2012-13	2013-14
KEC	Accident & Emergency	N/A	43.2
	Anaesthesia	N/A	50.9
	Family Medicine	N/A	44.0
	Intensive Care Unit	48.9	52.2
	Medicine	48.1	48.9
	Obstetrics & Gynaecology	61.7	63.2
	Ophthalmology	48.0	48.0
	Orthopaedics & Traumatology	59.6	56.3
	Paediatrics	57.8	55.1
	Pathology	N/A	46.3
	Psychiatry	N/A	48.3
	Radiology	N/A	50.1
	Surgery	56.1	56.6
	Total	**53.1**	**50.2**
KWC	Accident & Emergency	N/A	45.0
	Anaesthesia	N/A	48.2
	Family Medicine	N/A	44.0
	Intensive Care Unit	49.5	49.8
	Medicine	51.5	51.4
	Neurosurgery	N/A	56.7
	Obstetrics & Gynaecology	56.8	57.0
	Ophthalmology	46.4	46.3
	Orthopaedics & Traumatology	53.8	54.3
	Paediatrics	55.2	55.6
	Pathology	N/A	47.9
	Psychiatry	N/A	47.2
	Radiology	N/A	46.3
	Surgery	55.0	55.8
	Total	**52.9**	**50.2**
NTEC	Accident & Emergency	N/A	43.5
	Anaesthesia	N/A	53.3
	Cardio-thoracic Surgery	61.6	64.2
	Family Medicine	N/A	44.0
	Intensive Care Unit	48.1	47.2
	Medicine	50.1	52.1
	Neurosurgery	55.8	73.8
	Obstetrics & Gynaecology	70.8	62.0
	Ophthalmology	54.9	55.8
	Orthopaedics & Traumatology	60.3	60.0
	Paediatrics	53.5	54.6
	Pathology	N/A	49.5
	Psychiatry	N/A	46.5
	Radiology	N/A	46.4
	Surgery	61.9	62.9
	Total	**55.7**	**52.7**
NTWC	Accident & Emergency	N/A	41.5
	Anaesthesia	N/A	51.2
	Family Medicine	N/A	42.6
	Intensive Care Unit	51.0	N/A
	Medicine	50.9	49.1
	Neurosurgery	56.6	57.0
	Obstetrics & Gynaecology	56.9	57.2
	Ophthalmology	50.0	52.1
	Orthopaedics & Traumatology	57.9	55.6
	Paediatrics	53.7	54.5
	Pathology	N/A	42.8
	Psychiatry	N/A	44.1

	Radiology	N/A	45.0
	Surgery	58.6	58.6
	Total	**54.1**	**49.2**

Notes

(1) According to HA's prevailing human resource policy, conditioned hours of HA employees are expressed in terms of weekly basis. The average weekly working hours are calculated on actual calendar day on weekly basis based on rostered hours and self-reported hours of duties when the doctors are on off-site calls.

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)294

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3990)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding general outpatient (GOP) services, will the Government provide the following information for the past three years:

a. the utilisation rate, number of attendances, daily consultation quotas and daily consultation quotas per doctor in each GOP clinic;

b. the number, length of service, vacancy rate, wastage rate and average weekly working hours of doctors by rank in each GOP clinic; and

c. has funding been set aside in the 2015-16 Estimates for improving the telephone appointment system? If yes, what are the details? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 76)

Reply:

(a)

The general outpatient clinics (GOPCs) under the Hospital Authority (HA) are primarily targeted at serving the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory. The GOPC service is of high volume and the utilisation is over 95%.

The table below sets out the number of GOPC attendances in the past three years:

2012-13	**2013-14**	**2014-15 (Revised Estimate)**
5 633 407	5 813 706	5 768 000

The table below sets out the number of doctors working in these GOPCs in the past three years:

2012	2013	2014
402	412	432

(b)

HA provides inpatient services, ambulatory and outreach services to the public, including day inpatient services, specialist outpatient services, primary care services, etc. The clinical duties of HA doctor are subject to operational needs of individual specialty. Doctors are generally scheduled to work with an average weekly working hour of 44 hours. In 2014-15, the overall manpower shortfall of doctors in HA is around 340.

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine specialty. The table below sets out the number and the years of service of doctors working in the Family Medicine specialty in the past three years:

	2012-13 (as at 31 Mar 2013)	**2013-14 (as at 31 Mar 2014)**	**2014-15 (as at 31 Dec 2014)**
< 1 year	28	17	21
1 to <6 Years	167	168	164
6 to <11 Years	235	208	117
11 to <16 Years	95	131	223
16 to <21 Years	43	42	46
21 to <26 Years	11	18	21
26 Years or above	-	-	1
Overall	**579**	**584**	**593**

Notes

1. The manpower figures are calculated on headcount basis including permanent, contract, temporary staff, but excluding interns.
2. For the purpose of this analysis, only staff members who have completed years of service are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 - <6" years.
3. The figures on years of service are captured on specialty basis. Breakdown of figures for doctors working only in GOPCs is not available.

The table below sets out the attrition rate of full-time doctors working in the Family Medicine specialty in the past three years:

2012-13	**2013-14**	**2014-15 (Rolling 12 months from 1 January 2014 to 31 December 2014)**
4.3%	4.2%	5.2%

Notes

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
2. Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively
3. Rolling Attrition (Wastage) Rate = Total number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

(c)

Patients under the care of GOPCs mainly comprise chronic disease patients (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 those with episodic diseases, consultation timeslots at GOPCs in the next 24 hours are available for booking through HA's telephone appointment system (TAS). As for chronic disease patients requiring follow-up consultations, they will be assigned a timeslot after each consultation and do not need to make separate appointments by phone.

To improve patients' access to GOPC service, HA plans to increase GOPC quotas in five clusters (Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West) by 55 000 attendances in 2015-16.

Taking into consideration the feedback from the public, HA has introduced a number of measures to improve the operation of the TAS over the past few years. These include replacing computerised voice with authentic human voice to make it easier for elders to hear, simplifying data entry procedures to make the system more user-friendly for elders, extending the response time in each step to allow sufficient time for elders to input data, etc. HA has further simplified the procedures of telephone booking since January 2013. Currently, when users are connected to the telephone appointment system, the system will automatically search for available quota in the next 24 hours in the called clinic and its nearby clinics. If that particular clinic and clinics nearby have run out of consultation quotas, the system will inform right away without the need to enter personal information. Moreover, help desks have been set up in GOPCs to assist those who may encounter difficulties in using the TAS. HA will continue to keep in view the operation of the TAS, and introduce improvement measures as appropriate.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)295

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4392)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With respect to accident and emergency (A&E) services, please advise on the following:

a. The utilisation rate, number of attendances, number of patients of different triaged categories and their average and longest waiting time at each A&E Department for the past 3 years.
b. Has the Government compiled statistics on the number of A&E attendances at different timeslots? If so, please set out the service capacity at different timeslots at each A&E Department.
c. The number, length of service, vacancy rate, wastage rate, average weekly working hours, the longest working hours and the longest continuous working hours of A&E doctors at each HA hospital for the past 3 years;
d. The details, objectives and resources involved in the scheme to set up support sessions at A&E Departments; the number, rank and length of service of participating doctors as well as their average and longest hours of part-time service last year.

Asked by: Hon KWOK Ka Ki (Member Question No. 77)

Reply:

a.

The tables below set out the number of attendances by triage categories in each Accident and Emergency (A&E) departments under the Hospital Authority (HA) in the past three years.

2012-13

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	PYNEH	1 627	2 177	37 600	96 853	9 404
	RH	533	1 547	13 790	58 114	7 250
	SJH	43	49	1 546	7 747	1 587
HKWC	QMH	915	2 137	33 626	85 154	6 759
KCC	QEH	3 902	4 334	93 607	85 321	7 104
KEC	TKOH	459	910	30 164	86 970	8 800
	UCH	2 128	4 725	64 812	94 247	13 577
KWC	CMC	1 302	1 362	32 164	85 580	16 521
	KWH	1 752	2 691	55 607	66 513	6 534
	PMH	1 442	2 601	64 643	70 812	10 809
	YCH	1 371	2 048	39 823	89 478	4 888
NTEC	AHNH	407	1 342	21 768	99 681	12 569
	NDH	786	1 589	38 165	66 482	8 074
	PWH	1 469	4 708	36 909	110 415	2 854
NTWC	POH	448	2 039	30 312	74 613	19 520
	TMH	1 009	4 573	65 550	129 738	20 149
Overall HA		**19 593**	**38 832**	**660 086**	**1 307 718**	**156 399**

2013-14

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	PYNEH	1 580	2 504	37 537	94 172	9 114
	RH	664	1 626	14 260	56 448	6 610
	SJH	35	44	1 691	7 587	1 355
HKWC	QMH	957	2 380	33 238	85 453	6 263
KCC	QEH	3 373	4 614	92 529	76 490	5 753
KEC	TKOH	449	932	31 256	89 277	8 029
	UCH	2 366	4 684	65 605	95 017	16 319
KWC	CMC	1 268	1 581	34 439	80 348	15 907
	KWH	1 854	2 331	55 214	67 234	5 762
	NLTH^	68	127	3 983	18 630	3 359
	PMH	1 269	2 632	65 662	65 973	9 275
	YCH	1 290	2 411	42 671	84 863	4 356
NTEC	AHNH	413	1 253	22 186	99 258	13 446
	NDH	845	1 669	39 117	63 617	6 819
	PWH	1 380	4 927	35 755	98 923	1 972
NTWC	POH	505	2 229	32 483	75 320	15 702
	TMH	1 042	5 192	67 215	129 749	15 365
Overall HA		**19 358**	**41 136**	**674 841**	**1 288 359**	**145 406**

2014-15 (up to 31 December 2014) [Provisional figures]

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 134	1 749	28 037	67 996	6 418
	RH	477	1 198	10 228	41 962	4 362
	SJH	23	33	1 160	5 691	918
HKWC	QMH	638	1 775	25 682	62 748	3 729
KCC	QEH	2 577	3 271	69 703	54 495	3 428
KEC	TKOH	347	711	24 700	67 095	5 961
	UCH	1 619	3 397	47 341	70 055	10 790
KWC	CMC	928	1 047	24 574	57 859	10 191
	KWH	1 210	1 527	41 339	49 248	3 405
	NLTH^	134	328	9 169	41 188	4 832
	PMH	829	1 841	46 749	45 113	5 035
	YCH	787	1 811	30 196	62 443	2 683
NTEC	AHNH	255	769	15 845	76 167	7 397
	NDH	593	1 140	28 256	45 071	4 364
	PWH	1 036	3 856	25 840	71 010	1 180
NTWC	POH	388	1 692	23 744	56 203	9 366
	TMH	657	3 773	50 748	93 616	10 276
Overall HA		**13 632**	**29 918**	**503 311**	**967 960**	**94 335**

^ North Lantau Hospital (NLTH) has commenced its A&E services since September 2013.

The tables below set out the average waiting time for A&E services by triage categories in the past three years.

2012-13

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	5	15	72	108
	RH	0	7	15	45	91
	SJH	0	7	13	20	29
HKWC	QMH	0	6	21	79	139
KCC	QEH	0	7	27	144	177
KEC	TKOH	0	5	14	59	63
	UCH	0	7	20	121	210
KWC	CMC	0	7	17	48	50
	KWH	0	9	21	139	169
	PMH	0	7	19	110	157
	YCH	0	6	17	93	124

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
NTEC	AHNH	0	6	10	23	24
	NDH	0	7	20	82	132
	PWH	0	11	38	134	131
NTWC	POH	0	3	16	84	105
	TMH	0	3	24	121	135
Overall HA		**0**	**7**	**21**	**90**	**114**

2013-14

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	5	15	80	121
	RH	0	7	17	65	119
	SJH	0	6	13	21	32
HKWC	QMH	0	7	22	90	155
KCC	QEH	0	9	40	174	207
KEC	TKOH	0	6	14	71	79
	UCH	0	9	24	122	184
KWC	CMC	0	9	21	69	64
	KWH	0	9	35	151	179
	NLTH^	0	6	13	23	24
	PMH	0	7	19	108	160
	YCH	0	5	20	125	159
NTEC	AHNH	0	6	11	26	29
	NDH	0	6	25	106	160
	PWH	0	11	52	174	163
NTWC	POH	0	5	23	111	124
	TMH	0	5	32	149	161
Overall HA		**0**	**7**	**27**	**106**	**124**

2014-15 (up to 31 December 2014) [Provisional figures]

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	5	16	104	145
	RH	0	6	17	66	124
	SJH	0	8	15	23	38
HKWC	QMH	0	7	23	103	170
KCC	QEH	0	7	37	158	192

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
KEC	TKOH	0	6	14	70	82
	UCH	0	9	24	134	203
KWC	CMC	0	7	20	67	65
	KWH	0	7	37	204	226
	NLTH^	0	7	13	25	30
	PMH	0	7	18	105	157
	YCH	0	5	20	123	151
NTEC	AHNH	0	4	11	26	29
	NDH	0	7	24	108	161
	PWH	0	11	45	177	165
NTWC	POH	0	5	21	104	115
	TMH	0	5	30	143	159
Overall HA		**0**	**7**	**26**	**108**	**126**

^ NLTH has commenced its A&E services since September 2013.

The figure of longest waiting time at each A&E Department is not readily available.

In A&E departments, a triage system is in place to ensure that patient are prioritized and attended to according to their clinical conditions or seriousness of their injuries. For patients whose clinical conditions are triaged as Category I to III, HA has set performance pledges on the waiting time for their treatment. In the past three years, HA is able to meet its waiting time targets for cases triaged as Category I (critical) and Category II (emergency). This shows that the majority of patients with pressing medical needs receive timely medical treatment.

b.

The tables below set out the number of attendances at various timeslots in each A&E departments in the past three years.

2012-13

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKEC	PYNEH	20 071	62 204	43 146	5 276	12 955	11 504
	RH	8 783	32 895	24 255	2 614	8 103	6 149
	SJH	1 199	2 890	3 793	389	1 490	1 214
HKWC	QMH	16 714	51 764	38 410	4 613	11 445	9 618
KCC	QEH	25 168	85 199	58 118	6 751	16 909	14 069
KEC	TKOH	17 386	51 022	38 492	4 399	11 075	9 685
	UCH	26 846	70 804	51 468	6 974	15 092	12 590

KWC	CMC	17 313	52 963	41 828	4 388	12 580	10 748
	KWH	17 419	59 766	38 944	4 574	11 730	9 687
	PMH	21 778	62 678	42 332	5 319	12 676	10 598
	YCH	19 598	57 805	38 213	4 953	12 773	9 463
NTEC	AHNH	16 346	53 985	39 271	4 144	11 980	10 375
	NDH	16 972	43 708	32 458	4 175	9 894	8 557
	PWH	20 648	63 829	43 680	5 454	13 426	10 682
NTWC	POH	16 398	54 070	36 027	4 238	11 259	9 196
	TMH	31 803	93 133	61 850	8 047	19 226	14 812
Overall HA		**294 442**	**898 715**	**632 285**	**76 308**	**192 613**	**158 947**

2013-14

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKEC	PYNEH	19 219	62 530	43 607	4 696	12 025	10 255
	RH	8 654	32 813	24 097	2 315	7 450	5 477
	SJH	1 251	2 970	3 633	377	1 306	1 175
HKWC	QMH	16 613	52 525	38 607	4 404	10 693	8 735
KCC	QEH	23 136	83 030	56 252	6 032	14 721	12 109
KEC	TKOH	17 101	54 360	39 810	4 135	10 778	9 086
	UCH	26 875	73 865	54 274	6 542	14 538	12 339
KWC	CMC	16 599	53 195	41 531	4 088	11 451	9 949
	KWH	17 258	60 096	39 649	4 151	11 078	8 751
	NLTH^	58	15 405	6 593	18	3 352	1 505
	PMH	20 871	60 774	42 045	5 093	11 348	9 514
	YCH	18 967	58 045	38 320	4 643	11 752	8 986
NTEC	AHNH	16 412	54 442	40 705	3 936	11 354	10 064
	NDH	15 918	43 626	32 397	3 931	9 113	7 792
	PWH	18 467	60 236	40 856	4 527	11 564	8 931
NTWC	POH	16 170	55 579	36 569	3 914	10 504	8 276
	TMH	31 729	93 483	62 022	7 490	17 661	13 843
Overall HA		**285 298**	**916 974**	**640 967**	**70 292**	**180 688**	**146 787**

2014-15 (up to 31 December 2014) [Provisional figures]

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKEC	PYNEH	14 060	45 477	31 063	3 555	9 064	7 587
	RH	6 038	24 029	17 189	1 697	5 777	4 164
	SJH	854	2 283	2 692	242	949	805
HKWC	QMH	12 211	38 612	28 126	3 244	8 044	6 692
KCC	QEH	16 764	60 170	40 636	4 360	11 191	9 325
KEC	TKOH	12 883	41 347	29 623	3 217	8 653	7 186
	UCH	19 383	53 604	38 783	4 916	10 877	9 294
KWC	CMC	11 505	38 101	29 022	2 900	8 318	7 146
	KWH	12 266	43 660	28 776	3 292	8 346	6 626
	NLTH^	1 774	24 575	20 135	467	5 610	4 668
	PMH	13 856	42 593	28 562	3 446	7 908	6 723
	YCH	13 477	41 549	27 450	3 488	8 838	6 793

NTEC	AHNH	11 905	39 976	29 696	3 040	8 604	7 489
	NDH	11 281	30 732	22 707	2 901	6 632	5 685
	PWH	13 359	43 072	28 917	3 343	8 661	6 619
NTWC	POH	11 877	39 566	26 035	3 111	7 919	6 215
	TMH	23 114	68 152	44 760	5 734	13 413	10 303
Overall HA		**206 607**	**677 498**	**474 172**	**52 953**	**138 804**	**113 320**

^ NLTH has commenced its A&E services since September 2013.

c.

The table below sets out the manpower of A&E doctors by cluster in the past three years.

A&E Specialty		Number of Doctors		
Cluster	**Hospital**	**2012-13** (as at 31 March 2013)	**2013-14** (as at 31 March 2014)	**2014-15** (as at 31 December 2014)
HKEC	PYNEH	33	34	35
	RH	17	17	18
	SJH	4	4	5
HKWC	QMH	30	29	27
KCC	QEH	39	40	41
KEC	TKOH	20	23	23
	UCH	35	36	40
KWC	CMC	26	23	25
	KWH	28	27	25
	NLTH^	-	15	22
	PMH	28	30	29
	YCH	26	31	28
NTEC	AHNH	22	24	24
	NDH	19	20	20
	PWH	24	23	21
NTWC	POH	23	24	24
	TMH	36	39	42

Note: The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff but excluding Interns and Dental Officers.

^ NLTH has commenced its A&E services since September 2013.

The year of services of A&E doctors is not readily available.

In general, HA fills vacancies of senior healthcare staff through internal transfer or promotion of suitable serving HA staff as far as possible. For vacancies of junior level staff, HA conducts recruitment exercise each year to recruit graduates of local universities and other qualified healthcare professionals to fill the vacancies in HA. Individual departments may also recruit healthcare staff throughout the year to cope with service and operational needs. The total manpower shortfall of doctors in 2014-15 in HA is around 340.

The table below sets out the attrition (wastage) rate of full-time A&E doctors by cluster in the past three years.

Full-time Attrition (Wastage) Rate				
Cluster	**Hospital**	**2012-13**	**2013-14**	**2014-15 (Rolling 12 months Jan 14 - Dec 14)**
HKEC	PYNEH	2.9%	2.8%	2.8%
	RH	-	-	-
	SJH	-	25.0%	-
HKWC	QMH	-	-	-
KCC	QEH	10.9%	2.5%	5.1%
KEC	TKOH	-	-	-
	UCH	5.5%	5.5%	5.3%
KWC	CMC	4.0%	8.2%	-
	KWH	4.4%	-	4.3%
	NLTH ^	-	-	-
	PMH	10.7%	-	3.6%
	YCH	14.2%	3.5%	3.5%
NTEC	AHN	-	-	-
	NDH	-	5.3%	-
	PWH	8.5%	5.0%	-
NTWC	POH	4.7%	-	-
	TMH	5.5%	-	-

Note:
(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
(2) Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months / Average strength in the past 12 months) x 100%
(3) Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

^ NLTH has commenced its A&E services since September 2013.

Doctors in A&E departments are generally rostered to work on shift with an average weekly working hour of 44 hours.

d.

"The A&E Support Session Program" aims to recruit additional medical and nursing staff, including those from non-A&E departments, to work extra hours on voluntary basis with payment of special honorarium. The extra manpower are deployed to handle semi-urgent and non-urgent cases so that the pressure and workload of A&E staff can be reduced, thus allowing them to focus on more urgent cases. As at end December 2014, about 280

doctors (including Consultants, Associate Consultants / Senior Medical Officers, Residents / Medical Officers), on a headcount basis, participated in the Program. Detailed breakdown of the participating doctors is not readily available. In 2015-16, HA has earmarked $16 million for the Program.

Abbreviations

Clusters:

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

Hospitals:

PYNEH - Pamela Youde Nethersole Eastern Hospital
RH - Ruttonjee Hospital
SJH - St. John Hospital
QMH - Queen Mary Hospital
QEH - Queen Elizabeth Hospital
TKOH - Tseung Kwan O Hospital
UCH - United Christian Hospital
CMC - Caritas Medical Centre
KWH - Kwong Wah Hospital
NLTH - North Lantau Hospital
PMH - Princess Margaret Hospital
YCH - Yan Chai Hospital
AHNH - Alice Ho Miu Ling Nethersole Hospital
NDH - North District Hospital
PWH - Prince of Wales Hospital
POH - Pok Oi Hospital
TMH - Tuen Mun Hospital

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)296**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4393)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding mental health services, please advise on the following:

(a) the estimated number of mentally-ill persons in the territory, the number of mentally-ill persons who sought consultation from the Hospital Authority (HA) and the number of patients diagnosed with severe mental illness in the past 3 years;

(b) the manpower for psychiatric services (including psychiatrists, nurses and community nurses) in each of the hospitals in the HA clusters and the respective ratios of these staff to patients in the past 3 years;

(c) the respective ratios of psychiatrists and nurses to the overall population, mental patients and the population aged 65 or above in the relevant districts in the past 3 years; and

(d) the numbers of psychiatric inpatient discharges and deaths, the re-admission rates within 28 days without booking and the re-admission rates within 3 months without booking in the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 78)

Reply:

(a)

The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with severe mental illness (SMI) in the Hospital Authority (HA) in the past three years:

	Total no. of psychiatric patients treated (including inpatients, patients at specialist outpatient clinics (SOPCs) and day hospitals)	No. of patients diagnosed with SMI
2012-13	197 600	45 500
2013-14	208 100	46 500
2014 (January to December provisional figures)	215 000	47 200

Note: Figures are rounded to the nearest hundred.

HA does not have statistics on the estimated number of mentally-ill persons in the territory.

(b)

The table below sets out the number of psychiatric doctors and psychiatric nurses (including community psychiatric nurses (CPNs)) in HA in the past 3 years by clusters:

	Number of Staff[1]	
	Psychiatric Doctors[1&2]	**Psychiatric Nurses [1&3] (including CPNs)**
2012-13 (as at 31 March 2013)		
HKEC	35	219
HKWC	24	116
KCC	36	247
KEC	35	119
KWC	68	568
NTEC	61	337
NTWC	73	691
Total	**332**	**2 296**
2013-14 (as at 31 March 2014)		
HKEC	35	230
HKWC	24	113
KCC	34	238
KEC	35	133
KWC	69	608
NTEC	61	349
NTWC	77	703
Total	**335**	**2 375**

	Number of Staff[1]	
	Psychiatric Doctors[1&2]	**Psychiatric Nurses [1&3] (including CPNs)**
2014-15 (as at 31 December 2014)		
HKEC	36	222
HKWC	24	112
KCC	36	241
KEC	35	137
KWC	71	633
NTEC	60	370
NTWC	76	701
Total	**338**	**2 416**

Notes:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding HA Head Office staff. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.

(c)

Mental health services are provided by multi-disciplinary teams comprising psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, occupational therapists, etc. In planning services, 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 organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration. Furthermore, patients may receive treatment in hospitals other than those in their own residential districts. Some specialised services are available only in certain hospitals, and hence certain clusters. The beds in those clusters are providing services for patients throughout the territory. HA does not have ready breakdown on the requested staffing ratios which may not reflect the actual level of service provision due to the above reasons.

(d)

The table below sets out the number of discharges and deaths for inpatient psychiatric service in the past 3 years by clusters:

Number of discharges and deaths for inpatient psychiatric service [4,5]	**2012-13**	**2013-14**	**2014-15 (up to 31 December 2014) [Provisional]**
HKEC	1 800	1 900	1 400

HKWC	800	800	600
KCC	3 000	3 200	2 400
KEC	700	600	400
KWC	4 100	4 200	3 200
NTEC	4 000	4 100	3 100
NTWC	2 800	2 900	2 100
Total[6]	**17 200**	**17 700**	**13 200**

Notes:

4. Figures are rounded to the nearest hundred.
5. The number of day inpatient discharges and deaths are not included in the above table because it only accounts for small volume at about 140, 140 and 90 in 2012-13, 2013-14 and 2014-15(up to 31 December 2014) respectively.
6. Individual figures may not add up to total due to rounding.

The unplanned readmission rates within 28 days for the psychiatry specialty were 6.9%, 6.7% and 7.2% in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014) respectively. To register the unplanned readmission rate within 28 days for the respective specialty is an established practice in HA. HA does not have the statistics of unplanned readmission rate within three months after discharge.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4394)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Government inform this Committee whether the Hospital Authority included improvements to psychiatric services in the 2015-16 Estimates? If so, what are the details about improving the waiting time for psychiatric outpatient services? What are the details about improving the consultation time? What are the objectives of such improvements? What are the additional resources and manpower involved? Please provide a breakdown for the above.

Asked by: Hon KWOK Ka-ki (Member Question No. 79)

Reply:

In 2015-16, the Hospital Authority (HA) has earmarked a total of around $15 million to further enhance its psychiatric services with details as below:

i. Expanding child and adolescent psychiatric services in the Kowloon East Cluster. It is estimated that an additional doctor, two nurses, one occupational therapist and one clinical psychologist will be required to enhance the services. The additional recurrent expenditure is estimated at around $5.2 million;

ii. Strengthening the psychiatric specialist outpatient services in the Kowloon West Cluster. It is estimated that an additional two doctors, three nurses, two occupational therapists and one clinical psychologist will be required to provide support for patients with common mental disorders. The additional recurrent expenditure is estimated at around $8.3 million; and

iii. Introducing a peer support element into the Case Management Programme for patients with severe mental illness. It is estimated that five peer support workers (one in the Kowloon Central Cluster, two in the Kowloon West Cluster and two in the New Territories West Cluster) will be recruited, involving an additional recurrent expenditure of around $1.5 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4395)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the past 3 years, what were the average annual expenditures on drug purchasing and drug prescribing per patient per day for psychiatric inpatients and outpatients respectively? How many psychiatric patients were prescribed with new psychiatric drugs each year? What percentage of the total number of patients of their kind did these patients account for? How did these patients compare with patients of their kind in terms of re-admission rates and interval between follow-up consultations? What were the average expenditures on drug purchasing and drug prescribing for these patients?

Asked by: Hon KWOK Ka-ki (Member Question No. 80)

Reply:

Relevant information on the utilisation of psychiatric drugs in the Hospital Authority (HA) in the past 3 years is set out in the table below. HA does not maintain statistics on readmission rates and interval between follow-up consultations for patients prescribing conventional anti-psychotic drugs versus new anti-psychotic drugs.

	2012-13	**2013-14**	**2014 (January to December, provisional figures)**
Average expenditure on drugs for psychiatric inpatients	$70 per patient day	$75 per patient day	$80 per patient day
Average expenditure on drugs for psychiatric out-patients	$465 per attendance	$437 per attendance	$409 per attendance
Number of patients prescribed with new anti-psychotic drugs	52 206	59 242	65 029

	2012-13	2013-14	2014 (January to December, provisional figures)
Estimated percentage of new cases of psychotic patients prescribed with new anti-psychotic drugs#	78%	85%	87%
Estimated average expenditure on new anti-psychotic drugs per patient per year	$4,075	$3,189	$2,359^

Decision on the type of anti-psychotics drugs to be prescribed is mainly a clinical judgment based on the conditions of individual patients. As different anti-psychotic drugs have different potency and side effect profile, the attending doctor will discuss with the patient concerned for the most appropriate treatment.

^ The estimated average expenditure on new anti-psychotic drugs per patient per year is substantially reduced due to the expiry of patent of some of the preparations.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)299

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4396)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding child psychiatry services, will the Government provide details on the manpower (including psychiatrists, nurses, community nurses), the respective ratios of these staff to patients, the numbers of child psychiatric patients and the numbers of child psychiatric patients with various learning disabilities by Hospital Authority cluster in the past 3 years?

Asked by: Hon KWOK Ka-ki (Member Question No. 81)

Reply:

The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals providing child and adolescent psychiatric services in the HA also support other psychiatric services, HA does not have the requested breakdown on the manpower for supporting child and adolescent psychiatric services only. The total number of psychiatric doctors and psychiatric nurses by cluster in the past 3 years are set out in the table below:

	Psychiatric doctors[1&2]	Psychiatric Nurses[1&3] (including Community Psychiatric Nurses)
2012-13 (as at 31 March 2013)		
HKEC	35	219
HKWC	24	116
KCC	36	247
KEC	35	119
KWC	68	568
NTEC	61	337
NTWC	73	691
Total	**332**	**2 296**
2013-14 (as at 31 March 2014)		
HKEC	35	230
HKWC	24	113
KCC	34	238
KEC	35	133
KWC	69	608
NTEC	61	349
NTWC	77	703
Total	**335**	**2 375**
2014-15 (as at 31 December 2014)		
HKEC	36	222
HKWC	24	112
KCC	36	241
KEC	35	137
KWC	71	633
NTEC	60	370
NTWC	76	701
Total	**338**	**2 416**

Notes:

1. Manpower on full-time equivalent basis including permanent, contract and temporary staff, but excluding HA Head Office staff. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of Psychiatry except interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatry department of other non-psychiatric hospitals as well as all other nurses in psychiatric stream.

The table below sets out the number of child and adolescent psychiatric patients treated in the past 3 years by cluster. HA does not have a ready breakdown on the number of patients with various learning disabilities.

	Cluster	2012-13	2013-14	**2014** (January - December provisional figures)
No. of child and adolescent psychiatric patients[4]	**HKEC**[5]	3 900	4 250	4 340
	HKWC[5]			
	KCC[6]	6 170	6 990	7 680
	KWC[6]			
	KEC	3 160	3 540	3 760
	NTEC	4 820	5 340	5 520
	NTWC	3 960	4 170	4 120
	Total[7]	**21 870**	**24 150**	**25 320**

Notes:

4. Age as at 30 June of each year.
5. The majority of the child and adolescent psychiatric services in HKEC are supported by the child and adolescent psychiatric specialist teams of HKWC.
6. The majority of the child and adolescent psychiatric services in KCC are supported by the child and adolescent psychiatric specialist teams of KWC.
7. Figures are rounded to the nearest 10. Individual figures may not add up to total due to rounding. Sums of clusters may not add up to total as a patient may be treated in more than one cluster.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4397)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Government advise on the Hospital Authority's annual total expenditure on psychiatric services in the past 3 years and 2015-16 Estimates of Expenditure, 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 such expenditure accounts for in the Gross Domestic Product?

Asked by: Hon KWOK Ka-ki (Member Question No.82)

Reply:

The Hospital Authority (HA) provides a spectrum of mental health services, including inpatient, outpatient, ambulatory and community outreach services. The table below sets out the costs for providing mental health services of the HA from 2012-13 to 2015-16 and the respective percentages of increase.

	2012-13	**2013-14**	**2014-15 (Revised Estimate)**	**2015-16 (Estimate)**
HA's costs for mental health services ($ million)	3,696	3,858	4,231	4,390
Year-on-year % growth of HA's service costs	N/A	4.4%	9.7%	3.8%
Cumulative % growth of HA's service costs since 2012-13	N/A	4.4%	14.5%	18.8%

The mental health service costs include the direct staff costs (such as doctors, nursing and allied health staff) for providing services to patients; the expenditure incurred for various

clinical support services (such as pharmacy); and other operating costs (such as utility expenses and equipment maintenance).

HA's mental health service costs account for only part of the public expenditure on mental health. HA's mental health service costs as a ratio to the Gross Domestic Product of Hong Kong is therefore not directly comparable with that of other economies.

Expenditure on mental health services of the private sector is not available.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)301

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4398)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Matters Requiring Special Attention that the Hospital Authority (HA) will augment mental health services by further strengthening service provision in hospital, ambulatory and community settings and enhancing the quality of drugs provided to patients with psychosis and dementia. In this connection, will the Government advise:

(a) the details of such services, including the manpower and expenditure involved in each service and the intended effectiveness;

(b) the number of dementia patients treated by the HA, the number of new cases, the number of patients on the waiting list and the average waiting time in the past 3 years;

(c) the numbers of patients using ambulatory and community services in the past 3 years; and

(d) whether the Government has assessed the number of dementia patients in Hong Kong?

Asked by: Hon KWOK Ka-ki (Member Question No. 83)

Reply:

(a)

In 2015-16, the Hospital Authority (HA) has earmarked a total of around $15 million to further enhance its psychiatric services with details as below:

i. Expanding child and adolescent psychiatric services in the Kowloon East Cluster. It is estimated that an additional doctor, two nurses, one occupational therapist and one clinical psychologist will be required to enhance the services. The additional recurrent expenditure is estimated at around $5.2 million;

ii. Strengthening the psychiatric specialist outpatient services in the Kowloon West Cluster. It is estimated that an additional two doctors, three nurses, two occupational therapists and one clinical psychologist will be required to provide support for patients with common mental disorders. The additional recurrent expenditure is estimated at around $8.3 million; and

iii. Introducing a peer support element into the Case Management Programme for patients with severe mental illness. It is estimated that five peer support workers (one in the Kowloon Central Cluster, two in the Kowloon West Cluster and two in the New Territories West Cluster) will be recruited, involving an additional recurrent expenditure of around $1.5 million.

Over the years, HA has also taken measures to increase the use of new psychiatric drugs with less disabling side effects. In 2014-15, HA has further expanded the provision of new psychiatric drugs including new anti-psychotics and anti-dementia drugs to benefit around 10 700 patients under suitable clinical conditions, involving an additional recurrent expenditure of about $32 million.

HA will continue to review and monitor its services to ensure that they are in keeping with the needs of the patients.

(b)

The table below sets out the number of dementia patients who have received psychiatric specialist services, the number of first attendances in psychiatric specialist out-patient (SOP) clinics for psychogeriatric patients and the median waiting time of psychiatric SOP clinics for psychogeriatric services in HA in the past 3 years.

	2012-13	**2013-14**	**2014-15 [provisional figures]**
Number of dementia patients[1, 2]	11 380	11 900	11 950 (January – December 2014)
Number of first attendances in psychiatric SOP clinics for psychogeriatric patients[2]	4 990	5 090	3 540 (April - December 2014)
Median waiting time of psychiatric SOP clinics for psychogeriatric services (weeks)	7	8	15 (April - December 2014)

Notes:

1. Referred to patients who have ever been diagnosed with dementia under the psychiatric specialty in HA.
2. Figures are rounded to the nearest ten.

(c)

The table below sets out the total number of psychiatric patients who have received psychiatric day hospital services and adult community psychiatric services in the past 3 years.

	2012-13	**2013-14**	**2014** (January - December) [provisional figures]
No. of psychiatric patients having received psychiatric day hospital services	7 230	7 370	7 480
No. of psychiatric patients having received adult community psychiatric services	27 650	30 060	31 560

Note: Figures are rounded to the nearest ten.

(d)

HA does not have statistics on the total number of people with dementia in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4399)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by the number of surgery, the number of patients on the waiting list, the waiting time and the average cost of the 10 most common types of surgery in different specialties at various hospitals in each cluster under the Hospital Authority in the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 84)

Reply:

The Hospital Authority (HA) has not surveyed the waiting list and waiting time for common elective surgeries performed in different specialties at various hospitals due to the wide range of procedures performed. The table below sets out the estimated waiting time and number of some common elective surgeries performed in public hospitals in the past three years.

Procedure	**Range of Estimated Waiting Time (Months)**	**No. of Cases Performed in 2012-13**	**No. of Cases Performed in 2013-14**	**No. of Cases Performed in 2014-15 (up to 31 December 2014)**	**Surgical Operation Category**
Herniorrhaphy	2.5 to 34	4 452	4 187	3 196	Intermediate I to Major II
Cholecystectomy	3 to 34	3 211	3 227	2 611	Major: I & II
Total Joint Replacement	14 to 71	2 965	2 951	2 433	Ultra-major: I & II
Transurethral Resection of Prostate	2 to 18	2 491	2 424	1 800	Major I
Myomectomy	1 to 24	1 682	1 765	1 531	Minor II to Major I

Procedure	Range of Estimated Waiting Time (Months)	No. of Cases Performed in 2012-13	No. of Cases Performed in 2013-14	No. of Cases Performed in 2014-15 (up to 31 December 2014)	Surgical Operation Category
Total Abdominal Hysterectomy +/- Bilateral Salpingectomy	1 to 24	1 690	1 653	1 202	Major II
Thyroidectomy	3 to 17.5	883	947	672	Major: I, II & III
Haemorrhoidectomy	4 to 34	777	779	660	Intermediate I
Anterior Cruciate Ligament Reconstruction	3 to 18	750	742	598	Major II
Tonsillectomy	7 to 34	729	677	567	Intermediate: I & II

The costs of operating procedures (including surgeons, anaesthetics and operating theatre expenditures) are computed with reference to factors such as relative complexity of surgical procedures and operating time. The current HA fees and charges for private services (which are set on the higher of cost or market price) are set out below as a reference for the corresponding cost. Charges for operating procedures are categorised into 10 groups ranging from Minor I to Ultra-major III:

- Minor I $5,530 - $11,600
- Minor II $11,600 - $17,650
- Intermediate I $17,650 - $27,750
- Intermediate II $27,750 - $34,450
- Major I $34,450 - $44,550
- Major II $44,550 - $54,650
- Major III $54,650 - $65,700
- Ultra-major I $65,700 - $80,500
- Ultra-major II $80,500 - $100,800
- Ultra-major III $100,800 - $430,000

It should be noted that variations within the respective range of charges would be subject to complexity of the disease treated and the exact nature and scope of treatment to be offered.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4400)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Regarding drug treatment services, will the Government advise on the following:

(a) What is the number of clients who sought assistance and the number of clients who were treated successfully in the centres under the Hospital Authority in the past 3 years? What is the staffing establishment of each centre and the amount of expenditure involved?

(b) Are there any additional related services on drug treatment included in the estimate for 2015-16? If yes, what are the details and the amount of expenditure involved? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 85)

Reply:
(a)

The table below sets out the number of patients treated in the substance abuse clinics (SACs) by cluster in the Hospital Authority (HA) from 2012-13 to 2014-15.

No. of patients treated in the substance abuse clinics [1]	**2012-13**	**2013-14**	**2014-15 (Full year, provisional figure of 2014)**
HKEC	350	340	340
HKWC	340	370	380
KCC	300	300	310
KEC	270	310	320
KWC	890	940	970
NTEC	780	800	860
NTWC	820	880	920
Overall [2]	**3 700**	**3 880**	**4 070**

Notes:
1. Figures are rounded to the nearest 10.
2. Individual figures may not add up to overall since patients can be treated in more than one cluster.

HA delivers mental health service using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. Healthcare professionals usually provide support for a variety of psychiatric services. HA does not have the requested breakdown on the manpower for supporting SACs. Breakdown on the expenditure for SACs is also not available.

(b)

No additional funding has been earmarked for substance abuse services for 2015-16.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4401)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the smoking cessation services provided by the Hospital Authority, please inform this Committee of the followings:

(a) the number of hotline enquiries, follow-up counselling cases and attendances at smoking cessation clinics by age groups (including those below the age of 18) in the past 3 years; and

(b) the cessation rate of first-year cases.

Asked by: Hon KWOK Ka-ki (Member Question No. 86)

Reply:
The Hospital Authority (HA) operates 16 full-time and 42 part-time smoking cessation clinics, providing smoking cessation services through counselling and provision of medication. Service throughputs in the past three years are as follows:

	2012	**2013**	**2014**
Number of enquiries on smoking cessation services	12 596	11 031	10 372
Number of telephone counselling sessions (including initial and follow-up telephone counselling)	34 984	56 500	57 474
New patients attending smoking cessation clinics	13 136	17 689	19 018
Percentage with age < 65	73.2%	71.4%	71.3%
Percentage with age ≥ 65	26.8%	28.6%	28.7%
One-year success quit rate	46.0%	51.2%	52.4%

Notes :

1. A breakdown by age group is not available for the number of enquiries received and the number of telephone counselling sessions conducted.

2. One-year success quit rate refers to the percentage of clients who have self-reported not to have smoked for a consecutive of seven days prior to the 52nd week after their first actual quit attempt.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4402)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated under "Matters Requiring Special Attention" that the Hospital Authority will enhance healthcare services to the elderly population. In this regard, would the Government please provide the following information of all the clusters under the Hospital Authority:

a. The number of community geriatric nurses, the elderly population in the cluster, and the ratio between the community geriatric nurses and the elderly population in the district at present and in the past 3 years;

b. The number of elderly persons served by each community geriatric nurse, the number of cases that require long-term follow-up, the number of visits for each case every year, and the length of every visit for each case.

Asked by: Hon KWOK Ka-ki (Member Question No. 87)

Reply:

Community nurses (CNs) of the Hospital Authority (HA) serve clients of all ages including geriatrics in the community. Up to 31 December 2014 in 2014-15, around 643 000 home visits were made by CNs. The proportion of home visits made by CNs for geriatric patients is about 85% in 2014-15.

The table below sets out the number of CNs and their ratio to local elderly persons in 2012-13, 2013-14 and 2014-15 (as at 31 December 2014).

Cluster	No. of CN[(1)]	Elderly population[(2)]	No. of CN to 1 000 elderly population[(3)] ratio	Catchment Districts
2012-13 (as at 31 March 2013)				
HKEC	54	125 800	0.43	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	27	76 900	0.35	Central & Western, Southern
KCC	32	80 700	0.40	Kowloon City, Yau Tsim
KEC	88	146 000	0.60	Kwun Tong, Sai Kung
KWC	140	298 200	0.47	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	55	144 500	0.38	Sha Tin, Tai Po, North
NTWC	50	108 100	0.46	Tuen Mun, Yuen Long
Total:	**446**	**980 300**	**0.46**	
2013-14 (as at 31 March 2014)				
HKEC	50	132 000	0.38	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	28	80 700	0.35	Central & Western, Southern
KCC	33	85 500	0.39	Kowloon City, Yau Tsim
KEC	88	151 700	0.58	Kwun Tong, Sai Kung
KWC	141	304 500	0.46	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	58	152 600	0.38	Sha Tin, Tai Po, North
NTWC	52	114 500	0.45	Tuen Mun, Yuen Long
Total:	**449**	**1 021 500**	**0.44**	
2014-15 (as at 31 December 2014)				
HKEC	55	135 300	0.41	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	28	83 000	0.34	Central & Western, Southern
KCC	34	91 200	0.37	Kowloon City, Yau Tsim
KEC	97	157 300	0.62	Kwun Tong, Sai Kung
KWC	140	314 500	0.45	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	57	160 500	0.36	Sha Tin, Tai Po, North
NTWC	53	121 400	0.44	Tuen Mun, Yuen Long
Total:	**464**	**1 063 600**	**0.44**	

At present, each CN attends to about 180 patients on average per year. The table below sets out the number of successful home visits, the number of patients served, the number of successful home visits per patient and the average time for each successful home visit excluding travelling time in 2012-13, 2013-14 and 2014-15 (as at 31 December 2014).

Cluster	No. of successful home visits	No. of patients served	No. of successful home visits per patient	Average time (in minutes) per each successful home visit (net of travelling time)
2012-13 (as at 31 March 2013)				
HKEC	96 508	6 647	14.5	17.6
HKWC	52 581	3 044	17.3	18.2
KCC	65 097	2 518	25.9	22.7
KEC	159 068	10 839	14.7	21.7
KWC	250 407	15 503	16.2	21.9
NTEC	122 774	8 709	14.1	18.0
NTWC	83 015	4 217	19.7	21.0
Total:	**829 450**	**51 477**	**16.1**	**20.5**
2013-14 (as at 31 March 2014)				
HKEC	101 052	6 869	14.7	17.8
HKWC	57 122	3 421	16.7	18.7
KCC	65 763	2 706	24.3	22.6
KEC	161 314	10 795	14.9	21.6
KWC	250 546	15 789	15.9	22.7
NTEC	123 519	7 217	17.1	18.2
NTWC	80 320	4 272	18.8	22.2
Total:	**839 636**	**51 069**	**16.4**	**20.9**
2014-15 (as at 31 December 2014)				
HKEC	78 745	5 897	13.4	17.6
HKWC	43 534	3 132	13.9	18.5
KCC	48 540	2 360	20.6	23.9
KEC	122 311	9 018	13.6	21.7
KWC	188 771	13 771	13.7	22.8
NTEC	88 284	5 834	15.1	18.5
NTWC	62 485	3 761	16.6	21.9
Total:	**632 670**	**43 773**	**14.5**	**21.0**

Notes:

(1) The number of CN is the position as at end March of respective years (except for 2014-15 in which case the position is as at 31 December 2014). Individual figures may not add up to the total due to rounding.

(2) The statistical delineation of the geographical populations for KEC/NTEC and HKEC/KWC has been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures have also been adjusted accordingly.

The population figures are based on the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.

Elderly population refers to population aged 65 or above as at the mid-year for respective years.

(3) It should be noted that the ratio of CN per 1 000 population varies among the clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, 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 organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration; and

(b) the catchment area of cluster for community nursing service may be different from the geographical delineation of population adopted by the Census & Statistics Department.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4403)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated under "Matters Requiring Special Attention" that the Hospital Authority will implement measures to improve patients' access to service. What are the details of the various measures in this regard? Please provide the manpower and resources involved in each of these measures and the expected effectiveness of the measures.

Asked by: Hon KWOK Ka-ki (Member Question No. 88)

Reply:

To meet the growing demand from population growth and ageing, Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure for 2015-16 is projected to reach $54 billion, representing an increase of over 3% as compared to the 2014-15 budget. With the financial provision of $49.9 billion for 2015-16 from the Government to HA, coupled with HA's own income and mobilisation of its internal resources, HA will implement various measures to meet the increasing demand for hospital services and to improve the quality of patient care. Examples of such measures are:

(a) increasing a total of 250 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Tseung Kwan O Hospital, Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital to enhance the capacity of inpatient services, including additional emergency beds;

(b) providing additional operating theatre sessions to allay the waiting list for surgeries;

(c) widening the indications of Special Drug for Multiple Sclerosis and introducing new drugs of proven safety and efficacy to the Drug Formulary for cancer treatment, chronic Hepatitis C and Crohn's disease to benefit around 4 000 patients annually;

(d) enhancing endoscopy service by performing around 5 300 additional endoscopic procedures;

(e) increasing the episodic quota for general outpatient clinics in five Clusters (namely Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West) by 55 000 attendances for 2015-16;

(f) setting up Hong Kong's fourth Joint Replacement Centre in the New Territories East Cluster[(1)] for performing 90 additional operations for 2015-16 and 250 additional operations per year thereafter;

(g) augmenting mental health services by strengthening manpower of the psychiatric teams and introducing a peer support element to the Case Management Programme for patients with severe mental illness;

(h) relocating the Geriatric Day Rehabilitation Centre of Yan Chai Hospital to the hospital's new wellness centre and expanding the geriatric day places from 20 to 40 places; and

(i) strengthening the Community Geriatric Assessment Team service by conducting 3 000 additional visits to residential care homes for the elderly.

HA will deploy existing staff and recruit additional staff to implement with the above initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

Note [(1)] – The other three existing Joint Replacement Centres are located at the Buddhist Hospital, Yan Chai Hospital and Pok Oi Hospital.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4404)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated under "Matters Requiring Special Attention" that the Hospital Authority will open additional beds, especially in high needs communities like the New Territories West Cluster, to increase the service volume in order to meet the growing demand arising from population growth and ageing. Please provide the details in this regard, as well as the expenditure, manpower and ranks of staff involved.

Apart from the above, does the Government have other plans to enhance the healthcare service of the New Territories West Cluster? If yes, what are the details in this regard, as well as the expenditure, manpower and ranks of staff involved? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 89)

Reply:

Hospital Authority has earmarked an additional provision of around $423 million in 2015-16 for implementing initiatives to better manage growing service demand and improve quality of medical services in the New Territories West Cluster (NTWC). These measures include:

(a) opening a total of 122 additional beds, which comprise:
    (i) 114 beds (76 acute and 38 convalescent) in Pok Oi Hospital (POH);
    (ii) 2 convalescent beds in Tuen Mun Hospital (TMH);
    (iii) 4 surgical high dependency unit (HDU) beds in TMH;
    (iv) 2 Cardiac Care Unit beds in TMH;

(b) opening new operating theatre sessions and upgrade two HDU beds to Intensive Care Unit beds in POH to support extended hour operations;

(c) meeting the increasing laboratory demand of General Outpatient Clinics in NTWC;

(d) enhancing the sterilisation supply service in Tuen Mun Eye Centre and to cover all emergency operations in TMH; and

(e) commissioning Tin Shui Wai Hospital through setting up a service commissioning team to engage in advanced and detailed planning and commissioning work after site handover.

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

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)308

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4405)

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

Subhead (No. & title): (-) Not Specified

Programme: (3): Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information regarding Prince Philip Dental Hospital in the past 3 years:

a. the number of teaching patients (TP) admitted;
b. the number of cases admitted involving private fee paying patients (PFPP);
c. the cost and subsidy per patient (TP/PFPP).

Asked by: Hon KWOK Ka-ki (Member Question No. 90)

Reply:

(a) The attendance of teaching patients of the Prince Philip Dental Hospital (PPDH) from 2012-13 to 2014-15 is as follows:

Financial Year	Attendance
2012-13	119 338
2013-14	123 754
2014-15 (as at 28 February 2015)	112 215

(b) The attendance of private fee paying patients of PPDH from 2012-13 to 2014-15 is as follows:

Financial Year	Attendance
2012-13	2 050
2013-14	2 354
2014-15 (as at 28 February 2015)	1 255

(c) PPDH 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. The Hospital does not have a breakdown of its subvention/expenditure showing the amount for individual services.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)309

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4406)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the number of training places for dentists, please advise this Committee on the following:

(a) What is the current number of dentists in Hong Kong? How many of them serve in the public and private sectors respectively? What is the dentist-to-population ratio?

(b) Will the Government consider increasing the number of training places for dentists so as to increase the dentist-to-population ratio? If yes, what is the targeted increase for the next 5 and 10 years as well as the targeted dentist-to-population ratio to be achieved respectively?

Asked by: Hon KWOK Ka-ki (Member Question No. 91)

Reply:

(a) As at December 2014, there were 2 133 dentists on the list of registered dentists resident in Hong Kong under the Dentists Registration Ordinance. The ratio of resident dentist to population was 1: 3 400. The Dental Council of Hong Kong does not have a breakdown of the number of dentists working in private and public sectors. However, according to the 2012 Health Manpower Survey conducted by the Department of Health, the distribution of dentists working in different sectors was as follows:-

Sector of Work*	Government	Private	Other#	Unknown
Percentage of Dentists	18.2%	72.9%	8.1%	0.9%

Note: The figures may not add up to 100 due to rounding effect.

* Refers to the sector of main job

Figures include Hospital Authority, subvented sector, academic sector and Prince Philip Dental Hospital.

(b) In response to the growing demand for healthcare services of an ageing population, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong. The objective of the review is to assess the manpower need of the various healthcare professions, strengthen professional training and development as well as enhancing the regulatory framework. The review is still ongoing and we will publish the result and recommendations after the completion of the review.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)310

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6097)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Drug Formulary, will the Government advise on the following:

a. The current number of drugs registered in Hong Kong and drugs listed in the Drug Formulary, and among these, the respective number of subsidised and self-financed drugs?

b. Has any provision been earmarked in the 2015-16 Estimates for improving the Drug Formulary system, such as expanding the Drug Formulary and enhancing the transparency in approving drugs for inclusion? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 197)

Reply:

(a)

As at end of February 2015, there were 19 190 pharmaceutical products registered in Hong Kong.

The table below sets out the number of subsidised and self-financed drugs in the Hospital Authority Drug Formulary (HADF) as at January 2015:

Drug Category	Number of Drugs
a) Subsidised drugs provided at standard fees and charges in public hospitals and clinics	
i) General drugs	897
ii) Special drugs [(1)]	338
b) Self-financed drugs	
i) Self-financed items	76
ii) Drugs covered by the safety net	21
iii) Drugs supported by the Community Care Fund	9
Total number of drugs in the Formulary	Around 1 300[(2)]

Note [(1)] : Special drugs are used under specific clinical conditions with specific specialist authorisation. Patients who do not meet specified clinical conditions but choose to use Special drugs have to pay for the drugs.

Note [(2)] : A drug may fall in more than one category due to different therapeutic indications or dose presentations.

(b)

In 2015-16, HA will incorporate five new drug classes into the HADF as Special Drugs and expand the clinical application of a Special Drug in the HADF. The initiative will be implemented starting from the second quarter of 2015.

The table below sets out the drug name / class, therapeutic use, additional financial requirement and estimated number of patients who will be benefited from each drug / drug class each year.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients to be Benefited
Incorporation of New Drugs into the HADF		
i) Clofarabine for acute lymphoblastic leukaemia in paediatric patients	1.8	3
ii) Gemcitabine for metastatic breast cancer	5.5	300
iii) Aprepitant / Fosaprepitant for delayed emesis control in highly emetogenic chemotherapy	9.2	3 800
iv) Boceprevir for chronic Hepatitis C	18.5	150
v) Adalimumab / Infliximab for severe refractory Crohn's Disease	2.5	20
Expansion of Clinical Application of Existing Drug in the HADF		
i) Interferon beta for multiple sclerosis	7.0	70

HA has all long been maintaining close communication with both internal and external stakeholders on management of HADF and employing different means to channel relevant information to targeted parties. Since 2011, HA has been taking the following measures to

enhance the operational transparency, improve the accessibility of information and strengthen the confidence of stakeholders and the public in HA's formulary management :

(i) The composition of the HA Drug Advisory Committee (DAC) has been uploaded to HA's internet website;
(ii) The list of new drugs to be reviewed at each DAC meeting is uploaded to both HA's internet and intranet website;
(iii) The agenda of DAC meetings is sent to the Alliance for Patients' Mutual Help Organisation for further dissemination to its members; and
(iv) The outcome of each individual drug applications for inclusion in the HADF, together with a list of references that have been taken into account in the process of considering each drug application, are uploaded to both HA's internet and intranet websites after each DAC meeting.

In addition, in 2014-15, stakeholder engagement and communication channels have been formalised to ensure proper consultations and appropriate participation of stakeholders and service partners. To enhance accountability and partnership with the community, HA convenes two consultation meetings with the patient groups every year to keep them abreast of the latest developments of the HADF, gather their views on the introduction of new drugs and review the existing drug list in the HADF. Patient groups are invited to attend meetings and submit their views or proposals to HA for reference and consideration by the relevant drug committees. Since early 2011, the Chief Executive of HA has been meeting patient representatives regularly through the Patient Advisory Committee to collect their views on various areas of patient services, including matters related to the HADF. Ad hoc meetings would also be convened with individual patient groups to discuss specific issues of concerns where necessary.

To improve the transparency of managing the HADF and enable its service partners to understand their functions on different platforms of collaboration, HA is compiling the HADF Management Manual. It outlines the enhanced governance structure in managing the HADF, the drug review process and considerations, the delineated roles and responsibilities of service partners, operational guidelines as well as procedures of drug applications. HA will promulgate the manual to all internal and external stakeholders through different communication channels and established liaison mechanisms. Furthermore, HA is revamping the website of the HADF to enhance easy access to information and facilitate effective conveyance of information to targeted stakeholders and service partners.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6098)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information concerning the Drug Formulary:

With the implementation of the Formulary in 2005, how many new drugs are registered in Hong Kong annually? What are the average, shortest and longest time taken for a drug to be included in the Formulary?

Asked by: Hon KWOK Ka-ki (Member Question No. 197)

Reply:

The figures of pharmaceutical products newly registered in 2005 - 2014 are as follows:

Year	Number of new chemical entity products (A)	Number of generic products (B)	Total number of pharmaceutical products newly registered (A)+(B)
2005	27	999	1 026
2006	45	1 139	1 184
2007	47	1 042	1 089
2008	34	1 022	1 056
2009	44	1 691	1 735
2010	47	1 313	1 360
2011	10	721	731
2012	44	635	679
2013	19	788	807
2014	22	860	882

As at end of February 2015, there were 19 190 pharmaceutical products registered in Hong Kong.

The Hospital Authority (HA) has an established mechanism with the support of 20 specialty panels to regularly evaluate new drugs and review existing drugs in the HA Drug Formulary (HADF). The process follows an evidence-based approach, having regard to the principles of safety, efficacy 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.

Under the existing mechanism, clinicians would submit new drug applications, based on service needs, to HA's Drug Advisory Committee (DAC) for consideration of listing on the HADF. The DAC would review all new drug applications every three months. Appraisal of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics. HA does not capture data on the average, shortest and longest time taken for listing a new drug on the HADF.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)312

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6099)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Please provide the following information on obstetrics and gynaecology (O&G) services:

a. the utilisation rate, the number of attendances, the number and ratio of spontaneous deliveries to caesarean deliveries, and the cost and subsidy per delivery in each cluster for the past 3 years;

b. the number of O&G doctors by rank and by cluster, and their ratio to the number of deliveries for the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 198)

Reply:

(a)

The table below sets out the inpatient occupancy rate, the number of specialist outpatient (SOP) attendances, the number of deliveries and caesarean-section rate in obstetric units in the Hospital Authority (HA) by cluster in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

Cluster		**2012-13**	**2013-14**	**2014-15 (up to 31 December 2014) [Provisional Figures]**
HKEC	Inpatient Occupancy Rate - Obstetrics	75%	71%	83%
	Number of SOP attendances - Obstetrics	25 965	23 114	17 801
	Number of deliveries	3 802	2 645	2 126
	Caesarean-section rate	28.3%	31.5%	29.6%

Cluster		2012-13	2013-14	2014-15 (up to 31 December 2014) [Provisional Figures]
HKWC	Inpatient Occupancy Rate - Obstetrics	65%	59%	63%
	Number of SOP attendances - Obstetrics	37 787	37 032	29 499
	Number of deliveries	4 002	3 451	2 872
	Caesarean-section rate	26.9%	25.8%	24.7%
KCC	Inpatient Occupancy Rate - Obstetrics	72%	69%	76%
	Number of SOP attendances - Obstetrics	63 587	66 791	55 726
	Number of deliveries	6 075	5 627	4 841
	Caesarean-section rate	25.0%	26.3%	25.0%
KEC	Inpatient Occupancy Rate - Obstetrics	67%	58%	63%
	Number of SOP attendances - Obstetrics	33 096	32 846	26 279
	Number of deliveries	4 887	4 116	3 294
	Caesarean-section rate	22.0%	23.1%	23.5%
KWC	Inpatient Occupancy Rate - Obstetrics	71%	63%	70%
	Number of SOP attendances - Obstetrics	86 187	81 842	63 293
	Number of deliveries	11 179	9 532	7 688
	Caesarean-section rate	20.5%	21.5%	21.7%
NTEC	Inpatient Occupancy Rate - Obstetrics	62%	57%	66%
	Number of SOP attendances - Obstetrics	41 850	43 506	37 315
	Number of deliveries	6 974	6 204	5 314
	Caesarean-section rate	25.0%	24.7%	23.3%
NTWC	Inpatient Occupancy Rate - Obstetrics	97%	90%	96%
	Number of SOP attendances - Obstetrics	47 269	48 890	40 269
	Number of deliveries	5 631	5 159	4 295
	Caesarean-section rate	31.0%	28.4%	26.1%

The table below sets out the total costs of obstetric services (comprising both inpatient and outpatient services) by cluster in 2012-13 and 2013-14. The estimated obstetric service costs in 2014-15 are not yet available.

Year	Total Costs of Obstetric Services ($ million)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
2012-13	118	141	178	147	293	177	153	1,207
2013-14	113	144	190	150	304	185	155	1,241

The costs of obstetric services include the direct staff costs (such as doctors and nurses) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment).

It should be noted that obstetric services provided by HA include a range of services, e.g. delivery of births, antenatal and postnatal care, handling of stillbirth and other pregnancy related complications and diseases. The cost for each delivery varies among different cases owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of hospital stay. Hence clusters with greater number of patients or heavier load of patients with more complex conditions or requiring more costly treatment would incur higher service costs. Therefore, the service costs cannot be directly compared among clusters.

All Hong Kong residents are eligible to receive HA's wide range of public healthcare services at a heavily subsidised rate, where public patients are charged at a per diem/attendance flat fee for the respective services, including inpatient and outpatient. On average, the subsidy levels for overall inpatient and specialist outpatient services are about 98% and 94% respectively for both 2012-13 and 2013-14. The estimated average subsidy levels for the corresponding services are 98% and 95% respectively for 2014-15.

(b)

Table 1 below sets out the number of obstetrics and gynaecology (O&G) doctors by cluster by rank from 2012-13, 2013-14 and 2014-15 (as at 31 December 2014).

Table 1

Number of O&G doctors by cluster by rank				
Cluster	Rank Group	2012-13 (as at 31 March 2013)	2013-14 (as at 31 March 2014)	2014-15 (as at 31 December 2014)
HKEC	Cons	4	3	3
	SMO/AC	6	5	6
	MO/RS	13	13	12
HKEC Total		**23**	**21**	**21**
HKWC	Cons	7	7	7
	SMO/AC	4	5	4
	MO/RS	15	15	16
HKWC Total		**26**	**27**	**27**
KCC	Cons	7	7	7
	SMO/AC	10	10	9
	MO/RS	14	15	14
KCC Total		**30**	**31**	**29**
KEC	Cons	5	6	6
	SMO/AC	7	6	6
	MO/RS	15	16	13
KEC Total		**27**	**28**	**25**
KWC	Cons	9	9	8
	SMO/AC	15	15	15
	MO/RS	27	27	26
KWC Total		**51**	**51**	**49**
NTEC	Cons	6	4	6
	SMO/AC	7	7	7
	MO/RS	18	16	15
NTEC Total		**31**	**27**	**29**
NTWC	Cons	6	6	6
	SMO/AC	8	8	9
	MO/RS	18	16	15
NTWC Total		**32**	**30**	**29**

Note:

1) The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff, but exclude Interns and Dental Officers.

2) Individual figures may not add up to the total due to rounding.

Based on the O&G doctor numbers and the number of deliveries given in part (a) above, the ratio of O&G doctors to the number of deliveries in the past three years are given in the table below. It should be noted that the ratio of O&G doctors to the number of deliveries varies among clusters because service demands vary among clusters, and the variances cannot be directly compared among the clusters.

Ratio of O&G doctors to the number of deliveries							
Year	Clusters						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
2012-13	1:165	1:154	1:203	1:181	1:219	1:225	1:176
2013-14	1:126	1:128	1:182	1:147	1:187	1:230	1:172
2014-15 (up to 31 December 2014)	1:101	1:106	1:167	1:132	1:157	1:183	1:148

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
Cons – Consultant
SMO – Senior Medical Officer
AC – Associate Consultant
MO – Medical Officer
RS - Resident

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6100)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Government please list the numbers of common surgical cases in different specialties (such as General Surgery, Orthopaedics, Gynaecology, Urology, Cardio-thoracic Surgery, Otorhinolaryngology and Ophthalmology) and among which the numbers of cases with surgery material costs borne by the patients (including coronary bypass operation, hip and knee replacements) in hospitals under each Hospital Authority cluster in the past 3 years?

Asked by: Hon KWOK Ka-ki (Member Question No. 199)

Reply:

The Hospital Authority (HA) has not surveyed the number of common elective surgeries performed in different specialties in public hospitals due to the wide range of procedures performed. The table below sets out the number of some common elective surgeries performed in public hospitals in the past three years.

Procedure	**Number of Cases Performed in 2012-13**	**Number of Cases Performed in 2013-14**	**Number of Cases Performed in 2014-15 (up to 31 December 2014)**
Herniorrhaphy	4 452	4 187	3 196
Cholecystectomy	3 211	3 227	2 611
Total Joint Replacement	2 965	2 951	2 433
Transurethral Resection of Prostate	2 491	2 424	1 800
Myomectomy	1 682	1 765	1 531
Total Abdominal Hysterectomy +/- Bilateral Salpingectomy	1 690	1 653	1 202

Procedure	Number of Cases Performed in 2012-13	Number of Cases Performed in 2013-14	Number of Cases Performed in 2014-15 (up to 31 December 2014)
Thyroidectomy	883	947	672
Haemorrhoidectomy	777	779	660
Anterior Cruciate Ligament Reconstruction	750	742	598
Tonsillectomy	729	677	567

Charges of public medical services in HA are on an all-inclusive basis. Depending on the clinical conditions of the patients and the actual examinations and treatments required, the charges cover items such as clinical, biochemical and pathology investigation, vaccines and general nursing services. The surgical material costs of the elective surgeries listed in the above table are basically covered by charges of public services.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)314

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6101)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Prince Philip Dental Hospital, will the Government provide the following information for the past 3 years:
a. the number of attendances, the number of patients accepted and put on the waiting list, the number of teaching patients received, the average and the longest waiting time for treatment, and the manpower involved in providing treatment in each case;
b. the number of private fee paying cases received and the manpower involved in providing treatment in each case;
c. the costs, fees and charges and subvention per patient (teaching patient / private fee paying patient)?

Asked by: Hon KWOK Ka-ki (Member Question No. 200)

Reply:

The Prince Philip Dental Hospital (PPDH) 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.

At present, members of the public seeking dental services at PPDH will be screened. Only those who are found to be suitable for teaching purposes will be accepted as teaching patients. Treatments for teaching patients are mainly carried out by dental students under the supervision of qualified clinicians from the Faculty of Dentistry (the Faculty) of the University of Hong Kong. The waiting time before commencement of treatment will depend on the training needs of the students and their study progress. PPDH does not have the statistics on the number of teaching patients accepted.

As regards private fee paying patients, they are referred by sources outside PPDH. Treatments for these patients are provided by authorised teaching staff of the Faculty.

The attendance of teaching patients and private fee paying patients of PPDH from 2012-13 to 2014-15 is as follows:

Financial Year	Attendance	
	Teaching Patients	Private Fee Paying Patients
2012-13	119 338	2 050
2013-14	123 754	2 354
2014-15 (as at 28 February 2015)	112 215	1 255

The Hospital does not have a breakdown of its subvention/expenditure/manpower showing the amount for individual services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6179)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
The Hospital Authority will open a total of 250 additional beds in communities like Kowloon East, New Territories East and New Territories West Clusters. Please set out the share of additional beds in each cluster, the impact of the additional beds on manpower deployment and the relevant expenditure.

Asked by: Hon KWOK Ka-ki (Member Question No. 283)

Reply:
The Hospital Authority (HA) has earmarked over $320 million for the opening of 250 beds in 2015-16. The table below sets out the respective numbers of the 250 hospital beds to be opened in each of the clusters.

Cluster	**Number of general beds to be opened in 2015-16**		
	Acute General	Convalescent	Total
Hong Kong East	21	-	21
Hong Kong West	-	-	-
Kowloon Central	-	-	-
Kowloon East	36	-	36
Kowloon West	-	-	-
New Territories East	71	-	71
New Territories West	82	40	122
HA Overall	**210**	**40**	**250**

HA will deploy existing staff and recruit additional staff to cope with the opening of the above beds. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6181)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
In recent years, the waiting time at the Accident and Emergency (A&E) departments of hospitals in all clusters under the Hospital Authority is pretty long and there is also a shortage of doctors. As a result, there are occasions where patients are given perfunctory treatment by doctors. In this connection, please provide the number of attendances, the average waiting time, the average consultation time, the number of medical and nursing staff and related expenditures on drugs for the A&E departments in all clusters in 2014.

Asked by: Hon KWOK Ka-ki (Member Question No.285)

Reply:
The table below sets out the number of attendances by triage categories in Accident and Emergency (A&E) departments in the Hospital Authority (HA) in 2014-15 (up to 31 December 2014):

Cluster	Hospital	Number of A&E attendances in 2014-15 (up to 31 December 2014) [Provisional figures]
HKEC	PYNEH	110 806
	RH	58 894
	SJH	7 825
HKWC	QMH	96 929
KCC	QEH	142 446
KEC	TKOH	102 909
	UCH	136 857
KWC	CMC	96 992
	KWH	102 966
	NLTH	57 229
	PMH	103 088
	YCH	101 595

Cluster	Hospital	Number of A&E attendances in 2014-15 (up to 31 December 2014) [Provisional figures]
NTEC	AHNH	100 710
	NDH	79 938
	PWH	103 971
NTWC	POH	94 723
	TMH	165 476
Overall HA		**1 663 354**

The table below sets out the average waiting time for A&E services by triage categories in 2014-15:

Cluster	Hospital	Average waiting time (minute) for A&E services in 2014-15 (up to 31 December 2014) [Provisional figures]				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	5	16	104	145
	RH	0	6	17	66	124
	SJH	0	8	15	23	38
HKWC	QMH	0	7	23	103	170
KCC	QEH	0	7	37	158	192
KEC	TKOH	0	6	14	70	82
	UCH	0	9	24	134	203
KWC	CMC	0	7	20	67	65
	KWH	0	7	37	204	226
	NLTH*	0	7	13	25	30
	PMH	0	7	18	105	157
	YCH	0	5	20	123	151
NTEC	AHNH	0	4	11	26	29
	NDH	0	7	24	108	161
	PWH	0	11	45	177	165
NTWC	POH	0	5	21	104	115
	TMH	0	5	30	143	159
Overall HA		**0**	**7**	**26**	**108**	**126**

Note : *NLTH has started to provide 24-hour A&E services from September 2014.

HA does not have statistics on the average consultation time in A&E departments.

The table below sets out the manpower of doctors and nurses in the A&E specialty by hospitals in 2014-15:

A&E Specialty		Number of Staff in 2014-15 (as at 31 December 2014)	
Cluster	Hospital	Doctors	Nurses
HKEC	PYNEH	35	68
	RH	18	34
	SJH	5	-

A&E Specialty		Number of Staff in 2014-15 (as at 31 December 2014)	
HKWC	QMH	27	48
KCC	QEH	41	76
KEC	TKOH	23	45
	UCH	40	80
KWC	CMC	25	60
	KWH	25	48
	NLTH	22	46
	PMH	29	59
	YCH	28	56
NTEC	AHNH	24	58
	NDH	20	57
	PWH	21	86
NTWC	POH	24	67
	TMH	42	90

Note : The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff but excluding Interns.

The expenditure on drugs in the A&E departments in 2014-15 (up to 31 December 2014) is $17.5 million.

Abbreviations

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

Hospital:
PYNEH - Pamela Youde Nethersole Eastern Hospital
RH - Ruttonjee Hospital
SJH - St. John Hospital
QMH - Queen Mary Hospital
QEH - Queen Elizabeth Hospital
TKOH - Tseung Kwan O Hospital
UCH - United Christian Hospital
CMC - Caritas Medical Centre
KWH - Kwong Wah Hospital
NLTH - North Lantau Hospital
PMH - Princess Margaret Hospital
YCH - Yan Chai Hospital
AHNH - Alice Ho Miu Ling Nethersole Hospital
NDH - North District Hospital

PWH - Prince of Wales Hospital
POH - Pok Oi Hospital
TMH - Tuen Mun Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6182)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
What are the illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment? Please specify the technology employed and the expenditure involved, the cost of relevant medications, and the types of healthcare personnel required.

Asked by: Hon KWOK Ka-ki (Member Question No. 286)

Reply:
The Hospital Authority (HA) does not have a defined list of illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in treatment. However, such illnesses usually refer to diseases with high complexity requiring complicated or multiple procedures in treatment and the care of highly skilled healthcare professionals. Moreover, these patients concerned often suffer from multiple diseases.

In HA, patients with such diseases are mostly treated in inpatient setting. In providing treatment and care to these patients, HA adopts a multi-disciplinary approach led by highly skilled and experienced healthcare professionals across a number of disciplines and clinical specialties. Apart from clinical care, different forms of examinations (often involving advanced diagnostic investigations), pharmaceutical treatment and other adjuvant treatments are provided.

The total costs of general (acute and convalescent) inpatient service in HA in the past three years are provided below for reference:

Total General (acute and convalescent) Inpatient Service Costs ($ million)		
2012-13	**2013-14**	**2014-15 (Revised Estimate)**
25,576	27,424	30,404

The inpatient service costs include the direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment).

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)318

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6497)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of the residents in Tung Chung North and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 306)

Reply:
In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Tung Chung North is included in the Kowloon West Cluster (KWC), which covers the districts of Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan and Lantau Island. Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 94 000, specialist outpatient attendances by 62 000 and the number of beds by 70 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)319

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6498)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of the residents in Tung Chung South and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 307)

Reply:
In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Tung Chung South is included in the Kowloon West Cluster (KWC), which covers the districts of Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan and Lantau Island. Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 94 000, specialist outpatient attendances by 62 000 and the number of beds by 70 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)320

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6499)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of the residents in Park Island and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 308)

Reply:
In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Park Island is included in the Kowloon West Cluster (KWC), which covers the districts of Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan and Lantau Island. Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 94 000, specialist outpatient attendances by 62 000 and the number of beds by 70 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)321

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6500)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of the residents in Belvedere Garden and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 309)

Reply:
In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Belvedere Garden is included in the Kowloon West Cluster (KWC), which covers the districts of Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan and Lantau Island. Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 94 000, specialist outpatient attendances by 62 000 and the number of beds by 70 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6501)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Has the Government regularly reviewed the medical needs of the residents in Discovery Bay and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 310)

Reply:
In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Discovery Bay is included in the Kowloon West Cluster (KWC), which covers the districts of Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan and Lantau Island. Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 94 000, specialist outpatient attendances by 62 000 and the number of beds by 70 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6502)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Government regularly reviewed the medical needs of the residents in Tuen Mun and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 311)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Tuen Mun area is included in the New Territories West Cluster (NTWC), which covers the districts of Tuen Mun and Yuen Long. Over the years, NTWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 58 000, specialist outpatient attendances by 38 000 and the number of beds by 211 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6503)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Government regularly reviewed the medical needs of the residents in Golden Coast and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 312)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Golden Coast area is included in the New Territories West Cluster (NTWC), which covers the districts of Tuen Mun and Yuen Long. Over the years, NTWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 58 000, specialist outpatient attendances by 38 000 and the number of beds by 211 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6504)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Government regularly reviewed the medical needs of the residents in Kwai Fong and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 313)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Kwai Fong is included in the Kowloon West Cluster (KWC), which covers the districts of Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan and Lantau Island. Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 94 000, specialist outpatient attendances by 62 000 and the number of beds by 70 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6505)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Government regularly reviewed the medical needs of the residents in Tsing Yi and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 314)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Tsing Yi is included in the Kowloon West Cluster (KWC), which covers the districts of Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan and Lantau Island. Over the years, KWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 94 000, specialist outpatient attendances by 62 000 and the number of beds by 70 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6506)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Government regularly reviewed the medical needs of the residents in Tin Shui Wai and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 315)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in Tin Shui Wai area is included in the New Territories West Cluster (NTWC), which covers the districts of Tuen Mun and Yuen Long. Over the years, NTWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 58 000, specialist outpatient attendances by 38 000 and the number of beds by 211 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6507)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Government regularly reviewed the medical needs of the residents in New Tuen Mun Centre and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 316)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in New Tuen Mun Centre is included in the New Territories West Cluster (NTWC), which covers the districts of Tuen Mun and Yuen Long. Over the years, NTWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 58 000, specialist outpatient attendances by 38 000 and the number of beds by 211 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6508)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Government regularly reviewed the medical needs of the residents in New Yuen Long Centre and implemented any improvement measures, including increasing the primary care services (such as the public outpatient service quota) and hospital services (such as number of hospital beds and quota for specialist outpatient services) of the relevant cluster? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 317)

Reply:

In planning public healthcare services, the Hospital Authority (HA) has taken into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes in the district, possible changes in healthcare service utilisation pattern, as well as organisation of services of the clusters and hospitals.

Service planning for residents in New Yuen Long Centre is included in the New Territories West Cluster (NTWC), which covers the districts of Tuen Mun and Yuen Long. Over the years, NTWC has enhanced services to meet the demand in the region. For example, the general outpatient attendances has been increased by 58 000, specialist outpatient attendances by 38 000 and the number of beds by 211 from 2011-12 to 2014-15.

HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the services can meet public demand through restructuring of service delivery models, hospital development projects and other suitable measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3416)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
Even though the number of hospital beds for inpatient services of the Hospital Authority is rising every year, the bed occupancy rate in many hospitals exceeds 100%, especially during the peak flu season. Are there measures in place to ensure that there are enough nurses to cope with the service demand? If so, why is there a serious shortage of nursing staff every year? If not, has the Government considered setting a nurse-to-patient ratio with a view to projecting the increase in workload and the required nursing manpower?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 54)

Reply:
As the Hospital Authority (HA) provides different types and levels of services to patients having regard to the conditions and needs of each patient, HA does not prescribe any nurse-to-patient ratio for manpower planning or deployment purposes. Nevertheless, HA has developed a workload assessment model for estimating nursing manpower requirements. The model takes into account patient number, patient dependency and nursing activities etc. The model is currently being used for assessing nursing workload and staffing requirements. HA will make reference to the model when planning for new services.

In 2015-16, HA plans to recruit about 1 830 nurses. The nursing manpower in HA has been increasing in the past few years. The number of nurses has increased from 21 816 as at 31 March 2013 to 22 759 as at 31 March 2014, and further to 23 527 as at 31 December 2014.

During the peak flu season or other situations with increased service demand, the nursing manpower is augmented by measures including "Special Honorarium Scheme", leave encashment, provision of part-time nurses and undergraduate nurses to handle the possible surge of service demand.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)331

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3417)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned in the 2013 Policy Address that the Hospital Authority would pilot cross-cluster referrals to reduce the waiting time for specialist services. How much resources have been involved since the piloting was in place? Has the Government assessed the amount of waiting time reduced? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 55)

Reply:

The Hospital Authority (HA) provides different kinds of public healthcare services throughout the territory to enable patients to have convenient access to the services according to their needs. In general, HA encourages patients to seek medical attention from specialist outpatient clinics in the clusters where they are residing to facilitate the follow-up of their medical conditions and the provision of community support.

To better manage waiting time, HA has enhanced cross-cluster collaboration since August 2012 by establishing a centrally coordinated mechanism to pair-up clusters so that suitable patients of selected specialties with longer waiting time could be referred to those with shorter waiting time. Under this mechanism, HA provides an option for suitable Ear, Nose and Throat patients in Kowloon East Cluster to be seen in Kowloon Central Cluster; Gynaecology patients in New Territories East Cluster to be seen in Hong Kong East Cluster; and Ophthalmology patients in New Territories East Cluster to be seen in Hong Kong West Cluster.

HA has introduced the cross-cluster referral arrangement in phases by using existing resources. The waiting time for the benefited patients was reduced. The table below sets out the number of referred new case bookings and the waiting time in each participating hospital cluster in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

Specialty	Programme Start Date	No. of Referred New Case Bookings (As of 31 December 2014)	Involved Clusters	Routine Cases 90th Percentile Waiting Time (Weeks)		
				2012-13	2013-14	2014-15 (Up to 31 December 2014) [Provisional]
Ear, Nose & Throat	August 2012	3 477	KEC*	151	78	64
			KCC#	16	28	35
Gynaecology	April 2013	406	NTEC*	125	128	98
			HKEC#	25	22	34
Ophthalmology	October 2013	613	NTEC*	155	70	66
			HKWC#	28	21	24

Note
* Cluster from which patients are referred
# Cluster to which patients are referred

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)332**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3418)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

Why is it that the completion rate of student dental surgery assistant in 2015-16 (79%) is lower than that of the revised estimate for 2014-15 (83%)?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 56)

Reply:

For the Certificate Course of Proficiency in Dental Surgery Assisting, a higher completion rate of 83% is projected for the current (i.e. 2014/15) academic year in view of the satisfactory learning progress of the existing students. On the other hand, the estimated completion rate of 79% for the next (i.e. 2015/16) academic year is based on the average performance for the past few years. Both figures are considered to be within acceptable range.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4208)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Assessment Pilot Programme launched in collaboration with non-government organisations, would the Government please provide information on the expenditure, and the numbers of service providers and attendances in the past year?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 52)

Reply:

With an aim to facilitate early identification of risk factors as well as promote healthy ageing, the Government launched the Elderly Health Assessment Pilot Programme (the Pilot Programme) in July 2013 in collaboration with nine non-governmental organisations (NGOs) to subsidise about 10 000 elders aged 70 or above to receive health assessment from 19 service centres operated by these NGOs throughout the territory

By the end of December 2014, over 5 300 elders have participated in the Pilot Programme. The expenditure in 2013-14 is $2.3 million.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)334

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4209)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

To protect and promote the health of the population, the Government increased tobacco duty in 2014-15. How effective is this measure?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 53)

Reply:

To sustain the effectiveness of tobacco duty tax as a tobacco control measure, we increased the tobacco duty by 11.7% in February 2014, or an increase in the duty on cigarettes by $0.2 per stick, bringing the proportion of duty to retail price of cigarettes to about 70%, which reaches the minimum level recommended by the World Health Organisation. In February and March 2014, the Department of Health (DH)'s Smoking Cessation Hotline received 3 620 calls, representing an increase of 38% over the same period in 2013. We also observed an increase in the number of users of the smoking cessation services provided by non-governmental organisations with the funding support of the DH. We will continue to monitor closely the effectiveness of the tobacco control measures on various fronts and changes in the smoking prevalence and related statistics and consider strengthening these measures as appropriate.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)335

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3598)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the details of various policies and measures with respect to the provision of community healthcare service by the Department of Health, the actual expenditure of the various measures taken in the past 3 financial years, and the estimated expenditure for 2015-16?

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 54)

Reply:

The "Primary Care Development Strategy Document" promulgated in 2010 sets out the following major strategies on enhancing primary care in Hong Kong -

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

(b) developing a Primary Care Directory to promote the family doctor concept and 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 (DH) to support and co-ordinate the implementation of primary care development strategies and actions. The financial provision for PCO is $88.0 million respectively in 2012-13, 2013-14, 2014-15 and 2015-16. The latest progress and work plan of the major primary care initiatives under PCO are as follows -

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of the reference frameworks for diabetes and hypertension care has also been launched. Development of new modules under these reference frameworks (e.g. visual impairment for older adults and injury prevention for children) is in progress while the promulgation of the existing reference frameworks continues.

(b) Primary Care Directory (PCD)

The web-based and mobile application versions of the sub-directories for doctors, dentists and Chinese Medicine Practitioners have been launched. Development of the optometrists sub-directory is in progress while the promotion of PCD continues.

(c) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The second CHC located within the North Lantau Hospital commenced services in 2013. A new CHC in Kwun Tong has just been commissioned in late March 2015. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit districts needs most.

(d) Publicity Activities

A variety of publicity activities are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

It should be noted that apart from PCO, other divisions of DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong such as health promotion and education and prevention of non-communicable diseases. However, as these services form an integral part of the respective DH's services, such expenditure could not be separately identified.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)336**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3599)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
Please set out the operating expense of every community health centre and the costs of different services provided.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 55)

Reply:
Community Health Centre (CHCs) provide integrated multi-disciplinary healthcare services, including general outpatient clinic (GOPC) services, as well as health risk assessments, disease prevention and health promotion, and support for self-health awareness services, through medical, nursing and allied health services. Similar to other public GOPCs, patients under the care of the CHCs mainly comprise two categories: 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 influenza, cold, fever, gastroenteritis, etc.).

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The second CHC located within the North Lantau Hospital commenced services in 2013. A new CHC in Kwun Tong has just been commissioned in late March 2015.

As the service provision of CHCs involves cross programmes activities by different multi-disciplinary teams within the cluster of the Hospital Authority, operating expense and cost of services of individual CHC cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)337

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3600)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the caseload at each community health centre for the past 3 years, including the numbers of first-time health assessments, subsequent health assessments, consultations during which assessment findings are explained and treatment sessions.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 56)

Reply:

The Community Health Centre (CHC) in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The second CHC located within the North Lantau Hospital commenced services in 2013. A new CHC in Kwun Tong has just been commissioned in late March 2015.

CHCs provide integrated multi-disciplinary healthcare services, including general outpatient clinic (GOPC) services, as well as health risk assessments, disease prevention and health promotion, and support for self-health awareness services, through medical, nursing and allied health services. Similar to other public GOPCs, patients under the care of the CHCs mainly comprise two categories: 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 influenza, cold, fever, gastroenteritis, etc.).

The number of GOP attendances in the Tin Shui Wai (Tin Yip Road) CHC and North Lantau CHC from 2012-13 to 2014-15 (up to 31 December 2014) are as follows:

	2012-13	2013-14	2014-15 (up to 31 December 2014) [Provisional figures]
Tin Shui Wai (Tin Yip Road) CHC	60 691	71 124	56 233
North Lantau CHC	-	29 580 (Commenced service in September 2013)	44 833

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)338

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3601)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide a breakdown of the number of staff and estimated expenditure of each community health centre.

2. When will the Government review the service capacity of community health centres and increase their manpower? What is the estimated expenditure?

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 57)

Reply:

Community Health Centres (CHCs) provide integrated multi-disciplinary healthcare services, including general outpatient clinic (GOPC) services, as well as health risk assessments, disease prevention and health promotion, and support for self-health awareness services, through medical, nursing and allied health services. Similar to other public GOPCs, patients under the care of the CHCs mainly comprise two categories: 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 influenza, cold, fever, gastroenteritis, etc.).

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The second CHC located within the North Lantau Hospital commenced services in 2013. A new CHC in Kwun Tong has just been commissioned in late March 2015.

Staff disciplines involved for the above integrated multi-disciplinary healthcare services in CHCs 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. These healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple service sites.

The Hospital Authority (HA) has been continuously reviewing and monitoring the operation and service utilisation of CHCs and GOPCs, and appropriately deploying manpower and other resources to enhance the efficiency and quality of GOP services to meet the demand for public primary care services.

As the service provision of CHCs involves cross programmes activities by different multi-disciplinary teams within the cluster of HA, estimated expenditure of individual CHC cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3649)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:
As regards Easy-Access Transport Service, what are the numbers of new buses to be purchased and old buses to be replaced in the 2015-16 financial year? How long will disabled persons and elders have to wait respectively for the transport service? What improvement will the purchase of new buses bring in terms of waiting time? Please also advise of the number of passengers and service usage rate of Easy-Access Transport Service in the 2014-15 financial year.

Asked by: Hon LEUNG Kwok-hung (Member Question No. 123)

Reply:
The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation to provide elderly transport service. It provides transfer services between homes and public hospitals or clinics for patients aged 60 or above with minor mobility-disability. Eligible patients can book the service on a first-come-first-served basis.

The number of registered members, patient trips served and unsuccessful requests of ETS in 2014-15 are shown below. Information on the waiting time is not available.

Year	Number of registered members	Number of patient trips served	Number of unsuccessful requests
2014-15	177 946 (as at February 2015)	146 000 (projected as at February 2015)	8 939 (projected as at February 2015)

HA has worked to improve ETS by replacing 22 ageing ETS buses in 2012-13 (after which no further replacement of ETS buses is required from 2013-14 to 2015-16). Consequently the number of unsuccessful requests for ETS has dropped from 12 868 in 2013-14 to 8 939 in 2014-15. In 2015-16, HA plans to add three new vehicles to further expand the fleet of ETS buses to meet service demand and reduce unsuccessful requests. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4263)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question

In the 2015-16 financial year, how many new non-emergency ambulances will be procured and how many old Easy-Access Transport Service (ETS) buses will be replaced? What is the waiting time for non-emergency ambulance transfer service for the disabled and elderly respectively? If new ambulances are procured, how much waiting time can be saved? Please also advise on the number of users and the utilisation rate of non-emergency ambulance transfer service in the 2014-15 financial year.

Asked by: Hon LEUNG Kwok-hung (Member Question No. 124):

Reply:

The Non-emergency Ambulance Transfer Service (NEATS) of the 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 book 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. Patients' eligibility is assessed by clinical staff and all booked requests from eligible patients have been arranged for NEATS. The number of patients served by NEATS in 2014-15 is projected to be about 516 900.

HA has a long-term plan to improve NEATS. In 2014-15, HA has replaced four ageing vehicles and added three new vehicles. Since 2012-13, HA has reduced the waiting time of 75% of patients who are ready for discharge and have booked NEATS from the current standard of 90 minutes or less to 60 minutes or less. Since 2013-14, HA has also reduced the waiting time of 85% of patients who are ready for inter-hospital transfer and have booked 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.

The Easy-Access Transport Service (ETS) under 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 book the service on a first-come-first-served basis. HA has worked to improve ETS by replacing 22 ageing ETS buses in 2012-13 (after which no further replacement of ETS buses is required from 2013-14 to 2015-16). Consequently the number of unsuccessful requests for ETS has been decreasing. In 2015-16, HA plans to add three vehicles to further expand the fleet of ETS buses to meet service demand and reduce unsuccessful requests. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5158)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Question:

How many telephone requests for the non-emergency ambulance transfer service were declined in 2013-14 and 2014-15? What improvement measures will be put in place and what are the anticipated results?

Asked by: Hon LEUNG Kwok-hung (Member Question No. 229)

Reply:

The Non-emergency Ambulance Transfer Service (NEATS) of the 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 book 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. Patients' eligibility is assessed by clinical staff and all booked requests from eligible patients have been arranged for NEATS. The number of patients served by NEATS in 2014-15 is projected to be about 516 900.

HA has a long-term plan to improve NEATS. In 2014-15, HA has replaced four ageing vehicles and added three new vehicles. Since 2012-13, HA has reduced the waiting time of 75% of patients who are ready for discharge and have booked NEATS from the current standard of 90 minutes or less to 60 minutes or less. Since 2013-14, HA has also reduced the waiting time of 85% of patients who are ready for inter-hospital transfer and have booked 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5159)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

How many requests for Easy-Access Transport Service were declined in 2013-14 and 2014-15? Will there be any improvement measures and how effective will they be?

Asked by: Hon LEUNG Kwok-hung (Member Question No. 230)

Reply:

The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation to provide elderly transport service. It provides transfer services between homes and public hospitals or clinics for patients aged 60 or above with minor mobility-disability. Eligible patients can book the service on a first-come-first-served basis.

The number of patient trips served and number of unsuccessful requests of ETS in the past two years is shown below.

Year	Number of patient trips served	Number of unsuccessful requests
2013-14	143 360	12 868 (equivalent to 9% of the total requests made)
2014-15 (projected as at February 2015)	146 000	8 939 (equivalent to 6% of the total requests made)

HA has worked to improve ETS by replacing 22 ageing ETS buses in 2012-13 (after which no further replacement of ETS buses is required from 2013-14 to 2015-16). Consequently the number of unsuccessful requests for ETS has been decreasing. In 2015-16, HA plans to add three new vehicles to further expand the fleet of ETS buses to meet service demand and reduce unsuccessful requests. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)343

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3542)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Government has run out-patient Chinese medicine service in various districts and earmarked land for constructing a Chinese medicine hospital to cope with people's demand for Chinese medicine service and to help the Chinese medicine industry develop in Hong Kong. In respect of this, will the Government inform this Committee of the following:

1. In the past 3 years, what were the government expenditures on out-patient Chinese medicine service in each district? Can breakdowns of the expenses be provided?

2. In the past 3 years, what were the number of attendances of government out-patient Chinese medicine service in each district? Has the Government assessed the effectiveness of the service? If so, what are the details? If not, what are the reasons?

3. What is the estimated cost for setting up a Chinese medicine hospital? Can breakdowns of the expenses be provided?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. 54)

Reply:

1. The Government has established 18 public Chinese medicine clinics (CMCs) (one in each district) to promote the development of "evidence-based" Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. These public CMCs operate on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation.

   The Government has earmarked $86 million, $90 million and $94.5 million in 2012-13, 2013-14 and 2014-15 respectively for the operation of the CMCs, maintenance of the

Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, development and provision of training in "evidence-based" Chinese medicine, and enhancement and maintenance of the Chinese Medicine Information System. The public CMCs do not have a breakdown of their subvention spent on individual services.

2. The attendances of the 18 public CMCs in the past 3 years are at **Annex**. In general, the Chinese medicine services provided by these CMCs are well received by the public. In addition, the public CMCs serve as an effective platform in facilitating the development of evidence-based Chinese medicine and providing training placements for local Chinese medicine degree programme graduates.

3. Since the development of a Chinese medicine hospital requires thorough study and planning, we agree with the recommendation of the Chinese Medicine Development Committee (the Committee) to carry out some practical research projects before the establishment of the Chinese medicine hospital. To this end, the HA has launched an integrated Chinese-Western medicine (ICWM) Pilot Project to provide ICWM in-patient services and follow-up Chinese medicine outpatient services to HA patients. The first phase of the ICWM Pilot Project covering three disease areas (i.e. stroke rehabilitation, low back pain and palliative care for cancer) was launched in three HA hospitals on 22 September 2014. The HA will review the effectiveness of the ICWM Pilot Project this year and plan the timetable for implementing its second phase in another three HA hospitals.

   The ICWM Pilot Project will help gather experiences in the operation and regulation of ICWM and Chinese medicine in-patient services. Taking into account the experiences thus gathered, the Government will work with the Committee to further examine the feasible mode of operation for the Chinese medicine hospital. We do not have the estimated cost for setting up a Chinese medicine hospital at this stage.

- End -

Annex

Attendances at 18 Public Chinese Medicine Clinics

District [Date of opening]	Attendances*		
	2012	**2013**	**2014**
Central and Western [December 2003]	60 222	46 603	43 674
Tsuen Wan [December 2003]	61 901	65 449	64 632
Tai Po [December 2003]	69 875	71 500	72 182
Wan Chai [April 2006]	67 052	70 187	63 022
Sai Kung [April 2006]	51 398	60 846	65 681
Yuen Long [April 2006]	75 861	75 622	77 430
Tuen Mun [November 2006]	65 830	64 095	65 895
Kwun Tong [November 2006]	54 117	63 203	66 941
Kwai Tsing [January 2007]	53 065	53 867	61 893
Eastern [March 2008]	50 083	55 259	52 961
North [March 2008]	68 155	68 635	70 226
Wong Tai Sin [December 2008]	67 745	68 188	71 663
Sha Tin [February 2009]	63 321	63 848	62 666
Sham Shui Po [March 2009]	60 907	66 197	72 398
Southern [March 2011]	24 621	34 734	44 982
Kowloon City [December 2011]	21 863	36 702	33 750
Yau Tsim Mong [December 2012]	292	20 988	46 866
Islands [July 2014]	-	-	15 248
Total :	**916 308**	**985 923**	**1 052 110**

*Note: The above attendances cover all kinds of Chinese medicine services provided in the clinics (i.e. Chinese medicine general consultation services, acupuncture, bone-setting, tui-na, etc).

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)344

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3543)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

There has been public concern over the Government's policy on mental health following several tragic incidents of violence involving mental patients in recent years. In this connection, will the Government advise this Council on the following:

1. The resources allocated to address the issue of mental illness in the past 3 years, with a detailed breakdown of the expenditure involved.
2. Patients with latent psychosis are not easily identified and some ex-mental patients may be prone to relapse due to lack of support after discharge. Will the Government increase resources and manpower so as to identify patients with latent psychosis early and to provide adequate and targeted follow-up services to discharged mental patients? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. 55)

Reply:

(1)

The table below sets out measures taken by the Hospital Authority (HA) to enhance mental health services in the past three years:

Program	Estimated Expenditure
2012-13	
Extension of the Case Management Programme for patients with severe mental illness	$27 million

Program	Estimated Expenditure
Enhancement of psychiatric inpatient care	$27 million
Enhanced provision of new psychiatric drugs	$38 million
2013-14	
Extension of the Case Management Programme	$38 million
Enhancement of psychiatric inpatient care	$20 million
Strengthening the psychiatric consultation liaison services	$3 million
2014-15	
Extension of the Case Management Programme	$27.7 million
Enhancement of psychiatric inpatient care	$19.2 million
Strengthening the psychiatric consultation liaison services	$3.8 million
Enhancement of child and adolescent psychiatric services	$12.5 million
Enhancement of the provision of new psychiatric drugs	$32 million

(2)

To facilitate early identification of early psychosis, HA has implemented the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme since 2001. Initially targeting people aged between 15 and 25 with first episode psychosis, the Programme offers one-stop, phase-specific and ongoing support for the first two critical years of illness. Public education and promotion efforts are also organised under the Programme to enhance awareness of mental health in the community. In 2011-12, HA expanded the service target of the EASY Programme to include patients aged between 15 and 64 and extended the duration of intensive care to the first three critical years of illness.

HA has launched a Case Management Programme since 2010 to provide community support for discharged patients with severe mental illness (SMI). The Programme has been extended to cover 18 districts from 2014-15. In 2015-16, HA will further introduce a peer support element into the Programme to enhance community support for patients. It is estimated that five peer support workers (one in the Kowloon Central Cluster, two in the Kowloon West Cluster and two in the New Territories West Cluster) will be recruited, involving an additional recurrent expenditure of around $1.5 million.

HA will continue to review and monitor its services to ensure that they are in keeping with the needs of patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3825)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Food and Health Bureau/ Hospital Authority inform this Committee of:

(a) the average waiting time of pre-school children suspected of having special education needs (SEN) for assessment by general practitioners and psychiatric doctors in the past 3 years;

(b) the numbers of general practitioners and psychiatric doctors responsible for conducting assessments for pre-school children suspected of having SEN in each hospital cluster?

Asked by: Hon MA Fung-kwok (Member Question No. 17)

Reply:

(a)

Pre-school children suspected of having special education needs (SEN) requiring specialist medical support in the Hospital Authority (HA) will usually be referred to paediatrics or child and adolescent (C&A) psychiatric specialist outpatient clinics (SOPCs) for further assessment and treatment. A triage system is in place to ensure that patients with urgent conditions requiring early intervention are treated with priority.

The table below sets out the median waiting time of new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases at the paediatrics and C&A psychiatric SOPCs in the past three years.

	Median waiting time (weeks) of new cases at Paediatrics SOPC			Median waiting time (weeks) of new cases at C&A Psychiatric SOPC		
	Priority 1	**Priority 2**	**Routine**	**Priority 1**	**Priority 2**	**Routine**
2012-13	<1	5	15	<1	3	23
2013-14	<1	5	14	<1	3	42
2014-15 (up to 31 December 2014) [Provisional figures]	<1	5	13	1	5	54

(b)

HA delivers medical services for children using an integrated and multi-disciplinary approach involving doctors, nurses, clinical psychologists, speech therapists, medical social workers, physiotherapists, occupational therapists, etc. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals usually provide support for a variety of medical services, HA does not have the requested breakdown on the doctor manpower responsible for conducting assessments for pre-school children suspected of having SEN only.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4334)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In respect of specialist outpatient services, please provide by cluster and by priority of cases (Priority 1, Priority 2 and Routine Cases) the median, 25th percentile and 75th percentile waiting time for first appointment for all specialties in the past 3 years. Please provide the information in the format of the table below.

(cluster, priority of cases)	25th percentile waiting time for first appointment	median waiting time for first appointment	75th percentile waiting time for first appointment
Anaesthesia			
Cardiothoracic			
Oncology			
Dentistry			
Dermatology			
Ear, Nose and Throat (Otorhinolaryngology)			
Ophthalmology			
Geriatrics			
Obstetrics			
Medicine			
Nephrology			
Neurosurgery			
Gynaecology			

Traumatology & Orthopaedics			
Paediatrics			
Palliative medicine			
Psychiatry			
Surgery			
Tuberculosis and Chest Service			

Asked by: Hon MA Fung-kwok (Member Question No. 33)

Reply:

The tables below set out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; and their respective lower quartile (25th percentile), median (50th percentile), and upper quartile (75th percentile) waiting time by major specialty in each hospital cluster for 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

2012-13

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th percentile	50th percentile	75th percentile		25th percentile	50th percentile	75th percentile		25th percentile	50th percentile	75th percentile
HKEC	ENT	1 385	<1	<1	<1	2 543	1	3	7	4 223	21	24	28
	MED	2 343	<1	1	1	3 473	2	4	7	5 522	6	14	36
	GYN	738	<1	<1	<1	876	2	3	5	3 824	11	16	22
	OPH	5 585	<1	<1	<1	1 850	5	7	8	4 414	12	24	30
	ORT	1 880	<1	1	1	2 208	3	6	7	5 150	13	32	50
	PAE	236	<1	1	1	984	3	5	6	243	8	10	14
	PSY	581	<1	1	1	656	2	3	5	2 131	4	8	19
	SUR	2 067	<1	1	1	3 897	5	7	7	6 971	10	22	41
HKWC	ENT	737	<1	<1	1	2 212	3	4	6	3 545	4	16	31
	MED	1 509	<1	<1	1	1 696	3	3	5	8 788	10	25	31
	GYN	1 174	<1	<1	1	989	3	5	6	4 411	9	15	16
	OPH	3 782	<1	<1	1	1 642	3	4	6	5 020	13	16	18
	ORT	821	<1	<1	1	1 359	2	3	5	8 268	7	15	27

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	75th		25th	50th	75th		25th	50th	75th
			percentile				percentile				percentile		
	PAE	341	<1	<1	1	797	2	5	6	1 216	13	18	20
	PSY	280	<1	1	1	448	2	3	4	3 253	3	8	20
	SUR	2 171	<1	<1	1	2 399	3	5	7	9 122	5	20	48
KCC	ENT	1 271	<1	<1	<1	1 223	<1	<1	1	12 110	3	9	12
	MED	1 736	<1	1	1	1 426	4	5	5	8 328	14	25	32
	GYN	385	<1	<1	1	1 860	3	4	5	2 996	7	11	24
	OPH	8 239	<1	<1	<1	4 672	1	2	4	10 405	26	51	62
	ORT	731	<1	<1	1	751	2	3	5	6 799	20	43	56
	PAE	425	<1	<1	1	354	3	5	6	1 331	5	9	15
	PSY	493	<1	<1	1	964	2	4	6	1 244	3	11	18
	SUR	2 224	<1	1	1	2 791	2	4	6	11 916	16	19	38
KEC	ENT	1 727	<1	<1	1	2 456	3	5	7	5 839	23	40	44
	MED	1 833	<1	1	1	4 084	4	7	7	12 601	12	40	48
	GYN	1 804	<1	1	1	1 091	3	6	7	5 253	16	44	68
	OPH	5 157	<1	<1	1	2 160	1	4	7	10 498	11	22	70
	ORT	3 740	<1	<1	1	3 172	5	6	7	8 895	32	107	121
	PAE	1 033	<1	<1	<1	691	3	6	7	2 467	15	19	34
	PSY	553	<1	1	1	1 898	2	5	7	4 512	9	28	59
	SUR	1 565	<1	1	1	6 640	6	7	7	17 001	18	91	113
KWC	ENT	3 697	<1	<1	1	4 362	4	6	7	8 529	14	21	31
	MED	2 824	<1	<1	1	6 376	4	5	7	19 901	22	35	62
	GYN	1 082	<1	<1	1	3 095	3	5	6	8 740	10	14	40
	OPH	6 022	<1	<1	<1	6 154	2	4	5	6 591	6	35	38
	ORT	4 268	<1	<1	1	4 908	3	5	6	10 603	36	51	92
	PAE	2 556	<1	<1	<1	948	4	5	7	3 777	5	9	13
	PSY	392	<1	<1	1	943	<1	3	6	13 442	1	17	46
	SUR	4 761	<1	1	1	9 119	4	5	7	22 696	14	31	74
NTEC	ENT	4 129	<1	<1	1	2 926	3	3	5	7 740	18	36	58
	MED	3 175	<1	<1	1	2 468	3	5	7	13 866	24	52	64
	GYN	1 145	<1	<1	1	864	3	6	8	7 869	25	49	77
	OPH	7 290	<1	<1	1	3 017	3	4	7	10 049	17	73	124

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	75th		25th	50th	75th		25th	50th	75th
			percentile				percentile				percentile		
	ORT	6 008	<1	<1	<1	2 704	4	5	7	12 853	49	90	100
	PAE	630	<1	<1	1	826	3	5	7	2 840	11	23	37
	PSY	1 519	<1	1	1	2 017	2	4	7	4 869	7	24	49
	SUR	2 691	<1	<1	1	3 639	3	5	7	17 149	15	31	67

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th percentile	50th percentile	75th percentile		25th percentile	50th percentile	75th percentile		25th percentile	50th percentile	75th percentile
NTWC	ENT	2 783	<1	<1	<1	1 509	3	4	5	8 281	13	20	29
	MED	1 140	1	1	1	1 775	6	6	7	6 535	14	35	38
	GYN	1 017	1	2	2	633	3	5	7	5 077	11	16	26
	OPH	5 940	<1	<1	<1	2 115	1	3	5	12 120	4	32	49
	ORT	1 286	<1	1	1	1 247	2	4	5	10 319	25	63	71
	PAE	76	<1	1	2	455	4	5	7	1 842	14	15	16
	PSY	509	<1	1	1	1 792	1	4	6	4 143	4	13	22
	SUR	1 343	<1	1	1	2 488	3	5	7	17 243	16	37	43

2013-14

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th percentile	50th percentile	75th percentile		25th percentile	50th percentile	75th percentile		25th percentile	50th percentile	75th percentile
HKEC	ENT	1 191	<1	<1	<1	2 781	1	3	6	4 239	15	35	37
	MED	2 306	<1	1	1	3 348	2	4	6	6 143	6	15	34
	GYN	814	<1	<1	<1	912	3	3	4	4 067	8	12	18
	OPH	5 321	<1	<1	<1	1 757	4	7	7	5 011	10	14	22
	ORT	1 892	<1	1	1	2 297	4	6	7	5 370	15	47	51
	PAE	197	<1	1	1	903	3	5	7	256	9	13	18
	PSY	451	<1	1	1	869	2	3	5	2 127	2	7	24
	SUR	1 971	<1	1	1	3 932	4	6	7	7 345	10	20	41
HKWC	ENT	701	<1	<1	1	2 212	3	6	8	3 743	6	21	57
	MED	1 588	<1	<1	1	1 735	3	5	7	8 839	9	31	40
	GYN	1 174	<1	1	1	893	3	4	5	5 616	9	18	25
	OPH	3 672	<1	<1	1	1 435	4	4	6	5 090	13	17	19
	ORT	1 113	<1	<1	1	1 527	2	4	6	8 340	6	14	27
	PAE	391	<1	<1	1	806	2	4	7	1 226	10	16	18
	PSY	178	<1	1	1	624	1	3	4	3 311	3	14	40
	SUR	2 155	<1	1	1	2 426	3	5	7	9 753	6	21	48

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	75th		25th	50th	75th		25th	50th	75th
			percentile				percentile				percentile		
KCC	ENT	1 395	<1	<1	<1	859	<1	2	3	13 466	5	21	22
	MED	1 585	<1	<1	1	1 751	3	4	5	8 584	12	38	65
	GYN	476	<1	<1	1	1 771	3	4	5	3 259	5	10	23
	OPH	7 229	<1	<1	<1	5 314	1	2	4	11 438	43	53	56
	ORT	327	<1	<1	1	1 029	<1	2	4	6 797	29	54	66
	PAE	565	<1	<1	1	428	4	5	6	1 203	6	16	20
	PSY	241	<1	<1	1	964	2	4	7	1 570	8	16	30
	SUR	2 294	<1	1	1	2 960	3	4	6	12 100	20	24	32
KEC	ENT	1 758	<1	<1	1	2 666	3	4	7	4 547	32	52	68
	MED	1 735	<1	1	1	4 433	4	7	7	12 518	12	43	55
	GYN	1 622	<1	1	1	1 067	3	6	7	6 033	11	33	76
	OPH	5 551	<1	<1	1	944	3	6	7	11 141	11	23	63
	ORT	3 881	<1	<1	1	3 033	5	7	7	9 144	37	100	146
	PAE	898	<1	<1	<1	749	4	7	7	2 502	15	20	27
	PSY	349	<1	1	1	2 110	3	4	7	4 517	12	48	76
	SUR	1 594	<1	1	1	5 726	4	6	7	17 092	6	24	126
KWC	ENT	3 345	<1	<1	1	4 492	4	6	7	9 530	14	24	40
	MED	2 740	<1	<1	1	6 275	4	6	7	20 394	20	43	61
	GYN	987	<1	<1	1	2 617	4	6	7	10 406	12	21	38
	OPH	6 168	<1	<1	<1	6 129	4	5	6	6 499	36	44	47
	ORT	4 251	<1	<1	1	5 647	3	5	7	12 419	46	57	84
	PAE	2 918	<1	<1	<1	1 009	4	6	7	3 652	8	10	15
	PSY	396	<1	1	1	840	1	4	7	13 096	1	17	51
	SUR	5 182	<1	1	1	10 720	4	6	7	21 631	17	38	63
NTEC	ENT	4 278	<1	<1	1	3 310	3	3	5	7 493	23	57	70
	MED	2 787	<1	<1	1	2 594	3	5	7	15 318	19	64	72
	GYN	1 600	<1	<1	1	872	3	5	7	7 886	19	48	81
	OPH	7 061	<1	<1	<1	2 942	3	4	7	9 948	14	46	69
	ORT	5 903	<1	<1	<1	2 237	4	5	7	13 644	17	111	122
	PAE	495	<1	<1	1	723	3	4	6	2 843	10	26	38
	PSY	1 470	<1	1	1	2 285	2	4	7	4 878	15	40	79

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	75th		25th	50th	75th		25th	50th	75th
			percentile				percentile				percentile		
	SUR	2 108	<1	<1	1	3 388	3	5	6	18 571	17	27	70
NTWC	ENT	2 654	<1	<1	<1	1 216	2	3	4	8 738	13	28	33
	MED	1 121	1	1	1	2 346	5	6	7	6 593	23	38	46
	GYN	1 130	1	1	2	951	4	6	7	5 255	11	15	23
	OPH	7 057	<1	<1	<1	3 282	2	4	5	9 282	15	51	63
	ORT	1 759	<1	1	1	1 153	2	4	5	10 137	20	73	76
	PAE	43	<1	1	2	271	4	6	7	1 873	10	13	13
	PSY	547	<1	1	1	1 888	2	5	7	4 399	6	24	39
	SUR	1 386	<1	1	2	3 478	4	7	20	17 673	22	48	57

2014-15 (up to 31 December 2014) [Provisional figures]

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	75th		25th	50th	75th		25th	50th	75th
			percentile				percentile				percentile		
HKEC	ENT	938	<1	<1	<1	2 152	1	3	4	3 174	12	35	37
	MED	1 986	<1	1	1	2 799	2	4	6	4 641	11	23	49
	GYN	548	<1	<1	<1	701	3	3	4	3 358	7	11	19
	OPH	4 246	<1	<1	<1	1 463	4	6	7	3 989	10	12	16
	ORT	1 484	<1	1	1	1 758	4	6	7	4 307	19	46	50
	PAE	178	<1	1	1	692	3	5	7	170	10	14	16
	PSY	315	<1	1	1	711	2	3	5	1 665	4	9	17
	SUR	1 476	<1	1	1	3 282	5	7	7	5 942	14	31	46
HKWC	ENT	608	<1	<1	1	2 133	3	6	7	2 386	11	26	62
	MED	1 338	<1	<1	1	1 459	3	5	8	6 507	10	35	45
	GYN	1 098	<1	<1	1	838	4	5	6	3 859	9	18	20
	OPH	2 676	<1	<1	1	1 164	3	4	5	3 618	3	7	20
	ORT	711	<1	<1	1	1 229	3	4	6	6 510	8	16	28
	PAE	390	<1	<1	1	537	2	4	7	981	10	13	14
	PSY	322	<1	1	1	727	2	3	4	2 144	6	22	73
	SUR	1 439	<1	<1	1	2 014	3	6	7	7 630	7	15	47

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	75th		25th	50th	75th		25th	50th	75th
			percentile				percentile				percentile		
KCC	ENT	1 159	<1	<1	<1	907	1	3	5	8 623	23	28	32
	MED	1 089	<1	1	1	1 447	3	5	5	6 767	16	44	66
	GYN	322	<1	<1	1	1 415	3	4	5	2 456	12	15	23
	OPH	5 537	<1	<1	<1	3 486	2	4	4	9 836	49	54	56
	ORT	216	<1	1	1	730	<1	2	4	5 119	37	65	75
	PAE	531	<1	<1	1	409	5	6	7	925	6	16	17
	PSY	154	<1	<1	1	742	2	3	6	1 314	15	19	24
	SUR	1 747	<1	1	1	2 152	3	5	6	10 132	22	30	36
KEC	ENT	1 441	<1	<1	<1	1 860	1	3	4	4 365	35	39	49
	MED	1 329	<1	1	1	3 298	4	6	7	9 558	12	54	64
	GYN	984	<1	1	1	836	5	6	7	4 606	12	51	56
	OPH	4 317	<1	<1	1	466	3	6	7	9 343	11	14	68
	ORT	2 856	<1	<1	1	2 485	6	7	7	7 677	20	101	123
	PAE	801	<1	<1	<1	568	5	7	7	1 843	15	16	17
	PSY	262	<1	1	1	1 455	3	5	7	3 597	8	30	86
	SUR	1 336	<1	1	1	4 920	6	7	7	13 511	12	23	67
KWC	ENT	2 856	<1	<1	1	2 955	3	5	7	7 553	17	27	47
	MED	1 842	<1	<1	1	4 814	4	6	7	16 359	16	46	60
	GYN	719	<1	<1	1	1 763	4	6	7	8 270	11	28	47
	OPH	5 160	<1	<1	<1	5 218	3	5	6	5 042	50	52	54
	ORT	2 956	<1	<1	1	4 123	3	5	7	11 127	28	62	80
	PAE	2 403	<1	<1	<1	986	4	5	7	2 842	8	12	14
	PSY	328	<1	1	2	441	2	4	7	10 298	2	22	43
	SUR	2 973	<1	1	1	8 053	4	6	7	18 690	16	40	61
NTEC	ENT	3 149	<1	<1	1	2 644	3	4	6	5 729	16	42	59
	MED	2 118	<1	<1	<1	2 042	3	5	7	11 660	17	70	81
	GYN	1 604	<1	<1	1	811	3	5	7	6 266	17	40	67
	OPH	5 940	<1	<1	<1	2 374	3	4	6	7 577	20	62	65
	ORT	4 493	<1	<1	<1	1 718	3	4	7	10 869	22	119	132
	PAE	264	<1	1	1	369	3	4	7	2 400	6	19	30

	PSY	976	<1	1	1	1 879	3	4	7	4 157	12	45	96
	SUR	1 517	<1	<1	1	2 409	3	5	6	15 392	17	34	70

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	75th		25th	50th	75th		25th	50th	75th
			percentile				percentile				percentile		
NTWC	ENT	2 149	<1	<1	<1	1 274	2	3	5	6 281	29	55	62
	MED	992	<1	1	1	2 331	5	6	7	4 374	53	61	69
	GYN	870	<1	1	2	477	4	6	7	4 295	12	17	28
	OPH	6 757	<1	<1	<1	3 237	2	3	5	5 767	25	60	63
	ORT	1 262	<1	1	1	914	2	4	5	8 128	29	77	81
	PAE	101	1	1	1	278	2	3	4	1 316	9	10	10
	PSY	390	<1	1	1	1 541	4	7	7	3 272	15	47	62
	SUR	1 097	<1	1	2	2 352	4	6	31	13 630	24	58	63

Note:

1. Subspecialty statistics such as Geriatrics and Nephrology are grouped under Medicine specialty.
2. Dermatology & Dentistry are not the standard services provided by Hospital Authority.
3. The triage system for priority of new cases (Priority 1/Priority 2/Routine) in SOP clinics was introduced in 2004 and was only applied to new cases in the eight major specialties, namely ENT, MED, GYN, OPH, ORT, PAE, PSY and SUR. Therefore, only the waiting time of the eight major specialties are regularly reported.

Abbreviations

Specialty:

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

Cluster:

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

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)347**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3959)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that a sum of $50 billion was earmarked in the 2008-09 Budget to support healthcare reform. There will, however, be under-spending given the announced uses of the sum, and the usage of the remainder is yet to be disclosed. Will the Government provide details of its general preliminary plan for using the $50 billion fiscal reserve (such as for the setting up of a fund or improvement of specific healthcare services) and list by item the estimated expenditure involved and the implementation/launching timetable?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 42)

Reply:
In the 2008-09 Budget, the Government pledged to draw $50 billion from the fiscal reserves to support healthcare reform. Subject to public views received during the public consultation on the Voluntary Health Insurance Scheme (VHIS), which has been extended till 16 April 2015, the Government would allocate resources to support the implementation of the VHIS, mainly for injecting funds into the High Risk Pool and for providing tax concession for subscribers to regulated insurance products. We will also make use of part of the $50 billion for supporting other healthcare reform measures, including –

(a) setting up a fund of $10 billion for Hospital Authority to make use of investment returns for public-private partnership initiatives, so as to alleviate pressure on the public healthcare system due to manpower shortages and surge in demand; and

(b) offering loans to non-profit-making organisations for private hospital development to address the acute shortage of private hospital beds. The total amount involved would be around $4 billion.

The remaining sum of the $50 billion will be reserved for general use, including provision of support for public hospital projects.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)348

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3962)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:
The Outreach Dental Care Programme for the Elderly was converted to a regular programme in the last financial year. In this regard,

1. please set out the attendances of the various services under the Programme and the expenditure involved in the past year.
2. what are the number of outreach dental teams under the Programme and the operating expenditure of each outreach dental team?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 49)

Reply:

1. The Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres was converted into a regular programme and renamed the Outreach Dental Care Programme for the Elderly (ODCP) in October 2014.

   A provision of $25.1 million under Head 37 – Department of Health was included in the 2014-15 Estimates for the launch of the regular programme. Between October 2014 and February 2015 (the latest figures provided by the participating non-governmental organisations (NGOs)), about 16 000 elders received an annual oral check and necessary treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride / X-ray and other curative treatments (such as fillings, extractions, dentures, etc.).

2. Under the ODCP, 22 outreach dental teams from 11 NGOs have been set up to provide outreach dental services. Subvention to NGOs amounted to $19.9 million from October 2014 to March 2015.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)349

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3841)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question (Member Question No. 56):

On "overseeing the implementation of the vaccination programmes for pneumococcal and seasonal influenza for elders and young children", please provide the following information:

(a) Will the Government, with substantial surplus in hand, put in place more proactive initiatives in the face of fatal influenza outbreaks?

(b) The numbers of elders receiving pneumococcal vaccination under the Elderly Vaccination Subsidy Scheme, their percentages in the number of eligible persons and the claimed amount in the past three 3 years and the corresponding figures estimated for 2015-16.

(c) The Centre for Health Protection announced early this year that with effect from 2 March, doctors enrolled on the Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme could provide PCV13 vaccination for elders aged 65 or above who had never received subsidised vaccination with the remaining vaccine of about 3 400 doses. What is the number of elders receiving PCV13 vaccination since 2 March 2015?

(d) According to the latest recommendation of the Centres for Disease Control and Prevention in the United States, a person who has received a 23-valent pneumococcal polysaccharide vaccine should receive PCV13 vaccination subsequently for enhanced protection. Will the Government update its existing policy to meet this latest international recommendation on public health and safety?

Asked by: Hon MOK Charles Peter

Reply:

The Department of Health (DH) has been administering the following vaccination

programmes/schemes to provide pneumococcal and influenza vaccination to eligible elders and children –

- Government Vaccination Programme (GVP), which provides free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 or above;

- Childhood Influenza Vaccination Subsidy Scheme (CIVSS), which provides subsidised influenza vaccination for children between the age of six months to less than six years;

- Elderly Vaccination Subsidy Scheme (EVSS), which provides subsidised influenza and pneumococcal vaccination to elderly aged 65 or above;

- Hong Kong Childhood Immunisation Programme, which includes provision of pneumococcal conjugate vaccine to eligible children at two, four, six months of age followed by a booster dose at 12 months at DH's Maternal and Child Health Centres; and

- The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme (the Programme), which commenced on 2 December 2013 by phases and ended on 30 June 2014. The Programme provides a choice for Hong Kong residents aged from two to under five years old (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary. Since 13 December 2013, the Childhood Vaccination Subsidy Scheme (PCV13 booster) (CVSS (PCV13 booster)), being part of the Programme, commenced to provide eligible children with one subsidised dose of PCV13 from enrolled private doctors. For better utilisation of resources, enrolled private doctors under the CVSS (PCV13 booster) who have not yet used up the PCV13 supplied by the Government may continue to provide subsidised vaccination to eligible children or eligible elders (as from 2 March 2015) until all PCV13 vaccines supplied by the Government have been used up or are expired.

(a) The Centre for Health Protection (CHP) has put in place surveillance mechanisms to regularly monitor local and global epidemiological situation and trends of influenza, as well as the risk of local outbreaks of novel influenza. In consultation with the Scientific Committees, CHP regularly reviews documented evidence and considers applied research on the effectiveness of public health control actions in preparation for influenza pandemic. Risk assessment will be reviewed from time to time, having regard to timely laboratory diagnosis and characterisation of the influenza viruses, and development of scientific knowledge and evolving situation, to ensure that appropriate response and control measures are implemented. To maintain preparedness, exercises and drills of the public health emergency response system and contingency plans will continue to be conducted.

Overall, CHP will step up efforts to educate the public regarding personal and environmental hygiene, as well as prevention of influenza using a variety of means including mass publicity and stakeholder engagement. To increase uptake of seasonal influenza vaccination, CHP will continue to make early appeals to target groups by means of press announcements, mass media, social media and joint-up support from experts and

professional organisations.

(b) The statistics on pneumococcal vaccination for elders under GVP and EVSS are detailed at Annex. It should be noted that some elders may have received pneumococcal vaccination outside the GVP and EVSS and hence not reflected in these statistics.

(c) From 2 to 15 March 2015 inclusive, claims for using the remaining doses of PCV13 under CVSS (PCV13 booster) from 108 elders were received. As the measure has just started, the figure is expected to further increase in the coming months.

(d) The Scientific Committee on Vaccine Preventable Diseases (SCVPD) and Working Group on Pneumococcal Vaccination updated the recommendation on the use of pneumococcal vaccines for high-risk individuals in December 2014. For elders aged 65 or above, either a single dose of PCV13 or a single dose of 23-valent pneumococcal polysaccharide vaccine was recommended. The SCVPD will review the recommendation of pneumococcal vaccination in high-risk individuals again when more scientific evidence is available.

- End -

Annex

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme/scheme	2012-13			2013 -14			2014-15 (as at 1 Mar 2015)		
		No. of recipients ^	Subsidy Paid ($ million)	Accumulative Percentage of population in the age group vaccinated+	No. of recipients ^	Subsidy Paid ($ million)	Accumulative Percentage of population in the age group vaccinated+	No. of recipients ^	Subsidy Paid ($ million)	Accumulative Percentage of population in the age group vaccinated+
Elderly aged 65 or above*	GVP	13 000	Not applicable	31.2%	13 700	Not applicable	32.4%	13 300	Not applicable	34.2%
	EVSS	18 000	3.4		22 800	4.3		21 900	4.2	
Total:		**31 000**	**3.4**		**36 500**	**4.3**		**35 200**	**4.2**	

* According to the latest recommendation from relevant Scientific Committee, elders aged 65 or above require a single dose of pneumococcal vaccination.

^ Refers to new recipients only.

+ Based on the accumulated number of recipients excluding those already deceased

For the 2015-16 vaccination season, it is estimated that around 23 000 elders will receive pneumococcal vaccination under EVSS (with $4.4 million being subsidy payments reserved by the Department of Health), and around 14 000 elders will receive pneumococcal vaccination under GVP, resulting in a total estimate of around 37 000 elders.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4359)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:
In paragraph 46 of the Budget Speech, it is mentioned that from this year onwards, free online Government information will be released in digital formats.

(1) Please provide in the table below details about the free online Government information released in digital formats by your bureau/department for download by the public:

						Format of information available for download (please choose)			
Bureau/ Department	Free information/ data released to the public	Description of the information	Period of the information	Is it currently listed in Data.One	Date of release and the updating frequency	JSON, XML, or CSV	XLS, DOC	TIF, JPG, PDF, PNG	RSS

(2) In 2015-16, what are the manpower and expenditure involved in releasing online Government information by your bureau/department?

(3) Did your bureau/department review all non-classified information that your bureau/department own or possess, draw up priorities for their release, and compile them into digital data formats to facilitate retrieval/inspection, research or application development, and the creation of more industries through innovative reuse of data? If so, what are the details? If not, what are the reasons?

Asked by: Hon MOK Charles Peter (Member Question No. 88)

Reply:

(1) Implementation of the policy to release government information in digital formats has already commenced. The Office of the Government Chief Information Officer launched the revamped public sector information (PSI) portal "Data.Gov.HK" on 18 March 2015 with a view to putting in place a one-stop platform with greater capacity and flexibility. More than 3 000 datasets in 18 broad categories are available on the portal, covering policy areas such as food, city management, climate and weather, commerce and industry, development, education, employment and labour, environment, finance, health, housing, IT and broadcasting, law and security, leisure and culture, population, social welfare and transport, etc. These datasets are available in digital formats including CSV, JPG, JSON, HTML, RSS, XLS and XML. A great variety and number of PSI are being released to the public and therefore they cannot be listed individually.

(2) Besides the above portal, the public may access information in various digital formats through the web pages of the Food and Health Bureau (FHB) and its executive departments. Given the large variety and quantity of information involved, we are not able to tabulate them one by one in detail. The work of releasing PSI will be absorbed by the existing manpower and no additional resources or manpower will be required.

(3) The Government will release all free online government information in digital formats from this year onwards, with a view to tapping the creativity and ingenuity of the community to develop innovative applications using PSI. This helps bring convenience to the public and open up new business opportunities.

Under the policy of releasing all free government online information in digital formats, FHB will progressively release the multifarious PSI in digital formats. As it takes time to organise the data involved and new types of data are created with the introduction of new services from time to time, there is no plan to draw up a concrete timetable and indicators at this stage. FHB will constantly review the progress in releasing PSI in digital formats and follow up as necessary.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4360)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:

In connection with the provision of public information and gathering of public opinions by means of the Internet, please advise of the particulars, in tabulated forms (see Annex 1), regarding the social media platforms set up and operated by your bureau/department/public bodies or their agents (such as out-sourced contractors or consultants) for the past year.

Commencement of operation (Month/ Year)	Status (keeps on updating / ceased updating) (as at 28 February 2015)	Government agencies (including policy bureaux/ departments/ public bodies/ government consultants)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 28 February 2015)	No. of "Likes"/ subscribers/ average monthly visits (as at 28 February 2015)	Compilation of summary of comments and follow-up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 28 February 2015)	Financial resources involved in the establishment and daily operation (as at 28 February 2015)
			(1)… (2)… (3)…	(1)… (2)… (3)…					

Asked by: Hon MOK Charles Peter (Member Question No. 89)

Reply:

The details of social media platforms set up and operated by the Food and Health Bureau (Health Branch) and departments/public bodies under its purview in the past year are at Annex.

Annex

Commencement of operation (Month/ Year)	Status (keeps on updating / ceased updating) (as at 28 February 2015)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 28 February 2015)	No. of "Likes"/ subscribers/ average monthly visits (as at 28 February 2015)	Compilation of summary of comments and follow-up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 28 February 2015)	Financial resources involved in the establishment and daily operation (as at 28 February 2015)
August 2009	Ceased updating	Elderly Health Service, Department of Health (DH)	Elderly Health Service	YouTube	To promulgate health message to the public	199 subscribers in last year; 6 821 visits/ month	No	1 Assistant Clerical Officer	Absorbed by existing resources
May 2010	No updating since launch	Social Hygiene Service, DH	護理皮膚獎門人^	YouTube	To educate public on common skin conditions and skin care methods (6 videos were uploaded)	1 733 visits/ month	No	1 Executive Officer II	Absorbed by existing resources
July 2010	Keeps on updating	Tobacco Control Office, DH	Smokefreehongkong[#]	YouTube	To promote smoke-free messages (over 100 videos were uploaded)	33 subscribers; 534 visits/ month	Yes	1 Hospital Administrator II	Absorbed by existing resources
Mid-2010	Keeps on updating	Hospital Authority (HA)	Hong Kong Red Cross Blood Transfusion Service	YouTube	To promote blood donation through sharing related videos (4 videos were uploaded)	116 subscribers	No	1 Recruitment and Publicity Manager; 1 Recruitment and Publicity Officer	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keeps on updating / ceased updating) (as at 28 February 2015)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 28 February 2015)	No. of "Likes"/ subscribers/ average monthly visits (as at 28 February 2015)	Compilation of summary of comments and follow-up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 28 February 2015)	Financial resources involved in the establishment and daily operation (as at 28 February 2015)
September 2010	Keeps on updating	Special Preventive Programme, DH	Gayspothk[#]	YouTube	To promote HIV prevention in men who have sex with men (18 updates)	4 084 subscribers; 774 207 visits since launch	Yes	1 Nursing Officer	Absorbed by existing resources
September 2010	Keeps on updating	Family Health Service, DH	Family Health Service	YouTube	To promote maternal and child health (about 865 videos clips were uploaded)	502 "Likes"; 1 235 subscribers; 47 221 visits/ month	Yes	Health Information Section of FHS led by one nursing officer	Absorbed by existing resources
November 2010 (Revamped in February 2013)	Keeps on updating	HA	Hospital Authority Hong Kong	YouTube	To promote HA's image, disseminate HA information and engage the public (130 videos were uploaded)	398 subscribers	No	1 Corporate Communication Officer	Absorbed by existing resources
April 2011	Keeps on updating	Centre of Health Protection, Infection Control Branch, DH	Icbidctc[#]	YouTube	Upload promotional API (4 updates)	52 visits/ month	No	1 System Analyst; 1 Executive Assistant IIIA	Absorbed by existing resources
August 2011	Keeps on updating	Central Health Education Unit, DH	Organ Donation@ HK Facebook Page	Facebook	To promote organ donation in Hong Kong (155 updates)	3 730 "Likes"	Yes	1 Senior Nursing Officer; 1 Systems Analyst	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keeps on updating / ceased updating) (as at 28 February 2015)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 28 February 2015)	No. of "Likes"/ subscribers/ average monthly visits (as at 28 February 2015)	Compilation of summary of comments and follow-up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 28 February 2015)	Financial resources involved in the establishment and daily operation (as at 28 February 2015)
August 2011	Keeps on updating	Oral Health Education Unit, DH	陽光笑容新一代 BSNG.HK*	Facebook	To let the public share their experiences in helping their children establish good teeth cleaning and smart diet habits or make any comments on the Brighter Smiles for the New Generation Programme (1 update)	66 "Likes"	Yes	5 Dental Therapists	Absorbed by existing resources
October 2011	Keeps on updating	Special Preventive Programme, DH	Getting to Zero	Facebook	To promote World AIDS Campaign (16 updates)	1" Likes"	Yes	1 Nursing Officer	Absorbed by existing resources
October 2011	Keeps on updating	Oral Health Education Unit, DH	愛牙 Love Teeth HK*	Facebook	To arouse the awareness of the adults towards their periodontal health, organise activities through Facebook and related graphic promotion materials and convey the oral	176 "Likes"	Yes	5 Dental Therapists	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keeps on updating / ceased updating) (as at 28 February 2015)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 28 February 2015)	No. of "Likes"/ subscribers/ average monthly visits (as at 28 February 2015)	Compilation of summary of comments and follow-up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 28 February 2015)	Financial resources involved in the establishment and daily operation (as at 28 February 2015)
					health message (11 updates)				
December 2011	Ceased updating	Tobacco Control Office, DH	Quitsmokinghk[#]	YouTube	To promote smoke-free messages (over 100 videos were uploaded)	12 subscribers; 1 036 visits/ month	No	1 Hospital Administrator II	Absorbed by existing resources
December 2011	No updating since rollout	Non-Communicable Disease Division, Surveillance and Epidemiology Branch, DH	Living a Healthy Lifestyle starts with you	YouTube	To communicate with public to deliver healthy living messages	107 visits/ month	No	1 Medical and Health Officer	Absorbed by existing resources
December 2011	Keeps on updating	HA	我們這一班‧遇上紅斑狼瘡的少年^	Facebook	To launch and promote the publication of a health education book "We're Together‧Teens with SLE"	190 "Likes"	Yes	1 Social Worker	Absorbed by existing resources
April 2012	Keeps on updating	HA	Blood for Life (HK Red Cross BTS)	Facebook	To promote blood donation and disseminate information of the Hong Kong Red Cross Blood Transfusion Services (HKBTS)	16 580 "Likes"	No	1 Recruitment and Publicity Manager; 1 Recruitment and Publicity Officer	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keeps on updating / ceased updating) (as at 28 February 2015)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 28 February 2015)	No. of "Likes"/ subscribers/ average monthly visits (as at 28 February 2015)	Compilation of summary of comments and follow-up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 28 February 2015)	Financial resources involved in the establishment and daily operation (as at 28 February 2015)
					(Over 300 updates were made in the year)				
July 2012	Keeps on updating	Special Preventive Programme, DH	Red Ribbon Mission[#]	Facebook	To promote HIV prevention in men who have sex with men (88 updates)	41 "Likes"	Yes	1 Nursing Officer	Absorbed by existing resources
August 2012	Keeps on updating	Special Preventive Programme, DH	Red Ribbon Hong Kong[#]	Facebook	To promote Red Ribbon Centre (21 updates)	22 "Likes"	Yes	1 Nursing Officer	Absorbed by existing resources
December 2012	Keeps on updating	HA	傷健孖吆 · Teens 夢想之旅*	Facebook	To communicate with volunteers of the "Together* DreamsCome True" project and inform them of the activities schedule	111 "Likes"	Yes	1 Social Worker	Absorbed by existing resources
December 2012	Keeps on updating	Student Health Service, DH	Student Health Service	YouTube	To promote Healthy Diet and Stress Management (2 updates)	85 "Likes"; 87 subscribers; 1 364 visits/ month	No	1 Analyst Programmer; 1 Programmer	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keeps on updating / ceased updating) (as at 28 February 2015)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 28 February 2015)	No. of "Likes"/ subscribers/ average monthly visits (as at 28 February 2015)	Compilation of summary of comments and follow-up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 28 February 2015)	Financial resources involved in the establishment and daily operation (as at 28 February 2015)
April 2013	Keeps on updating	Primary Care Office, DH	Primary Care Office[#]	YouTube	To disseminate health information with regard to World Health Day 2013 and World Diabetes Day 2014 (13 updates)	36 subscribers; 149 visits/ month	Yes	1 Project Manager	Absorbed by existing resources
April 2014	Ceased updating since January 2015	HA	Tseung Kwan O Hospital 15th anniversary	Facebook	To promote the hospital anniversary events (24 posts)	952 "Likes"	No	1 Senior Medical Officer	Absorbed by existing resources
August 2014	Keeps on updating	Special Preventive Programme, DH	Be Negative[#]	Facebook	To promote HIV prevention in men who have sex with men (77 updates)	568 "Likes"	Yes	1 Nursing Officer	Absorbed by existing resources
August 2014	Keeps on updating	eHealth Record Office, Food and Health Bureau (FHB)	eHealth Record Office	YouTube	To promote eHealth Record Sharing System (9 updates)	4 subscribers; 766 visits since launch	No	1 Systems Analyst	Absorbed by existing resources
December 2014	Keeps on updating	Healthcare Planning and Development Office, FHB	Voluntary Health Insurance Scheme	Facebook	To promote Voluntary Health Insurance Scheme (49 updates)	1 547 "Likes"	Yes	1 Actuary	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keeps on updating / ceased updating) (as at 28 February 2015)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 28 February 2015)	No. of "Likes"/ subscribers/ average monthly visits (as at 28 February 2015)	Compilation of summary of comments and follow-up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 28 February 2015)	Financial resources involved in the establishment and daily operation (as at 28 February 2015)
December 2014	Keeps on updating	Healthcare Planning and Development Office, FHB	VHIS FHB[#]	YouTube	To promote Voluntary Health Insurance Scheme (39 updates)	16 subscribers; over 7 000 views	Yes	1 Actuary	Absorbed by existing resources
February 2015	Keeps on updating	HA	醫院管理局 Hospital Authority*	Facebook	To enhance corporate image and share information of issues of public interest in a user-friendly manner (19 posts since launch)	22 "Likes"	No	2 Corporate Communication Managers	Absorbed by existing resources
February 2015	Keeps on updating	Central Health Education Unit, DH	Centre for Health Protection YouTube Channel	YouTube	To provide information on health promotion, and disease prevention and control for the general public	19 subscribers; 1 464 views since launch	No	1 Systems Analyst	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keeps on updating / ceased updating) (as at 28 February 2015)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 28 February 2015)	No. of "Likes"/ subscribers/ average monthly visits (as at 28 February 2015)	Compilation of summary of comments and follow-up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 28 February 2015)	Financial resources involved in the establishment and daily operation (as at 28 February 2015)
February 2015	Keeps on updating	Central Health Education Unit, DH	Centre for Health Protection Facebook Page	Facebook	To provide information on health promotion, and disease prevention and control for the general public (66 updates)	1 338 "Likes"	Yes	1 Senior Information Officer; 1 Systems Manager; 1 Systems Analyst	Absorbed by existing resources

Only an English name is available
^ Only a Chinese name is available
* Only a combined Chinese/English name is available

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4835)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Branch's expenditure on the procurement of computer software and hardware, will the Government advise this Committee of the following issues:

(a) Does the Government have any standard internal procurement guidelines which set out the criteria for the purchase or upgrade of computer software and hardware by departments? If so, what are the details? Do the guidelines require that departments should upgrade its computer software and hardware in a timely manner?

(b) Microsoft, the computer software and hardware supplier, will terminate its support service for its operating platform Windows XP. Please provide, in light of this, the respective numbers of mainframe computers in the departments under the Branch's purview which are using (1) the operating platform of Microsoft Windows XP; (2) the operating platforms released by Microsoft before 2001; and (3) other operating platforms (please specify the version), as well as the respective percentages of the departments' total numbers of mainframe computers these 3 types of operating systems account for. Do the departments under the Branch's purview have any plan to upgrade these operating platform versions which are now obsolete?

(c) What are the expenditure on and criteria for the procurement of tablet computers by the Branch? What are the model numbers and uses of the tablet computers? Is there any classified information saved on the tablet computers? If so, what are the details? Is there any information security software installed in the tablet computers used by the departments under the Branch's purview? What is the expenditure involved?

(d) How many mainframe computers of departments under the Branch's purview are operating offline and what are the versions of their operating platforms? Are there any uniform standards for the use of information security or anti-virus software by departments under the Branch's purview? If so, what is the type of software used? If not, what are the respective types of software used?

Asked by: Hon MOK Charles Peter (Member Question No. 133)

Reply:

(a) According to the prevailing Government guidelines, our Bureau is required each year to formulate information technology (IT) project portfolio for the next 3 years and to plan for the IT-related projects to ensure that these IT projects can practically and effectively meet our business and operational needs. In planning for IT replacement projects, we have to review and evaluate a wide range of potential risks and devise mitigation measures. From the technology perspective, the potential risks to be considered include product compatibility, maintenance support, replacement products for ensuring continuity as well as availability of market supply. We are also required to make purchases in the most cost-effective way through fair and open market competitions in compliance with the Government's procurement guidelines. We should also take into account the importance and priorities of the IT projects in handling the updating of computer hardware and software.

(b) The operating platforms of all our computers have been upgraded from Microsoft Windows XP to Microsoft Windows 7. No computer is using the operating platforms released by Microsoft before 2001 or other obsolete versions.

(c) In 2014-15, we have not made any purchases of tablet computer. Tablet computers will be procured as and when needed to meet operational needs. They are mainly used by our directorate officers during meetings and in discharging duties outside office environment. No confidential information is stored in these tablet computers. We have installed and taken security measures in the tablet computers as appropriate, such as enabling the password lock on mobile devices, wiping device data after a specified number of failed login attempts. The expenditures for installation of information security measures in the tablet computers are generally subsumed into the procurement and maintenance expenses. We do not have a breakdown of the expenditure involved.

(d) We have six computers for off-line operation using Microsoft Windows 7 operating platform and Symantec Endpoint Protection as information security and anti-virus software.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)353

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4146)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

1. An estimated 1 586 posts will be created under the Hospital Authority (HA) before 31 March 2016, 139 less than the 1 725 posts created as at 31 March 2015. Please advise on the details of these 139 posts in respect of establishment and numbers.
2. In 2015-16, the estimated number of trainees/non-specialists in HA is 2 073, 80 less than the revised estimate for 2014-15. What are the posts and respective numbers of these 80 trainees/non-specialists and the reasons for the reduction?

Asked by: Hon POON Siu-ping (Member Question No. 3113)

Reply:

1. The table below shows the breakdown of the projected reduction of 139 posts in the Hospital Authority (HA) in 2015-16:

Rank	**Number**
MEDICAL & HEALTH OFFICER GRADES	
Senior Medical and Health Officer	3
Sub-total	**3**
NURSING & ALLIED GRADES	
Senior Nursing Officer	1
Ward Manager	9
Nursing Officer	15
Registered Nurse	6
Nursing Officer (Psychiatric)	6
Registered Nurse (Psychiatric)	3
Enrolled Nurse	3
Enrolled Nurse (Psychiatric)	7
Sub-total	**50**
SUPPLEMENTARY MEDICAL GRADES	
Department Manager	2
Chief Dispenser	3

Rank	Number
Senior Dispenser	3
Medical Technologist	2
Occupational Therapy Assistant	2
Pharmacist	2
Radiographer I	2
Scientific Officer (Medical)	1
Sub-total	**17**
OTHER DEPARTMENTAL GRADES	
Artisan	4
Cook	3
Darkroom Technician	1
Foreman	1
Laboratory Attendant	2
Laundry Manager	1
Laundry Worker	3
Mortuary Attendant	1
Operating Theatre Assistant	2
Health Care Assistant	12
Sub-total	**30**
MODEL SCALE 1 GRADES	
Ganger	1
Ward Attendant	8
Property Attendant	1
Workman I	1
Workman II	28
Sub-total	**39**
Total	**139**

2.
Specialist training of doctors normally requires six to seven more years as resident trainees employed by the HA. Resident trainees would become specialist after completion of training stipulated by Hong Kong Academy of Medicine. In this regard, the number of resident trainees / non-specialists is mainly determined by number of local graduates. As the number of medical graduates from local universities in recent years were reducing (310 in 2007-09, to 280 in 2010, and further down to 250 in 2011-14), the number of resident trainees / non-specialists also reduced correspondingly.

Comparing the number of resident trainees between 2015-16 to that of 2014-15, it is estimated that the number of resident trainees will decrease due to attrition of doctors as well as the conversion of resident trainees to specialists.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4147)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please set out respectively the average numbers of times a medical officer (including doctors, interns and dentists), a nursing officer (including qualified staff and trainees) and an allied health professional attend to a patient in 2013-14 and 2014-15.

2. Please set out respectively the average weekly overtime hours of a medical officer (including doctors, interns and dentists), a nursing officer (including qualified staff and trainees) and an allied health professional in 2013-14 and 2014-15.

Asked by: Hon POON Siu-ping (Member Question No. 3113)

Reply:

1.

The table below sets out the overall doctor-to-patient, nurse-to-patient and allied health professional-to-patient ratios in the Hospital Authority (HA) in 2013-14 and 2014-15 respectively.

Staff Group	2013-14			2014-15		
	No. of Staff	**Ratio per 1 000 inpatient discharges and deaths**	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**	**No. of Staff**	**Ratio per 1 000 inpatient discharges and deaths**	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
Medical (Excluding Interns)	5 384	5.2	3.4	5 510	5.2	3.4
Nursing (Excluding Trainees)	22 325	21.7	14.2	23 147	22.0	14.3
Allied Health	6 609	6.4	4.2	6 885	6.5	4.3

2.

The table below sets out the average weekly working hours of doctors in HA in 2013-14.

	Average Weekly Working Hours	
	2013-14	**2014-15**
Overall for the 10 Specialties [#]	54.0	N/A
HA Overall	50.8	N/A

[#] The 10 specialties with doctors working for more than 65 hours per week on average reported in 2009, namely Cardiothoracic Surgery, Otorhinolaryngology, Intensive Care Unit, Internal Medicine, Neurosurgery, Obstetrics & Gynaecology, Orthopaedics & Traumatology, Ophthalmology, Paediatrics and Surgery.

Notes:

(1) From 2010-11 onwards, only specialties with doctors reported to have worked more than 65 hours per 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. The average weekly working hours of doctors in 2014-15 are being collected and are not available at present.

(2) The average weekly work hours are calculated on actual calendar day on weekly basis based on rostered hours and self-reported hours of duties when the doctors are on off-site calls.

Nurses and allied health and other staff are generally scheduled to work an average of 44 hours weekly.

The service hours of specialist out patient services of dentists concerned are 9 a.m. to 5 p.m. from Monday to Friday.

Notes

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff.

2. Medical interns and nursing trainees are employed for training purpose and thus are not covered.

3. HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the ratio to patients is calculated based on discharges and deaths instead of headcount.

4. For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2014-15, the manpower status as at 31 December 2014 is drawn); whereas the number of inpatient and day inpatient discharges and deaths refers to the throughput for the whole

financial year (except for 2014-15, the throughput from 1 January 2014 to 31 December 2014 was taken). The numbers of inpatient and day inpatient discharges and deaths for 2014-15 are provisional figures.

5. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency Department or stayed for more than one day.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)355

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4148)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It was stated in the 2015 Policy Address that the Government would increase the general out-patient clinic episodic quota in 5 hospital clusters. Please set out the general out-patient clinic episodic quota in each hospital cluster for the past 3 years and the estimated quotas for 2015-16.

Asked by: Hon POON Siu-ping (Member Question No. 120)

Reply:

The service of general outpatient clinics (GOPCs) provided by the Hospital Authority (HA) is primarily targeted at serving the elderly, the low-income group and the chronically ill. Patients under the care of 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 or gastroenteritis). At present, about half of the GOPC consultations involve episodic disease patients.

The table below sets out the number of general outpatient attendances by clusters under the HA in 2012-13, 2013-14 and 2014-15 (up to 31 December 2014).

Cluster	2012-13	2013-14	2014-15 (up to 31 December 2014) [Provisional figures]
Hong Kong East	578 161	587 953	438 572
Hong Kong West	367 993	390 097	294 085
Kowloon Central	561 449	565 425	425 730
Kowloon East	867 348	921 662	707 480
Kowloon West	1 582 195	1 603 082	1 242 284
New Territories East	910 199	941 614	716 694
New Territories West	766 062	803 873	609 159
Total:	5 633 407	5 813 706	4 434 004

To improve patients' access to GOPC service, HA plans to provide additional GOPC quotas in five clusters (Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West) by 55 000 attendances in 2015-16.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)356

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4179)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

According to 2015 Policy Agenda, Food and Health Bureau will introduce a new initative to strengthen the geriatric day rehabilitation services and the outreach services of the Community Geriatric Assessment Team to provide discharged elderly and those living in residential care homes with rehabilitation programmes and comprehensive assessment and care management, thereby promoting continuity of care at the community. Will the Administration inform this Committee the implementation details of this initiative including:

a) the provision and manpower to be allocated for this initiative;

b) intended places to launch the services and services to be provided;

c) efforts to be taken to promote this initiative to the target clients; and

d) estimated number of target clients to be served per month and per year?

Asked by: Hon SHEK Lai-him, Abraham (Member Question No. 77)

Reply:

In 2015-16, the Hospital Authority (HA) will strengthen the Community Geriatric Assessment Team (CGAT) service to provide better support and improve the quality of end-of-life care for terminally ill residents living in residential care homes for the elderly (RCHEs). The programme will be implemented in phases in selected RCHEs that are under the catchment areas of the CGAT of Ruttonjee Hospital, Tung Wah Group of

Hospitals Fung Yiu King Hospital, Prince of Wales Hospital, as well as Tuen Mun Hospital/Pok Oi Hospital. HA, in considering recruiting RCHEs for the programme, will take into account factors such as readiness of the RCHEs in collaborating with CGATs and the willingness of their terminally ill residents and family members to join. HA plans to recruit nine additional Registered Nurses and three additional Palliative Care Advanced Practice Nurses to provide the enhanced service. CGATs will conduct 3 000 additional visits to RCHEs in 2015-16. The additional recurrent expenditure is estimated to be $7 million.

Yan Chai Hospital will relocate its Geriatric Day Rehabilitation Centre to the hospital's new wellness centre and expand the geriatric day places from 20 to 40 places to provide multi-disciplinary assessment, treatment and rehabilitation for elderly patients referred by clinical teams. The additional recurrent expenditure is estimated to be $9 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4065)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

1. The Budget Speech mentioned about the project of an acute general hospital in the Kai Tak Development Area (Phase 1). What is the total expenditure involved in the project? When is it expected to be completed for commissioning?

2. Upon completion of the Phase 1 project, what kind of medical services will be provided? What is the expected number of beds?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 77)

Reply:

(1) & (2)

The construction of the proposed new acute general hospital in the Kai Tak Development Area will be carried out in phases. Subject to funding approval by the Finance Committee, the first phase of works is expected to complete in 2021. According to the preliminary plan, Phase 1 of the new hospital will provide in patient and oncology services, including ambulatory chemotherapy, surgery and radiotherapy with around 800 beds. A clearer indication of the project estimate for the phase 1 works would be available after the tendering process which is planned to start later this year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4302)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise the expected completion dates of the various capital works projects of the Hospital Authority with a breakdown of the expected increased service capacity of the projects.

Asked by: Hon WONG Yuk-man (Member Question No. 87)

Reply:

To cater for the long-term demand for healthcare services, a number of hospital projects are being carried out by the Hospital Authority (HA) at various stages of works or under planning. Details of these projects are summarized below :

Construction works of the redevelopment of Caritas Medical Centre, phase 2 are planned for completion in mid-2015. The project provides a new ambulatory / rehabilitation block to accommodate convalescent / rehabilitation beds, ambulatory care and clinical support facilities to cope with increasing service demands of the community. Provision of an additional 133 beds is also planned for the project.

Construction works of the redevelopment of Yan Chai Hospital are planned for completion in early 2016. The project provides a new community health and wellness centre comprising a health resource centre, a primary care centre and a specialist care centre that deliver community-based services which promote continuity of healthcare at different stages of life through "one-stop" integrated services.

Construction works for Tin Shui Wai Hospital (TSWH) are planned for completion in 2016. The new TSWH will be a general hospital with a planned capacity of 300 in patient and day beds in total providing in patient services, ambulatory services including an Accident & Emergency (A&E) department, community care services, diagnostic services and other supporting and administrative services.

Construction works for the new Specialist Clinic Building (SCB) at Queen Elizabeth Hospital (QEH) to reprovision the Yaumatei Specialist Clinic (YMTSC) are planned for completion in 2016. The new SCB will be constructed at the site of the old Specialist Outpatient Clinic Building at QEH for reprovisioning the existing HA services at YMTSC and relocating some ambulatory care services of QEH.

Construction works for Hong Kong Children's Hospital (HKCH) are planned for completion in 2017. The new HKCH with a total planned capacity of 468 in patient and day beds will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory.

Subject to funding approval of the Finance Committee (FC), the refurbishment of Hong Kong Buddhist Hospital (HKBH) project is targeted for completion in 2019. This project covers the provision of 130 additional convalescent / rehabilitation beds to strengthen longer term care and rehabilitation services for elderly people suffering from chronic diseases as well as the refurbishment of existing in patient wards, supporting departments, offices and ancillary facilities.

Subject to FC funding approval, the expansion of Hong Kong Red Cross Blood Transfusion Service (BTS) Headquarters project is planned for completion in 2020. The expansion project will bring the facilities of BTS up to prevailing international standards, provide adequate space to cope with its projected level of services, and ensure a safe working environment.

The extension of the Operating Theatre (OT) Block of Tuen Mun Hospital is tentatively planned for completion in 2020. This project involves the construction of a new block adjacent to the existing OT Block in order to accommodate additional operating theatres as well as expanded A&E and Radiology departments. Functional relationship of A&E, Radiology, OT and in patient services will be improved, patient flow and work flow will also be streamlined for efficient delivery of services.

The construction of the proposed new acute general hospital in Kai Tak will be carried out in phases and the first phase is expected to complete in 2021, subject to FC funding approval. According to the preliminary plan, Phase 1 of the new hospital will provide in patient and oncology services, including ambulatory chemotherapy, surgery and radiotherapy. When fully developed, the hospital will provide clinical services of major specialties, including A&E service. It will also house a state-of-the-art neuroscience centre to provide specialty services of neuroscience.

The expansion of United Christian Hospital (UCH) project will be carried out in two phases, namely preparatory works and main works. The preparatory works have commenced and the whole expansion project is planned for completion in 2022-23, subject to funding approval by FC. Many existing services including ambulatory care service, cancer service, in patient convalescent and rehabilitation service as well as A&E service will be enhanced under the UCH expansion project to cater for increasing medical needs of the community due to growing and ageing population. The total bed capacity including in patient and day

beds in UCH will be increased from about 1 400 to around 1 960 after the expansion project.

The redevelopment of Kwong Wah Hospital (KWH) project will be carried out in two phases, namely preparatory works and main works. The preparatory works have commenced and, subject to FC funding approval, the whole redevelopment project is planned for completion in 2022. The redevelopment of KWH will provide new and modernised facilities for service development, 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 Chinese and Western medicine services. The total number of beds in KWH will be increased from about 1 200 to around 1 550 after the redevelopment.

The redevelopment of Queen Mary Hospital, phase 1 project will be carried out in two stages, namely preparatory works and main works. The preparatory works have commenced and the whole phase 1 redevelopment project is planned for completion by 2023-24, subject to funding approval of FC. The redevelopment project aims to renew the hospital into a modern medical centre with additional space to meet operational needs, improved accessibility and physical design for cost-effective and efficient clinical operations, and promote integrated research and education.

Subject to funding approval of the FC, the redevelopment of Kwai Chung Hospital (KCH) project will be carried out in phases for completion of the whole redevelopment project in 2023. A new hospital campus for mental health services providing in patient services, rehabilitation facilities, ambulatory care, patient resources and social centre with therapeutic and leisure areas will be constructed under the project. The total bed capacity in KCH will also be increased from about 920 to around 1 000.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.4303)

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

Subhead (No. & title): (000) Operational expenses

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What measures will be taken by the Hospital Authority to attract, motivate and retain staff this year?

Asked by: Hon WONG Yuk-man (Member Question No. 88)

Reply:

The Hospital Authority (HA) has deployed additional resources over the past few years to attract, motivate and retain staff. These include enhancing promotion opportunities, strengthening manpower support for all grades, enhancing training opportunities and support for staff. In 2015-16, HA will continue to implement the above measures and other initiatives to retain staff in medical, nursing, allied health (AH) and supporting grades.

For the medical grade, HA will continue to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors, and recruit part-time doctors and non-local doctors under limited registration to supplement local recruitment drive.

For the nursing grade, HA will continue to enhance career advancement opportunities of experienced nurses and provide training to registered nursing students and enrolled nursing students at HA's nursing schools.

For the AH grade, HA will continue to offer overseas scholarship to undergraduates for grades with no local or inadequate supply, recruit additional professional and supporting staff to relieve workload and enhance training opportunities for AH staff.

For staff in the supporting grade, suitable retirees who have left service at the age of 60 have been re-hired on contract full-time basis as a special "stop-gap" measure to address the high

attrition and supplement the supporting staff workforce since 2013. With a view to attracting and retaining Patient Care Assistant (PCA) IIIA in 24-hours in-patient wards/service units (IPS), HA has improved the pay and career prospects of these staff. Progression arrangements will be made for experienced and well-performing PCAIIIA (IPS) to progress to PCAII (IPS) in 2015-16.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4304)

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

Subhead (No. & title): (000) Operational expenses

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the amount of money involved in the drugs provided to patients by the Hospital Authority (HA) in accordance with the Drug Formulary in the past 3 years.

What is the number of subsidised drugs planned to be introduced in the Drug Formulary by HA this year?

Asked by: Hon WONG Yuk-man (Member Question No. 89)

Reply:

The amount of drug consumption expenditure on General and Special Drugs in the Hospital Authority (HA) Drug Formulary (HADF) (i.e. the expenditure on General and Special Drugs prescribed to patients at standard fees and charges) in 2012-13, 2013-14 and 2014-15 (projection based on expenditure figure as at 31 December 2014) are $3,753 million, $4,078 million and $4,277 million respectively.

In 2015-16, HA will incorporate five new drug classes into the HADF as Special Drugs for cancer treatment, chronic Hepatitis C and Crohn's Disease, and expand the clinical application of a Special Drug in the HADF for treatment of multiple sclerosis.

HA has a mechanism in place to regularly appraise new drugs for listing in the HADF. Apart from the aforesaid five new drug classes, other new drugs will be incorporated into the HADF within the year as and when appropriate.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)361

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3781)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In his Budget Speech, the Financial Secretary proposed to "set up a fund for HA to make use of investment returns for public-private partnership (PPP) initiatives. One of these is to extend in phases the General Outpatient Clinic Public-Private Partnership Programme to all 18 districts." Please provide details of this proposal. How soon will phase one begin? How effective are the PPP programmes that have already been implemented in districts such as Kwun Tong and Wong Tai Sin? For instance, how many doctors/patients have joined or left these programmes? Will the HA consider increasing the service quota in Kwun Tong and Wong Tai Sin, or extending these progammes to cover patients suffering from illnesses other than hypertension and diabetes?

Asked by: Hon WU Chi-wai (Member Question No. 56)

Reply:

The Financial Secretary has pledged in the 2015-16 Budget to allocate to the Hospital Authority (HA) a sum of $10 billion as endowment to generate investment return for funding HA's public-private partnership (PPP) initiatives, including the General Outpatient Clinic (GOPC) PPP Programme. The Government and the HA are now working on the detailed funding proposal, including the estimated annual expenditure for the PPP initiatives, investment framework and governance arrangements. We will seek funding approval of the Finance Committee of the Legislative Council within the 2015-16 financial year.

Since launching the GOPC PPP Programme in the three pilot districts in mid-2014, the overall progress has been smooth and satisfactory. The number of participating private doctors has already exceeded the initial target for the entire two-year pilot, and the number

of participating patients in the first eight months has already reached the first-year enrolment target of 3 000.

As at early March 2015, 84 private doctors have enrolled in the GOPC PPP Programme:

Kwun Tong	37
Wong Tai Sin	19
Tuen Mun	28
Total:	84

The enrolment process is on-going and private doctors in the three districts are welcome to join at any time.

The first batch of patient invitations was issued in July 2014, with subsequent batches sent out every three to six weeks. As at early March 2015, over 3 600 invited patients have enrolled in the GOPC PPP Programme of whom 3 043 have started receiving medical care from the participating private doctors, as detailed below:

Kwun Tong	1 160
Wong Tai Sin	873
Tuen Mun	1 010
Total:	3 043

The HA will continue to monitor closely the implementation of the GOPC PPP Programme in the three pilot districts, and conduct an interim review in mid-2015. Taking into account the responses from private doctors and patients and the findings from the interim review, the HA will map out the detailed roll-out plan for extending the GOPC PPP Programme, including the scope of chronic diseases, number of patients, level of payment to participating private doctors, and implementation timeframe for individual districts.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3782)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding interior renovation and facility enhancement of general outpatient clinics, please advise on:

1. the clinics renovated in the past 5 years, the works items involved and the change in various services after renovation; and

2. the clinics to be renovated, the progress and expected commencement dates of works.

Asked by: Hon WU Chi-wai (Member Question No. 57)

Reply:

(1)

The Hospital Authority (HA) has been undertaking interior renovation and facility enhancement for its general out-patient clinics (GOPCs), such as increasing the number of consultation rooms and carrying out improvement works to the pharmacies, with a view to streamlining patient flow, improving clinic environment, modernising facilities, enhancing service capacity and keeping pace with the development of primary care services.

In the past five years, HA completed renovation and improvement works for 29 GOPCs as set out below:

1. Aberdeen Jockey Club GOPC
2. Anne Black GOPC
3. Central Kowloon Health Centre
4. Central District Health Centre GOPC
5. Chai Wan GOPC
6. East Kowloon GOPC

7. Fanling Family Medicine Centre
8. Ha Kwai Chung GOPC
9. Hong Kong Buddhist Hospital GOPC
10. Kennedy Town Jockey Club GOPC
11. Lam Tin Polyclinic GOPC
12. Lek Yuen GOPC
13. Ma On Shan Family Medicine Centre
14. Mona Fong GOPC
15. Ngau Tau Kok Jockey Club GOPC
16. North Kwai Chung GOPC
17. Sai Wan Ho GOPC
18. Shek Wu Hui Jockey Club GOPC
19. Shun Lee GOPC
20. Shun Tak Fraternal Association Leung Kau Kui Clinic
21. Tai Po Jockey Club GOPC
22. Tseung Kwan O Jockey Club GOPC
23. Tuen Mun Clinic
24. Tuen Mun Wu Hong Clinic
25. West Kowloon GOPC
26. Yan Oi GOPC
27. Yaumatei Jockey Club GOPC
28. Yuen Chau Kok GOPC
29. Yuen Long Jockey Club Health Centre

Apart from the above, renovation and improvement works are being carried out in five other GOPCs, namely Ap Lei Chau GOPC, Nam Shan GOPC, Sai Ying Pun Jockey Club GOPC, South Kwai Chung Jockey Club GOPC and Tseung Kwan O (Po Ning Road) GOPC.

(2)

HA plans to carry out renovation and improvement works in seven GOPCs in 2015-16, namely Cheung Sha Wan Jockey Club GOPC, Hung Hom Clinic, Kowloon Bay Health Centre GOPC, Lady Trench GOPC, Shau Kei Wan Jockey Club GOPC, Tin Shui Wai Health Centre (Tin Shui Road) and Yan Oi GOPC.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)363

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3861)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1) Please set out the number of enforcement actions taken by the Tobacco Control Office (TCO) of the Department of Health, the number of prosecutions instituted, and the percentage of actions in which prosecutions were instituted in the past year.

2) Please set out the expenditure on enforcing laws on tobacco control in 2014-15 and the estimated expenditure on enforcing laws on tobacco control in 2015-16. Please also set out the current staff establishment of the TCO.

Asked by: Hon CHAN Chi-chuen (Member Question No. 207)

Reply:

1) The Tobacco Control Office (TCO) of the Department of Health conducts inspections to venues concerned in response to smoking complaints. The numbers of inspections and prosecutions initiated, including fixed penalty notices (FPNs) / summonses issued by TCO in 2014 are as follows:

Inspections conducted		29 032
Number of prosecutions initiated (as a percentage of the total number of inspections conducted)		8 119 (28.0%)
FPNs issued (for smoking offences)		7 834
Summonses issued	for smoking offences	193
	for other offences (such as failure to produce identity document and wilful obstruction)	92

2) The expenditures / provisions for the enforcement duties undertaken by TCO is $40.5 million in 2015-16 estimate, against the revised estimate of $39.4 million in 2014-15. The staff establishment of TCO in 2014-15 is at **Annex**.

- End -

Annex

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2014-15
Head, TCO	
Principal Medical & Health Officer	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	2
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	89
Senior Executive Officer/ Executive Officer	9
Sub-total	***107***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***10***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	17
Motor Driver	1
Sub-total	***22***
Total no. of staff:	**140**

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)364**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4713)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the engagement of outsourced workers, please provide the following information:

	2015-16
Estimated number of outsourced service contracts	
Estimated total payments to outsourced service providers	
Estimated number of outsourced workers engaged through outsourced service providers	

Asked by: Hon CHAN Wai-yip, Albert (Member Question No. 113)

Reply:

Information regarding the engagement of outsourced workers by the Department of Health in 2014-15 is appended below. We estimate that the figures for 2015-16 are broadly the same as those for 2014-15.

	2014-15 (as at 31.12.2014)
Number of outsourced service contracts	260
Total payments to outsourced service providers	$124.3 million
Number of outsourced workers engaged through outsourced service providers	650

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)365

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5821)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services provided by elderly health centres (EHCs), please set out in tabular form the following information for the past five years:

1. the cost per attendance for health assessment;
2. the cost per attendance for medical consultation;
3. the cost per attendance at health education activities organised by EHCs and Visiting Health Teams;
4. the annual operating costs of each EHC;
5. the respective annual membership quotas, quotas for new members, and numbers of members from other districts in each EHC;
6. the number and rate of member turnover (i.e. the number of members who did not renew their membership and their percentage in the total number of members) of various EHCs, as well as the average waiting time for application for enrolment as an EHC member each year (a breakdown by EHC);
7. the average waiting time for having a health check at an EHC.

Asked by: Hon CHEUNG Chiu-hung, Fernado (Member Question No. 199)

Reply:

1. and 2.

The cost per health assessment (including attendance for follow up of results) and the cost per attendance for medical consultation provided by the Elderly Health Centres (EHCs) are as follows:

Year	Health Assessment	Medical Consultation
2010-11	$1,030	$387

2011-12	$1,090	$432
2012-13	$1,140	$455
2013-14	$1,190	$470
2014-15	$1,250	$495

3. The cost per attendance at health education activities organised by the EHCs and the Visiting Health Teams (VHTs) are not available. The total expenditures of the 18 EHCs and the 18 VHTs are as follows:

Year	**Total expenditure of the 18 EHCs ($ million)**	**Total expenditure of the 18 VHTs [#] ($ million)**
2010-11	94.7	63.9
2011-12	97.4	68.8
2012-13	107.5	76.6
2013-14	121.7	74.9
2014-15 (revised estimate)	127.3	74.8

[#] The expenditure also includes Public Health & Administration Section of the Elderly Health Service (EHS).

4. The annual operating expenditure of each EHC are as follows:

Year	**Average operating expenditure of each EHC ($ million)**
2010-11	5.3
2011-12	5.4
2012-13	6.0
2013-14	6.8
2014-15 (revised estimate)	7.0

5. The annual service capacity for EHCs was 38 500 in total. With the creation of an additional clinical team in March 2015, the total annual service capacity will be increased to 40 600. There was no specific percentage of quota reserved for new members for each EHC previously, but since 2015, the EHS of the Department of Health has set a target to allocate about 20% of quota in all EHCs to first-time health assessments.

The total numbers of enrolments and the numbers of new members in the 18 EHCs are as follows:

EHC	Total number of enrolments					Number of new members				
	2010	2011	2012	2013	2014*	2010	2011	2012	2013	2014*
Sai Ying Pun	2 140	2 120	2 130	2 120	2 177	312	197	185	120	162
Shau Kei Wan	2 226	2 210	2 211	2 196	2 213	512	235	145	204	326
Wan Chai	2 125	2 153	2 141	2 156	2 143	363	290	227	183	249
Aberdeen	2 147	2 128	2 126	2 124	2 164	329	238	228	163	183
Nam Shan	2 228	2 206	2 206	2 193	2 212	360	271	370	166	245
Lam Tin	2 229	2 214	2 230	2 218	2 220	500	353	244	268	410
Yau Ma Tei	2 141	2 124	2 121	2 079	2 162	455	346	334	104	128
San Po Kong	2 120	2 122	2 121	2 122	2 123	447	415	225	175	168
Kowloon City	2 221	2 211	2 210	2 193	2 211	543	433	198	98	104
Lek Yuen	2 149	2 199	2 125	2 121	2 130	438	507	445	440	228
Shek Wu Hui	2 152	2 120	2 122	2 119	2 155	429	351	290	264	210
Tseung Kwan O	2 145	2 135	2 136	2 136	2 136	398	428	263	163	191
Tai Po	2 122	2 124	2 124	2 125	2 122	319	155	96	192	278
Tung Chung	2 256	2 259	2 245	2 224	2 226	443	454	432	407	244
Tsuen Wan	2 137	2 109	2 117	2 092	2 114	508	499	392	386	396
Tuen Mun Wu Hong	2 144	2 130	2 133	2 109	2 126	421	423	352	275	360
Kwai Shing	2 195	2 202	2 212	2 212	2 221	453	424	297	184	371
Yuen Long	2 232	2 219	2 217	2 198	2 215	368	350	344	332	275

*Provisional figures

The numbers of members from other districts in each EHC are as follows:

EHC	Number of members from other districts				
	2010	2011	2012	2013	2014* (Jan-Sep)
Sai Ying Pun	585	561	601	568	453
Shau Kei Wan	44	62	44	71	53
Wan Chai	1 031	1 059	1 011	1 070	813
Aberdeen	58	46	46	40	33
Nam Shan	829	798	786	802	603
Lam Tin	76	61	103	129	145
Yau Ma Tei	809	791	789	790	629
San Po Kong	499	478	492	532	369
Kowloon City	1 009	957	962	875	713

Lek Yuen	72	63	51	46	41
Shek Wu Hui	104	116	84	106	65
Tseung Kwan O	305	305	269	266	195
Tai Po	325	357	350	308	237
Tung Chung	1 461	1 417	1 383	1 332	1 012
Tsuen Wan	729	739	735	729	560
Tuen Mun Wu Hong	99	76	69	82	37
Kwai Shing	535	557	536	550	402
Yuen Long	64	74	93	82	71

*Provisional figures

6. The numbers of members enrolled in a year who did not renew their membership by two years and their percentage among the total number of enrollments in 18 EHCs are as follows:

EHC	**EHC members who did not return by**									
	2010		**2011**		**2012**		**2013**		**2014***	
	No.	%	No.	%	No.	%	No.	%	No.	%
Sai Ying Pun	400	19%	460	21%	494	23%	499	24%	471	22%
Shau Kei Wan	682	32%	546	29%	568	26%	533	24%	466	21%
Wan Chai	518	24%	427	20%	440	21%	372	17%	374	17%
Aberdeen	626	29%	547	24%	502	23%	420	20%	417	20%
Nam Shan	491	23%	501	23%	489	22%	467	21%	477	22%
Lam Tin	602	28%	588	27%	584	26%	577	26%	569	26%
Yau Ma Tei	518	24%	507	24%	474	22%	465	22%	447	21%
San Po Kong	549	26%	566	27%	535	25%	513	24%	507	24%
Kowloon City	459	21%	482	22%	493	22%	470	21%	482	22%
Lek Yuen	533	25%	641	30%	619	29%	679	31%	824	39%
Shek Wu Hui	481	23%	553	26%	533	25%	551	26%	558	26%
Tseung Kwan O	439	21%	457	21%	473	22%	478	22%	457	21%
Tai Po	394	19%	398	19%	347	16%	329	15%	366	17%
Tung Chung	348	16%	305	14%	360	16%	391	17%	452	20%
Tsuen Wan	659	31%	678	32%	668	31%	549	26%	595	28%
Tuen Mun Wu Hong	507	24%	564	26%	535	25%	492	23%	566	27%

Kwai Shing	468	22%	530	24%	497	23%	499	23%	456	21%
Yuen Long	369	17%	437	20%	371	17%	403	18%	456	21%

*Provisional figures as at September 2014

The median waiting times for enrolment as new member of EHCs are as follows:

EHC	Median waiting time (months)				
	2010	**2011**	**2012**	**2013**	**2014***
Sai Ying Pun	2.9	7.5	13.4	22.8	30.5
Shau Kei Wan	20.5	8.4	14.4	21.5	24.9
Wan Chai	30.9	25.4	25.8	27.8	34.4
Aberdeen	4.0	5.1	6.7	11.5	16.2
Nam Shan	6.9	13.8	16.2	17.3	18.2
Lam Tin	7.4	3.9	4.6	11.1	15.0
Yau Ma Tei	38.0	32.9	23.7	25.4	32.9
San Po Kong	29.7	11.4	10.0	15.9	24.0
Kowloon City	34.5	16.2	16.4	23.4	31.4
Lek Yuen	46.4	43.5	36.2	22.8	21.9
Shek Wu Hui	14.0	9.3	9.9	10.8	14.3
Tseung Kwan O	21.7	16.6	14.5	20.5	27.0
Tai Po	18.6	17.5	21.9	28.6	22.4
Tung Chung	5.5	6.5	9.5	10.4	12.9
Tsuen Wan	43.8	19.7	11.3	12.7	15.8
Tuen Mun Wu Hong	9.7	8.9	9.9	15.0	17.3
Kwai Shing	8.8	6.2	6.5	10.4	13.7
Yuen Long	6.0	5.9	7.5	8.7	10.7

*Provisional figures

7. The median time intervals between successive health assessments are as follow:

Year	Median time interval (months)
2010	18.5
2011	18.8
2012	18.3
2013	17.9
2014*	16.0

*Provisional figure

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)366

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5822)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Outreach Dental Care Programme for the Elderly, would the Government please inform this Committee of:

(a) the number of attendances of the elderly receiving the services, with a breakdown by type of service (e.g. dental examination, scaling and polishing, pain relief and emergency dental treatment) since the launch of the pilot project on Outreach Primary Dental Care Services for the Elderly; and

(b) the annual expenditure incurred by the pilot project since its launch and the estimated expenditure for next year.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 200)

Reply:

(a) (i) Pilot Project

In 2011, the Government launched the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project). A total of 24 outreach dental teams from 13 non-governmental organisations (NGOs) were set up under the Outreach Pilot Project to provide free outreach dental services for elders residing in RCHEs or receiving services in DEs. About 70 000 elders received annual oral check and necessary treatments (including scaling and polishing, denture cleaning and fluoride / X-ray) under the Outreach Pilot Project between April 2011 and September 2014, involving about 125 000 attendances.

(ii) Regular Programme

The Outreach Pilot Project was converted into a regular programme and renamed the Outreach Dental Care Programme for the Elderly (ODCP) in October 2014 to continue to provide outreach dental services for elders in these homes/centres and similar facilities. Under the ODCP, 22 outreach dental teams from 11 NGOs have been set up to provide the outreach dental services. Between October 2014 and February 2015 (the latest figures provided by the participating NGOs), about 16 000 elders received an annual oral check and necessary treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride / X-ray and other curative treatments (such as fillings, extractions, dentures, etc.).

(b) We have earmarked a sum of $88 million for implementation of the Outreach Pilot Project. As regards ODCP, we have included $25.1 million in 2014-15 and $44.5 million as a full year provision under Head 37 – Department of Health for implementation of the regular programme in 2015-16.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)367

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3544)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding child assessment centres of the Department of Health, would the Government please advise on:

(a) the annual number of new cases confirmed as autistic spectrum disorder in children aged 2 to 6 at the six child assessment centres for the past two years;

(b) the annual number of children diagnosed with developmental disabilities through Child Assessment Service for the past two years. Please set out the details by types of developmental disabilities.

Asked by: Hon CHEUNG Kwok-che (Member Question No.50)

Reply:
(a) The numbers of children aged two to six who were newly diagnosed with Autistic Spectrum Disorder by the Child Assessment Service (CAS) of the Department of Health (DH) in 2013 and 2014 are 1 304 and 1 489 (provisional figure) respectively.

(b) The numbers of cases with developmental problems newly diagnosed by CAS in 2013 and 2014 are as follows:-

Newly diagnosed conditions	**Number of cases**	
	2013	**2014 (provisional figure)**
Attention Problems/Disorders	2 325	2 541
Autistic Spectrum Disorder	1 478	1 720
Borderline Developmental Delay	1 915	2 073
Developmental Motor Coordination Problems/Disorders	1 928	1 849
Dyslexia & Mathematics Learning Disorder	482	535

Newly diagnosed conditions	Number of cases	
	2013	2014 (provisional figure)
Hearing Loss (Moderate to profound grade)	88	109
Language Delay/Disorders and Speech Problems	3 098	3 308
Physical Impairment (i.e. Cerebral Palsy)	55	41
Significant Developmental Delay/Mental Retardation	1 213	1 252
Visual Impairment (Blind or Low Vision)	41	36

Note: A child might be diagnosed with more than one developmental disability/problem.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)368

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6964)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services of the 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), would the Government please advise this Committee on the following:

(1) What is the number of enrolment, number of new members, number of members from other districts, number of members who did not renew their membership, number of elders on the waiting list, number of attendances for health assessment and for medical consultation in each of the EHC in the past year?

(2) Please set out the number of members who did not renew their membership in each of the EHC each year in the past three years, broken down by reason of non-renewal.

(3) What is the respective waiting time to be enrolled as new members, time interval between successive health assessments and average daily number of consultations provided in each of the EHC each year in the past three years?

(4) What is the respective number of visits paid by each VHT to residential care homes for the elderly (RCHEs) and to non-RCHEs, number of elders and number of their carers served by the VHTs each year in the past three years?

(5) What is the respective number of clinical teams, staff establishment, expenditure on salary and wastage figure of doctors, nurses and clerical staff in each EHC each year in the past three years and for the coming year?

(6) The Government initially planned to subsidise 10 000 elders aged 70 or above to participate in a protocol-based health assessment on a voluntary basis. In this regard, what is the number of elderly people who received assessment and the provision for each non-governmental organisation each year in the past two years?

(7) Among the elders who had received elderly health assessment, what is the number of elderly people diagnosed with Dementia and how many of them were then referred to other services each year in the past two years?

(8) What is the existing number of EHCs installed with automatic main entrance doors and the number of those installed with "push open" main entrance doors? What is the progress of the improvement works to barrier-free facilities in each EHC?

(9) Does the Government have any plans to set up new EHCs? If yes, what are the details? If no, what are the reasons? Does the Department of Health have any plans to expand the existing EHCs? If yes, what are the details? If no, what are the reasons?

Asked by: Hon CHEUNG Kwok-che (Member Question No. 705)

Reply:

1. The number of enrolment, number of new members, number of members from other districts, number of elders on the waiting list, number of attendances for health assessment and for medical consultation in each of the Elderly Health Centre (EHC) in 2014 are listed at **Annex**.

2. We do not have information on reasons of non-renewal of membership. The number of members who enrolled in a year but did not renew their membership by two years in each of the EHC in the past three years is listed below:

EHC	No. of members who did not renew their membership by		
	2012	2013	2014* (as at Sep 2014)
Sai Ying Pun	494	499	471
Shau Kei Wan	568	533	466
Wan Chai	440	372	374
Aberdeen	502	420	417
Nam Shan	489	467	477
Lam Tin	584	577	569
Yau Ma Tei	474	465	447
San Po Kong	535	513	507
Kowloon City	493	470	482
Lek Yuen	619	679	824
Shek Wu Hui	533	551	558
Tseung Kwan O	473	478	457
Tai Po	347	329	366
Tung Chung	360	391	452

Tsuen Wan	668	549	595
Tuen Mun Wu Hong	535	492	566
Kwai Shing	497	499	456
Yuen Long	371	403	456

* Provisional figures

3. The median waiting time for new enrolment and subsequent health assessment in the past three years is listed below:

EHC	Median waiting time for new enrolment (months)			Median waiting time for subsequent health assessment (months)		
	2012	2013	2014*	2012	2013	2014*
Sai Ying Pun	13.4	22.8	30.5	18.5	18.3	17.1
Shau Kei Wan	14.4	21.5	24.9	18.0	17.1	15.9
Wan Chai	25.8	27.8	34.4	18.0	17.1	16.2
Aberdeen	6.7	11.5	16.2	18.2	17.5	16.2
Nam Shan	16.2	17.3	18.2	18.0	18.0	15.8
Lam Tin	4.6	11.1	15.0	16.6	15.5	15.0
Yau Ma Tei	23.7	25.4	32.9	18.7	17.3	15.7
San Po Kong	10.0	15.9	24.0	18.9	18.9	15.1
Kowloon City	16.4	23.4	31.4	20.7	18.8	16.7
Lek Yuen	36.2	22.8	21.9	21.3	22.2	22.6
Shek Wu Hui	9.9	10.8	14.3	18.9	17.8	16.8
Tseung Kwan O	14.5	20.5	27.0	19.2	18.0	17.1
Tai Po	21.9	28.6	22.4	15.7	13.4	13.4
Tung Chung	9.5	10.4	12.9	14.8	15.9	15.8
Tsuen Wan	11.3	12.7	15.8	16.8	18.2	20.2
Tuen Mun Wu Hong	9.9	15.0	17.3	20.1	18.9	18.7
Kwai Shing	6.5	10.4	13.7	18.9	18.7	12.9
Yuen Long	7.5	8.7	10.7	15.7	15.9	15.3
Total	12.3	16.6	20.1	18.3	17.9	16.0

* Provisional figures

The average daily number of medical consultations in each of the EHC in the past three years is listed below:

EHC	Average daily number of medical consultations		
	2012	2013	2014*
Sai Ying Pun	19.3	18.2	16.4
Shau Kei Wan	18.1	18.1	17.4
Wan Chai	18.9	18.7	19.6
Aberdeen	26.5	26.4	24.5
Nam Shan	20.7	20.0	18.1
Lam Tin	16.9	16.2	16.3
Yau Ma Tei	19.0	18.4	17.5
San Po Kong	23.0	21.5	20.6
Kowloon City	18.9	18.4	17.7
Lek Yuen	25.0	23.1	22.2
Shek Wu Hui	33.4	34.2	32.4
Tseung Kwan O	25.0	23.5	23.6
Tai Po	21.6	22.1	23.0
Tung Chung	17.3	15.8	15.3
Tsuen Wan	24.9	24.5	23.6
Tuen Mun Wu Hong	22.1	21.7	20.2
Kwai Shing	15.9	15.4	15.3
Yuen Long	16.5	17.6	16.9
Total	21.3	20.8	20.0

* Provisional figures

4. The number of residential care homes for the elderly (RCHEs) and non-RCHEs visited, as well as the number of elders and carers who attended the activities conducted by each Visiting Health Team (VHT) in the past three years are listed below:

VHT	2012			
	RCHEs	non-RCHEs	Elders	Carers
Central & Western	38	23	11 227	3 369
Island	11	19	5 291	1 075
Eastern	68	50	20 336	4 730

Wan Chai	30	22	7 226	2 179
Southern	42	29	10 000	3 188
Kwun Tong	41	60	19 833	2 686
Yau Tsim Mong	41	40	11 030	3 173
Shamshuipo	73	49	20 883	4 419
Wong Tai Sin	32	50	17 356	3 072
Kowloon City	71	31	12 355	5 768
Shatin	38	42	13 459	2 625
Sai Kung	20	34	11 363	2 087
North	50	28	12 017	3 305
Tai Po	34	31	11 889	2 201
Tsuen Wan	34	21	8 435	3 087
Kwai Tsing	60	49	18 340	6 304
Tuen Mun	50	22	9 611	3 879
Yuen Long	55	36	12 853	5 753
Total	788	636	233 504	62 900

VHT	2013			
	RCHEs	non-RCHEs	Elders	Carers
Central & Western	37	24	11 977	3 417
Island	11	19	5 614	1 199
Eastern	69	53	20 318	4 766
Wan Chai	27	21	6 884	2 067
Southern	36	36	9 637	2 982
Kwun Tong	39	63	19 998	2 694
Yau Tsim Mong	43	32	10 097	4 257
Shamshuipo	72	45	21 490	5 440
Wong Tai Sin	30	51	17 400	3 134
Kowloon City	72	32	12 538	6 684
Shatin	38	45	13 534	3 307
Sai Kung	21	31	10 821	2 591
North	50	27	11 730	3 533
Tai Po	34	32	12 362	3 188
Tsuen Wan	31	20	7 894	2 793
Kwai Tsing	60	45	17 891	6 123
Tuen Mun	48	25	10 286	3 731
Yuen Long	53	38	13 014	5 563
Total	771	639	233 485	67 469

VHT	2014*			
	RCHEs	non-RCHEs	Elders	Carers
Central & Western	35	23	10 646	2 923

Island	11	18	4 993	1 106
Eastern	64	52	19 701	4 950
Wan Chai	24	25	7 005	1 988
Southern	35	38	9 293	3 434
Kwun Tong	39	58	23 381	4 222
Yau Tsim Mong	44	32	9 801	4 326
Shamshuipo	69	47	21 890	5 441
Wong Tai Sin	30	52	18 170	3 169
Kowloon City	71	35	13 064	7 415
Shatin	38	49	14 512	3 041
Sai Kung	20	29	9 728	2 752
North	50	29	14 610	3 822
Tai Po	33	31	11 500	2 827
Tsuen Wan	29	24	8 205	3 141
Kwai Tsing	60	49	19 346	6 295
Tuen Mun	46	24	9 269	3 776
Yuen Long	51	41	13 493	5 789
Total	749	656	238 607	70 417

* Provisional figures

5. As at 31 March 2015, the total number of staff establishment for the 18 EHCs is 161 comprising –

- 1 Consultant
- 6 Senior Medical and Health Officers;
- 19 Medical and Health Officers;
- 19 Nursing Officers;
- 38 Registered Nurses;
- 1 Senior Dispenser;
- 4 Dispensers;
- 0.5 Senior Clinical Psychologist;
- 3.5 Clinical Psychologists;
- 0.5 Senior Dietitian;
- 3.5 Dietitians;
- 0.5 Senior Occupational Therapist;
- 3.5 Occupational Therapists;
- 0.5 Senior Physiotherapist;
- 3.5 Physiotherapists;
- 19 Assistant Clerical Officers;
- 19 Clerical Assistants; and
- 19 Workman II.

The annual recurrent cost for civil service posts based on the above establishment is $76.8 million in 2014-15. Breakdown by individual EHC is not available.

Each EHC is typically staffed by a clinical team of one doctor and three nurses; and

supported by two clerical staff and one workman grade staff. From 2012-13 to 2013-14, there was one clinical team in each of the 18 EHCs. In 2014-15, an additional clinical team was created in Lek Yuen EHC. Resources have been earmarked for the creation of another clinical team in Wan Chai in 2015-16.

The wastage figures of doctors, nurses and clerical staff in the past three years and for the coming year, and the EHCs involved are as follows-

	2012	2013	2014	2015 (projected)
Doctors	Nil	Nil	Nil	Nil
Nurses (EHCs)	4 (Shau Kei Wan, San Po Kong, Tuen Mun Wu Hong)	3 (Wan Chai, Kowloon City)	1(San Po Kong)	2 (Nam Shan, Tai Po)
Clerical staff (EHCs)	0	2 (Lam Tin, Tung Chung)	2 (Sai Ying Pun)	2 (Shek Wu Hui, Tseung Kwan O)

The vacancies and anticipated wastage in the EHCs has been, and will be, filled by recruitment, promotion exercises or deployment of staff to ensure that the service of EHCs would not be affected.

6. The Government launched the Elderly Health Assessment Pilot Programme (the Pilot Programme) in July 2013 in collaboration with nine non-governmental organisations (NGOs) to subsidise about 10 000 elders aged 70 or above to receive health assessment. The number of elders enrolled under the Pilot Programme in the past two years are as follows:

	Number of elders enrolled
As of 31 December 2013	561
As of 31 December 2014	5 339

The table below shows the amount of subvention disbursed in 2013-14 and 2014-15 (revised estimates) to the nine participating NGOs:

	2013-14 $'000	2014-15 (revised estimates) $'000
Evangel Hospital	228.0	336.0
United Christian Nethersole Community Health Service	969.0	416.0
Chai Wan Baptist Church Community Health Centre Limited	114.0	194.0
Po Leung Kuk	114.0	296.0
The Lok Sin Tong Benevolent Society, Kowloon	85.5	68.0

Hong Kong Sheng Kung Hui Welfare Council Limited	513.0	616.0
Tung Wah Group of Hospitals	57.0	97.0
Sik Sik Yuen	57.0	97.0
Haven of Hope Christian Service	142.5	63.0
Total	2,280.0	2,183.0

7. The numbers of members with suspected dementia among the elders who had received health assessment in the EHCs in the past two years are as below:

	2013	2014 (as at September 2014)*
Number of members with suspected dementia	1 481	1 811

* Provisional figures

Follow-up arrangements are made for suspected cases as appropriate, including referrals to specialist services.

8. 13 EHCs have been installed with automatic main entrance doors. Three EHCs are installed with "push open" main entrance doors which will be replaced by automatic doors. The remaining two EHCs are located within the General Out-patient Clinics with no separate main entrance doors.

The major retrofitting programme for upgrading the barrier-free access facilities in the EHCs were generally completed as at June 2014. Other enhancements of barrier-free facilities are being implemented.

9. There is no plan to increase the number of the EHCs. However, to enhance the service capacity of the EHCs, additional resources has been earmarked for creating a clinical team in 2015-16.

- End -

Annex

EHC	No. of enrolment	No. of new members	No. of members from other districts (as at Sep 2014)	No. of elders on the waiting list	No. of attendance for health assessment (including follow-up of assessment results)	No. of attendance for medical consultation
Sai Ying Pun	2 177	162	453	1 089	4 249	4 046
Shau Kei Wan	2 213	326	53	1 288	4 539	4 289
Wan Chai	2 143	249	813	2 002	4 248	4 852
Aberdeen	2 164	183	33	595	4 266	6 059
Nam Shan	2 212	245	603	969	4 761	4 466
Lam Tin	2 220	410	145	489	4 218	4 026
Yau Ma Tei	2 162	128	629	934	4 433	4 320
San Po Kong	2 123	168	369	423	4 121	5 085
Kowloon City	2 211	104	713	840	4 050	4 371
Lek Yuen	2 130	228	41	1 766	3 646	5 489
Shek Wu Hui	2 155	210	65	396	4 332	7 997
Tseung Kwan O	2 136	191	195	1 480	4 102	5 837
Tai Po	2 122	278	237	783	4 232	5 691
Tung Chung	2 226	244	1 012	917	4 424	3 786
Tsuen Wan	2 114	396	560	1 065	4 034	5 830
Tuen Mun Wu Hong	2 126	360	37	1 124	4 882	4 998
Kwai Shing	2 221	371	402	330	4 333	3 773
Yuen Long	2 215	275	71	684	4 343	4 163
Total	39 070	4 528	6 431	17 174	77 213	89 078

Note: The above are provisional figures for 2014

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 5352)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The revised estimate for 2014-15 is 2.4% higher than the original estimate. What are the reasons for this? What items have caused the increase in the estimate? Are additional services or manpower involved? If yes, what are the additional services and manpower?

The estimate for 2015-16 is 7.3% higher than the original estimate for 2014-15. What are the reasons for this? What items have caused the increase in the estimate? Are additional services or manpower involved? If yes, what are the additional services and manpower?

Asked by: Hon KWOK Ka-ki (Member Question No. 179)

Reply:

The revised estimate for 2014-15 is 2.4% higher than the original estimate. This is mainly due to the pay rise and inflationary adjustments. The revision has no impact on the services or manpower of the Department of Health.

The provision for 2015-16 is 7.3% higher than the revised estimate for 2014-15. This is mainly due to (a) re-scheduling of the replacement of the thermoluminescent dosimetry system, upgrading of the standard radiological dosimetry calibration facility and procurement of mobile refrigerated mortuary units; (b) top-up staff cost for conversion of seven non-civil service contract positions to civil service posts in order to strengthen the manpower support for Chinese Medicine Division; and (c) creation of one civil service post to support the port health facilities at the new Midfield Concourse at Hong Kong International Airport.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)370

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5353)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
Regarding tobacco control work, would the Government please advise on the following for the past three years: what were the expenditures, staff establishment and number of front-line enforcement staff of the Tobacco Control Office; and what were the number of complaints received, the number of proactive enforcement actions taken under the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, as well as the number of prosecutions instituted.

Asked by: Hon KWOK Ka-ki (Member Question No. 179)

Reply:
The expenditures / provisions and staffing situation of the Tobacco Control Office (TCO) in the past three years are at **Annexes 1 and 2** respectively.

TCO conducts inspections to venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted and fixed penalty notices (FPNs) / summonses issued by TCO for the period from 2012 to 2014 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows –

		2012	2013	2014
Complaints received		18 291	18 079	17 354
Inspections conducted		26 209	27 461	29 032
FPNs issued (for smoking offences)		8 019	8 330	7 834
Summonses issued	for smoking offences	179	232	193
	for other offences (such as willful obstruction and failure to produce identity document)	88	99	92

- End -

Annex 1

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2012-13 ($ million)	2013-14 ($ million)	2014-15 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	39.6	42.7	39.4
Health Education and Smoking Cessation			
Programme 3: Health Promotion	102.6	120.2	125.7
(a) General health education and promotion of smoking cessation			
TCO	*46.3*	*48.2*	*46.2*
Subvention to Council on Smoking and Health	*20.7*	*22.0*	*24.3*
Sub-total	***67.0***	***70.2***	***70.5***
(b) Provision for smoking cessation and related services by non-governmental organisations			
Subvention to Tung Wah Group of Hospitals	*26.5*	*34.7*	*37.1*
Subvention to Pok Oi Hospital	*6.0*	*7.3*	*7.8*
Subvention to Po Leung Kuk	*1.7*	*2.2*	*2.0*
Subvention to Lok Sin Tong	*1.4*	*1.9*	*1.9*
Subvention to United Christian Nethersole Community Health Service		*2.6*	*2.6*
Subvention to Life Education Activity Programme		*1.3*	*2.3*
Subvention to The University of Hong Kong			*1.5*
Sub-total	***35.6***	***50.0***	***55.2***
Total	**142.2**	**162.9**	**165.1**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2012-13	2013-14	2014-15
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	2	2
Land Surveyor*	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman*	89	89	89
Senior Executive Officer/ Executive Officer*	9	9	9
Sub-total	***107***	***107***	***107***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer/ Contract Doctor	2	1	1
Scientific Officer (Medical)	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	4	3	3
Hospital Administrator II/ Health Promotion Officer/	6	4	4
Sub-total	***14***	***10***	***10***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	19	17	17
Motor Driver	1	1	1
Sub-total	***24***	***22***	***22***
Total no. of staff:	**146**	**140**	**140**

** Staff carrying out frontline enforcement duties*

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)371

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5354)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Chinese medicine practitioners, would the Government please advise on the following:

(a) What is the total number of Chinese medicine practitioners (CMPs) in Hong Kong currently? What is the number of listed CMPs and that of registered CMPs? What is the CMP to population ratio?

(b) What are the numbers of training places for CMPs in the past three years? What is the respective number of enrolment applications, successful enrolments, graduates and registration cases for each year?

(c) Apart from applicants who have been locally trained, what are the numbers of application for registration of CMPs (including those who had training in the Mainland and from other channels) and the numbers of successful registration in the past three years? Please set out the numbers by location of training?

(d) Does the Government have any five-year or ten-year plan on the number of CMPs? If yes, what are the details? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 179)

Reply:

(a) As at 15 March 2015, there were 6 958 registered Chinese medicine practitioners (CMPs) and 2 690 listed CMPs. The ratio of registered CMP to population as at end 2013 was 1:1071.

(b) At present, there are three local universities offering full-time Chinese medicine degree courses accredited by the Chinese Medicine Practitioners Board (PB) of the Chinese

Medicine Council of Hong Kong (CMCHK), namely the Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong. There are around 80 undergraduates enrolled each year. Those who have successfully completed the above courses are eligible to sit for the Chinese Medicine Practitioners Licensing Examination (CMPLE) organised by the PB. Candidates who have passed the CMPLE are qualified to apply for registration as registered Chinese medicine practitioners for practising Chinese medicine in Hong Kong. Number of graduates who passed the CMPLE and got registered in 2012, 2013 and 2014 were 57, 56 and 62 respectively.

(c) In addition, there are 30 universities in the Mainland offering full-time Chinese medicine degree courses recognised by the PB. Those who have successfully completed the above courses in the Mainland are eligible to sit for the CMPLE. Candidates who have passed the CMPLE are qualified to apply for registration as registered Chinese medicine practitioners to practise Chinese medicine in Hong Kong. In 2012, 2013 and 2014, number of graduates from the Mainland who passed the CMPLE and got registered were 90, 92 and 83 respectively.

(d) In response to the growing demand for healthcare services of an ageing population, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong. The objective of the review is to assess the manpower need of the various healthcare professions, strengthen professional training and development as well as enhancing the regulatory framework. The review is still ongoing and we will publish the result and recommendations after the completion of the review.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)372

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5355)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the elderly health centres (EHCs), would the Government please advise on the following for the past three years:

(a) What were the numbers of enrolment in each EHC? Please provide a breakdown by age group;

(b) What were the numbers of elders on the waiting list for health assessment and medical consultation? What were the median waiting time and the longest waiting time?

(c) Please advise whether the Government has included the enhancement of EHC services in the estimate for 2015-16? If yes, what are the details and expenditures involved? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 180)

Reply:

(a) The numbers of enrolment in each of the Elderly Health Centres (EHCs) by age groups in the past three years are as follows:

EHC	2012					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	243	465	680	501	241	2 130
Shau Kei Wan	177	416	735	589	294	2 211
Wan Chai	145	480	732	526	258	2 141
Aberdeen	264	415	696	489	262	2 126

Nam Shan	279	535	692	499	201	2 206
Lam Tin	260	471	704	546	249	2 230
Yau Ma Tei	178	445	695	514	289	2 121
San Po Kong	183	366	800	528	244	2 121
Kowloon City	169	477	823	538	203	2 210
Lek Yuen	200	450	692	527	256	2 125
Shek Wu Hui	275	398	591	524	334	2 122
Tseung Kwan O	252	562	727	423	172	2 136
Tai Po	144	475	797	485	223	2 124
Tung Chung	555	658	650	279	103	2 245
Tsuen Wan	270	452	635	542	218	2 117
Tuen Mun Wu Hong	387	524	588	421	213	2 133
Kwai Shing	379	495	714	462	162	2 212
Yuen Long	421	527	645	419	205	2 217

EHC	**2013**					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	182	422	680	524	312	2 120
Shau Kei Wan	175	356	677	673	315	2 196
Wan Chai	135	425	718	607	271	2 156
Aberdeen	260	380	686	539	259	2 124
Nam Shan	246	513	659	535	240	2 193
Lam Tin	286	425	611	619	277	2 218
Yau Ma Tei	100	391	613	605	370	2 079
San Po Kong	157	365	720	609	271	2 122
Kowloon City	135	419	826	577	236	2 193
Lek Yuen	249	440	620	551	261	2 121
Shek Wu Hui	258	417	561	558	325	2 119
Tseung Kwan O	220	486	707	491	232	2 136
Tai Po	155	446	719	525	280	2 125
Tung Chung	539	674	592	316	103	2 224
Tsuen Wan	307	410	580	574	221	2 092
Tuen Mun Wu Hong	357	452	607	476	217	2 109
Kwai Shing	331	478	684	530	189	2 212
Yuen Long	427	494	596	445	236	2 198

EHC	**2014 (as at September 2014)***					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	114	330	490	445	246	1 625
Shau Kei Wan	147	293	459	498	260	1 657
Wan Chai	70	338	512	429	281	1 630
Aberdeen	187	267	469	445	245	1 613

Nam Shan	193	365	496	440	189	1 683
Lam Tin	249	295	424	461	230	1 659
Yau Ma Tei	71	249	475	512	299	1 606
San Po Kong	89	253	488	523	252	1 605
Kowloon City	89	264	560	544	212	1 669
Lek Yuen	114	293	474	465	269	1 615
Shek Wu Hui	192	327	392	444	258	1 613
Tseung Kwan O	132	379	514	401	181	1 607
Tai Po	150	268	512	434	249	1 613
Tung Chung	338	516	466	275	86	1 681
Tsuen Wan	244	301	417	416	204	1 582
Tuen Mun Wu Hong	287	386	393	338	188	1 592
Kwai Shing	262	354	445	452	167	1 680
Yuen Long	309	365	442	355	182	1 653

*Provisional figures

(b) For the past three years, the numbers of elders on the waiting list for enrolment as new members, the median waiting times for enrolments and the longest median waiting time for enrolment among all EHCs are shown in the table below. Medical consultation service is available to all enrolled members at any time.

	2012	**2013**	**2014***
Number of elders on the waiting list for enrolment as new members (as at end of December each year)	12 525	15 141	17 174
Median waiting time for enrolments (months)	12.3	16.6	20.1
Longest median waiting time for enrolment among all EHCs (months)	36.2 (Lek Yuen EHC)	28.6 (Tai Po EHC)	34.4 (Wan Chai EHC)

*Provisional figures

(c) To enhance the service capacity of EHCs, a provision of $3.3 million had been earmarked for creating a clinical team in 2015-16. The clinical team will consist of one doctor and three nurses. It will be supported by two clerical staff.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)373

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5356)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding woman health service, would the Government please advise on the following for the past three years:

(a) the number of enrolment in each Woman Health Centre and Maternal and Child Health Centre;

(b) the number of women on the waiting list for woman health service in each of these centres; and the respective median waiting time and the longest waiting time;

(a) whether the Government has included the enhancement of services of Woman Health Centres and Maternal and Child Health Centres in the estimate for 2015-16? If yes, what are the details and expenditures involved? If no, what are the reasons?

Asked by: Hon Kwok Ka-Ki (Member Question No. 180)

Reply:

(a) Women aged 64 or below can enrol for woman health service provided by Woman Health Centres (WHCs) or Maternal and Child Health Centres (MCHCs) operated by the Department of Health (DH). At present, there are three WHCs and ten MCHCs providing woman health service on full-time and sessional basis respectively. In 2012, 2013 and 2014, the numbers of enrolment for woman health service in individual centres are:

Centre	**No. of enrolment**		
	2012	**2013**	**2014**
Chai Wan WHC	4 730	4 905	4 749
Lam Tin WHC	5 667	5 656	5 176
Tuen Mun WHC	4 996	4 915	4 969
Ap Lei Chau MCHC	215	213	268
Fanling MCHC	690	677	520

Lek Yuen MCHC	1 322	1 279	912
Ma On Shan MCHC	418	441	382
Sai Ying Pun MCHC	56	43	22
South Kwai Chung MCHC	206	208	208
Tseung Kwan O Po Ning Road MCHC	266	281	261
Tsing Yi MCHC	136	166	131
Wang Tau Hom MCHC	145	177	179
West Kowloon MCHC	298	272	211
Total (nearest hundred)	**19 200**	**19 200**	**18 000**

(b) Clients enrolling for woman health service will be given an appointment for consultation. The waiting time for the consultation varies among different centres and ranges from one week to 12 weeks, with the median waiting time of two weeks.

(c) The DH is one of the providers of woman health service and there are other service providers, such as non-governmental organisations, private hospitals and clinics, providing a wide array of health programmes for women. Women can choose to receive the service provided by the DH or other organisations. The Family Health Service of the DH will continue to monitor the services statistics and promote women's health in the community.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)374

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5357)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding cervical screening service, would the Government please advise on: the number of women on the waiting list for the service in the past three years; the median waiting time and the longest waiting time; the number of attendances for the service by age group in the past three years; and the number of recipients of the screening service found in need of referral for treatment by age group in the past three years.

Asked by: Hon KWOK Ka-ki (Member Question No. 180)

Reply:

There are 31 Maternal and Child Health Centres (MCHCs) under the Family Health Service (FHS) of the Department of Health which provide cervical screening service to women. Clients are given an appointment for cervical screening service within four weeks through telephone booking. The actual appointment may vary from two days to four weeks.

In 2012, 2013 and 2014, the numbers of attendance for cervical screening service provided at MCHCs were 98 000, 99 000 and 99 000 respectively. Based on information kept by the Cervical Screening Information System, the age distribution of women receiving cervical screening tests at MCHCs in these three years was fairly constant. The proportions of screened women belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 23.7%, 32.7%, 27.8% and 14.4% respectively. There were 5 167, 4 878 and 5 228 referrals made to specialists for further management in the corresponding years. The FHS does not keep a database of age breakdown of clients who have been referred to specialists.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)375

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5358)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding oral health services, will the Government introduce an "Elderly Dental Care Service" by making reference to the "School Dental Care Service" to provide the elderly with services including oral check-up, scaling and filling so as to protect their oral health? If yes, what are the implementation details and the expenditure and manpower involved? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 180)

Reply:

Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the Department of Health (DH) has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of the DH in seven public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners.

Under the Comprehensive Social Security Assistance Scheme, recipients aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items (including dentures, crowns, bridges, scaling, fillings, root canal treatment and tooth extraction), whichever is the less.

Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders aged 70 or above can make use of the vouchers to access, among others, dental services in private dental clinics and dental clinics run by non-governmental organisations (NGOs). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme since January 2014 and further increased the annual voucher value from $1,000 to $2,000 in 2014.

In 2011, the Government launched a pilot project to provide free outreach dental services for elders residing in residential care homes or receiving services in day care centres through outreach dental teams set up by NGOs with government subsidies. Having regard to the experience gained and the positive feedback from the NGOs, we have turned the pilot project into a regular programme namely, Outreach Dental Care Programme for the Elderly under the DH since October 2014 to continue to provide outreach dental services for elders in similar health conditions and physical environment. In addition, we have enhanced the financial support for NGOs and scope of treatments for the elders under the regular programme.

The Community Care Fund launched the Elderly Dental Assistance Programme in September 2012 to provide free dentures and related dental services for elders on low income who are users of the home care service or home help service schemes subvented by the Social Welfare Department. To enable more needy elders to benefit from the Programme, the Commission on Poverty agreed to expand the Programme progressively to cover elders who are Old Age Living Allowance recipients by phases, starting with those aged 80 or above in the first phase (involving some 130 000 elders), and to consider extending it to other age groups progressively having regard to the progress of implementation and the overall situation. The expanded Programme is expected to be rolled out in the second half of 2015.

We shall continue our efforts in promotion and education to improve oral health of the public.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)376

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5359)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the "pilot colorectal cancer screening programme", would the Government advise on the details of the programme as well as the provision, manpower and expenditure involved?
Following the announcement of the initiation of the programme in last year's Policy Address, what items of work have been implemented? What working groups have been set up and what is the progress of work? When is the screening expected to commence?

Asked by: Hon KWOK Ka-ki (Member Question No. 180)

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme to provide subsidised screening to specific age groups. The financial provision in 2015-16 is $71.9 million which covers eight time-limited civil service posts, screening materials and professional services, laboratory analysis, publicity and education, and administrative expenses.

A multi-disciplinary cross-sectoral taskforce and four working groups were formed in 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme. Criteria for participation, method of screening, service delivery model, operational logistics, and mode of subsidy have been deliberated and will be finalised in the coming months. An information system is being built to serve the function of a screening registry. Meanwhile, potential service providers, users and community partners are engaged in active dialogue for the purpose of publicising and promoting the programme. The programme is expected to be announced and introduced by end 2015 the earliest if preparatory work proceeds smoothly.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)377

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5360)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

(a) In the estimate for 2015-16, has the Government earmarked provisions for launching a breast cancer screening programme for women? If yes, what are the details of the programme as well as the manpower and expenditure involved? If no, what are the reasons?

(b) Regarding antenatal and postnatal services, will the Government advise on:
the minimum, average and maximum number of antenatal check-ups undergone by each pregnant woman;
the minimum, average and maximum number of postnatal check-ups undergone by each pregnant woman;
the manpower and expenditure involved for each antenatal and postnatal check-up.

Asked by: Hon Kwok Ka-ki (Member Question No. 180)

Reply:

(a) The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee regularly reviews local and international scientific evidence, with a view to providing local recommendations for cancer prevention and screening. Having studied prevailing and increasing international evidence that questions overall benefits to harm of population screening, the CEWG considers there is insufficient evidence to recommend for or against population-based breast cancer screening in Hong Kong. Meanwhile, the Government will endeavour to promote healthy lifestyles, encourage breastfeeding and raise breast awareness among women, so that early medical attention could be sought if symptoms of breast abnormalities are noted.

(b) Maternal and Child Health Centres (MCHCs) of the Department of Health, in collaboration with the obstetric department of hospitals under the Hospital Authority (HA)

provide an antenatal shared-care programme to pregnant women. In 2014, there were 29 000 pregnant women registered in MCHCs and a total of 150 000 attendances for antenatal care in MCHCs. Antenatal check-up is provided in the first and subsequent antenatal attendances. Pregnant women with high risk factors or suspected to have antenatal problem will be referred to HA's obstetric department for follow up and management if necessary.

In 2014, there were 29 000 postnatal women registered in MCHCs and a total of 30 000 attendances for postnatal care in MCHCs. Postnatal check-up is provided in the first postnatal attendance. Revisit appointment for further assessment or referral will be arranged if necessary.

Maximum numbers of antenatal and postnatal check-up attended by pregnant women and postnatal women are not available.

MCHCs provide a variety of services to children and women. The manpower and expenditure for each antenatal and postnatal check-up cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)378

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5361)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In the estimate for 2015-16, has the Government earmarked any resources for launching a men's health programme that provides services such as physical examination, prostate examination, reproductive health check-up and counselling service? If yes, what is the detailed plan? What are the manpower and expenditure involved? If no, what are the reasons?

Asked by: Hon Kwok Ka-ki (Member Question No. 180)

Reply:

The Department of Health has been running a Men's Health Programme which provides, through the Men's Health website, customer-centric information, useful links and advice upon request so as to raise public awareness and understanding of men's health issues. Other modes of health communication include printed materials, media and web-based publicity and a telephone education hotline. Resources for these activities are absorbed by the Department's overall provision on disease prevention and cannot be separately identified. The programme does not include health check and personalised counselling which are provided primarily by the private and non-governmental sectors.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)379

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5362)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding public dental services, would the Government please advise on the following for the past three years: the utilisation rate, number of attendances, daily consultation capacity for each dentist, maximum daily service capacity as well as cost per case for dental services in various public dental clinics under the Department of Health; and the number, length of service, vacancy rate, wastage rate and average weekly working hours of all ranks of healthcare staff (including dentists and dental surgery assistants) in the dental clinics.

Asked by: Hon KWOK Ka-ki (Member Question No. 181)

Reply:

Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the Department of Health (DH) has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The Oral Maxillofacial Surgery & Dental Units (OMS&DUs) of DH in seven public hospitals provide specialist dental treatment to the special need groups. The provision of service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners.

The expenditures on GP sessions and OMS&DUs are absorbed within the provisions for dental service under Programme (4) and are not separately identifiable. The cost per case for public dental services in various dental clinics is not readily available.

In 2012, 2013 and 2014, the maximum numbers of disc allocated and numbers of attendances for each dental clinic are as follows -

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session[@]	No. of attendances		
			2012	2013	2014
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	84	5 644	3 786	
	Thursday (AM)	42			
Kowloon City Dental Clinic (commenced GP sessions with effect from 2.9.2013)	Monday (AM)	84		1 503	5 126
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	3 978	3 793	4 146
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 202	5 278	5 535
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 087	2 330	2 176
Mona Fong Dental Clinic	Thursday (PM)	42	1 984	1 937	1 816
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 043	1 943	1 915
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 835	8 006	7 812
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 026	1 915	2 088
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 874	3 913	3 776
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	144	131	118
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	223	251	192

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

[@] The maximum numbers of disc allocated per session at individual dental clinics remain the same in 2012, 2013 and 2014.

The utilisation rates of GP sessions in 2012, 2013 and 2014 are as follows –

	2012	**2013**	**2014**
Utilisation rate of GP sessions	86.8%	88.1%	86.0%

The attendances of hospital patients and number of patients with special oral healthcare needs in OMS&DUs under the DH in 2012, 2013 and 2014 are as follows -

	2012 (Actual)	**2013** (Actual)	**2014** (Actual)
Hospital patients (attendances)	55 200	56 000	55 000
Special needs group (number of patients)	10 200	10 700	11 000

All consultation appointments in the OMS&DUs in the seven public hospitals are triaged according to the urgency and nature of dental conditions. The OMS&DUs would offer same day appointments for those cases warranting immediate attention, and appointments within two weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital are conducted within one working day. The utilisation rate, daily consultation capacity for each dentist and maximum daily service capacity are not available.

Regarding the number of clinical staff in the above dental clinics and OMS&DUs, there were a total of 71 Dental Officers (DOs) and 74 Dental Surgery Assistants (DSAs) as at December 2014. The DH has endeavoured to deploy adequate staff to operate the dental surgeries in OMS&DUs and GP sessions in the 11 designated government dental clinics with a view to fully utilising the surgeries. The length of service of both DOs and DSAs differed, ranging from over 30 years to less than one year. The wastage rate of DOs and DSAs in DH in 2014 was 2% and 1.2% respectively. The conditioned hours of work for DOs and DSAs are 44 hours gross per week.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)380

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5363)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding child assessment centres, would the Government please advise on the following:

(a) the respective numbers of children on the waiting list of Government's child assessment centres, numbers of children who had received assessment and numbers of children assessed to have developmental disabilities in the past three years, broken down by developmental problems of children.

(b) What are the lower quartile, median, average and the longest waiting time for new cases of child assessment centres in the past three years?

(c) What is the staff establishment of the centres? What types of professional staff are involved? What types of healthcare staff are involved? Please provide breakdowns by post of the professional and healthcare staff.

(d) Would the Government advise whether follow-up services are provided accordingly by staff of the centres for children who have rehabilitation plans formulated after developmental diagnosis? What is the manpower involved? What is the average and the longest follow-up period respectively? Please provide a breakdown by developmental problems of children.

(e) Would the Government advise on the numbers of parents and children who received interim counselling, talks and support groups provided by the centres in the past three years? What are the percentages of the above parents and children against the numbers of parents and children who sought help?

(f) Would the Government provide a breakdown of the numbers of children assessed to have the need for referral to appropriate pre-school and school placement for training, remedial and special education in the past three years.

Asked by: Hon KWOK Ka-ki (Member Question No. 182)

Reply:

a. The numbers of newly referred cases received and the numbers of children assessed by the Child Assessment Service (CAS) in the past three years are as follows –

	2012	**2013**	**2014 (provisional figures)**
Number of new cases referred to the CAS	8 773	8 775	9 494
Number of children assessed by the CAS	14 489	14 672	14 909

The spectrum of conditions is very wide and the table below contains the major categories of developmental problems newly diagnosed in the past three years –

Newly diagnosed conditions	**Number of cases**		
	2012	**2013**	**2014 (provisional figures)**
Attention Problems/Disorders	2 182	2 325	2 541
Autistic Spectrum Disorder	1 567	1 478	1 720
Borderline Developmental Delay	1 891	1 915	2 073
Developmental Motor Coordination Problems/Disorders	1 744	1 928	1 849
Dyslexia & Mathematics Learning Disorder	518	482	535
Hearing Loss (Moderate to profound grade)	97	88	109
Language Delay/Disorders and Speech Problems	2 764	3 098	3 308
Physical Impairment (i.e. Cerebral Palsy)	47	55	41
Significant Developmental Delay/Mental Retardation	1 036	1 213	1 252
Visual Impairment (Blind or Low Vision)	41	41	36

Note: A child might be diagnosed with more than one developmental disability/problem.

b. In the past three years, nearly all new cases were seen within three weeks. Assessment for nearly 90% of newly registered cases was completed within six months. The actual waiting time depends on the complexity and conditions of individual cases. The statistics on the lower quartile, median, average or longest waiting time for assessment of new cases are not available.

c. The staff establishment of CAS as at 1 February 2015 is as follows –

Grades	Number of posts
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	16
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	27
Professional Support	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	17
Occupational Therapist I	7
Physiotherapist I	5
Optometrist	2
Speech Therapist	10
Technical Support	
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	11
Clerical Assistant	17
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**136**

d) The CAS provides comprehensive assessments, diagnosis, formulates rehabilitation plan, interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await rehabilitation services, the CAS will provide interim support to parents, such as seminars, workshops and practical training etc., so as to enhance the parents' understanding of their children.

The multi-disciplinary group of healthcare and professional staff in the CAS comprises paediatricians, nurses, audiologists, clinical psychologists, occupational therapists, optometrists, physiotherapists, speech therapists and medical social workers. A team approach is adopted and hence a breakdown of manpower involved in the provision of follow-up service is not available.

Duration for follow-up action on children depends on individual needs. Statistics on the average and the longest follow-up period by developmental disorders/problems are not available.

e) The numbers of cases who participated in interim support activities such as counselling, talks and workshops and the numbers of new cases referred to CAS in the past three years are as follows. The children and their families may join these interim support activities before or after the assessment.

	2012	**2013**	**2014 (provisional figures)**
Number of cases participated in interim support	7 534	7 320	7 401
Number of new cases referred to the CAS	8 773	8 775	9 494

f) The numbers of cases referred to pre-school and school placement for training, remedial and special education are 9 999 in 2012, 10 449 in 2013, and 11 834 (provisional) in 2014. Case statistics by support service are not available.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)381

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6178)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Recently, there have often been smokers clustering in the statutory no smoking area of MTR East Station in disregard of the anti-smoking law. The Tobacco Control Office only conducted 57 inspections at the above location and prosecuted around 90 people in 2014. It has been pointed out by district councillors that the Government's effort in taking enforcement actions is not adequate, leaving non-smokers affected by illegal smoking as in the past. Please advise on the changes in the number of Tobacco Control Inspectors over the past five years and the actual number of prosecutions in that district, as well as the amount of funds expended.

Asked by: Hon KWOK Ka-ki (Member Question No. 282)

Reply:

The Tobacco Control Office (TCO) of the Department of Health (DH) conducts inspections to venues concerned in response to smoking complaints. The MTR Mong Kok East Station Public Transport Interchange (PTI) has been designated as a no smoking area since 1 December 2010. Up to end-February 2015, TCO has conducted 153 inspections to this PTI and issued 366 fixed penalty notices (FPN) / summonses to the smoking and related offences, broken by year as follow -.

	2010 (from 1 Dec)	2011	2012	2013	2014	2015 (up to 28 Feb)
FPNs/Summonses issued	15	93	63	84	86	25

The number of TCO staff carrying out frontline enforcement duties in the past five years remains at 99. DH will continue to review the need for strengthening its manpower to cope with the enforcement duties. Besides, for areas where smoking offence are serious, inspections will be strengthened through redeployment of manpower within TCO.

The expenditures for the enforcement duties undertaken by the TCO for 2010-11, 2011-12, 2012-13, 2013-14, 2014-15 (revised estimate) are $40.4 million, $40.1 million, $39.6 million, $42.7 million and $39.4 million respectively. In 2015-16, the provision for the enforcement duties is $40.5 million. Breakdown of these expenditures by districts are not available.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)382

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6189)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding child assessment centres, would the Government please advise on:

a. the number of cases of suspected learning disabilities referred to the child assessment centres by doctors, through school assessment, by school social workers and teachers, or via other channels respectively in the past three years. Of these cases, how many have been confirmed after assessment as having learning disabilities? Please provide a breakdown by children's learning disabilities.

b. the number of children assessed to have various learning disabilities for the past three years. Please provide a breakdown by children's learning disabilities.

Asked by: Hon KWOK Ka-ki (Member Question No. 293)

Reply:

a. & b.

The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and clinical psychologists for clinical assessment for children under the age of 12 years with suspected symptoms of developmental problems. New cases are referred from various channels, including Maternal and Child Health Centres (MCHCs), Hospital Authority (HA), private practitioners and psychologists. In 2014, CAS received 9 494 new cases referred from the following sources:-

Channels of Referral	**Number of cases**
MCHC (DH)	5 560
Other specialties (DH)	171
Paediatrician (HA)	1 052

General Out-Patient Clinic (HA)	200
Other specialties (HA)	92
Doctors in private practice	1 844
Psychologists (including HA, Education Bureau, Social Welfare Department, non-governmental organisations & private psychologists)	548
Others	27
Total	9 494

A further breakdown of the above figures by children's learning disabilities is not available. Nevertheless, the total number of referrals for suspected learning difficulties (i.e. referred as developmental delay for children under the age of four years and six months; and learning problems for children at the age of four years and six months or above) received by the CAS in the past three years are listed below:

	2012	**2013**	**2014 (provisional figures)**
Developmental Delay (aged < four years and six months)	1 816	1 809	1 829
Learning Problem (aged ≥ four years and six months)	499	532	585

Children who have been referred to the CAS for suspected developmental delay and learning problems could be assessed to have one or more conditions. The spectrum of conditions is very wide and the table below contains the major categories of developmental problems newly diagnosed in the past three years:

Newly diagnosed conditions	**Number of cases**		
	2012	**2013**	**2014 (provisional figure)**
Attention Problems/Disorders	2 182	2 325	2 541
Autistic Spectrum Disorder	1 567	1 478	1 720
Borderline Developmental Delay	1 891	1 915	2 073
Developmental Motor Coordination Problems/Disorders	1 744	1 928	1 849
Dyslexia & Mathematics Learning Disorder	518	482	535
Hearing Loss (Moderate to profound grade)	97	88	109
Language Delay/Disorders and Speech Problems	2 764	3 098	3 308
Physical Impairment (i.e. Cerebral Palsy)	47	55	41

Significant Developmental Delay/Mental Retardation	1 036	1 213	1 252
Visual Impairment (Blind or Low Vision)	41	41	36

Note: A child might be diagnosed with more than one developmental problem.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)383

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3428)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The percentage of new dermatology cases with appointment time within 12 weeks for the past two years was 53% and 48% respectively, which was far below the target of 90%. Please account for the reasons for failing to meet the target. Has the Administration earmarked sufficient resources and formulated measures, including manpower and resource arrangements, to enhance service efficiency in order to cope with the demand? If yes, what are the manpower and resources involved in, as well as the details of, these measures?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 67)

Reply:

The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. DH endeavours to fill vacancies arising from staff departure through recruitment of new doctors and internal deployment within DH. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)384**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3429)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there will be an increase of ten posts in the Department of Health in 2015-16. Please advise on the nature, ranks, remunerations and job nature of the posts involved

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 68)

Reply:

The increase of ten posts under this Programme is for conversion of non-civil service contract positions to civil service posts for strengthening manpower at the Child Assessment Centres. Details of the posts are appended below:

Rank	No. of posts to be created	Annual recurrent cost of civil service posts ($)
Medical and Health Officer	4	3,739,440
Clinical Psychologist	4	3,276,000
Speech Therapist	2	1,035,240
Total:	***10***	***8,050,680***

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Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)385

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3612)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of elderly people waiting for first-time health assessments and the median waiting time at Elderly Health Centres in various districts for the past three years, broken down by 18 districts.

Asked by: Hon LEONG Kah-kit, Alan (Member Question No. 68)

Reply:

The median waiting time and the number of elders waiting for first-time health assessments in respect of the 18 Elderly Health Centres (EHCs) in 2012 - 2014 are as follows –

EHC	Number of elders on the waiting list (as at end of December)			Median Waiting Time (months)		
	2012	2013	2014*	2012	2013	2014*
Sai Ying Pun	794	965	1 089	13.4	22.8	30.5
Shau Kei Wan	1 000	1 196	1 288	14.4	21.5	24.9
Wan Chai	1 472	1 760	2 002	25.8	27.8	34.4
Aberdeen	300	463	595	6.7	11.5	16.2
Nam Shan	703	880	969	16.2	17.3	18.2
Lam Tin	367	533	489	4.6	11.1	15.0
Yau Ma Tei	811	997	934	23.7	25.4	32.9
San Po Kong	263	347	423	10.0	15.9	24.0
Kowloon City	666	746	840	16.4	23.4	31.4
Lek Yuen	1 374	1 426	1 766	36.2	22.8	21.9
Shek Wu Hui	262	340	396	9.9	10.8	14.3
Tseung Kwan O	930	1 228	1 480	14.5	20.5	27.0
Tai Po	654	713	783	21.9	28.6	22.4

Tung Chung	783	832	917	9.5	10.4	12.9
Tsuen Wan	798	973	1 065	11.3	12.7	15.8
Tuen Mun Wu Hong	738	946	1 124	9.9	15.0	17.3
Kwai Shing	335	465	330	6.5	10.4	13.7
Yuen Long	275	331	684	7.5	8.7	10.7
Total	12 525	15 141	17 174	12.3	16.6	20.1

*Provisional figures

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Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)386

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3813)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please set out the specific expenditures involved in enforcing laws on tobacco control in the past three financial years.

2. Please advise on the measures of publicity on the harm of alcohol drinking and the related financial expenditures in the past three years.

3. Please advise on the number of people using the quit drinking service subvented by the Government, its effectiveness and related financial expenditures in the past three years. Will the Department please also advise if there are criteria and mechanisms to evaluate the effectiveness of the quit drinking service? If yes, how effective it is?

4. In this Budget, what are the Government's specific measures and estimates for the implementation of the Action Plan to Reduce Alcohol-related Harm? If there are no such measures, please give the reasons.

5. Does the Government have any plans to prohibit retail shops from selling alcohol to minors aged under 18 by legislation? If yes, what is the timetable? If no, what are the reasons?

Asked by: Hon Ma Fung-kwok (Member Question No. 35)

Reply:

1. The expenditures for the enforcement duties undertaken by the Tobacco Control Office of the Department of Health (DH) for 2012-13, 2013-14 and 2014-15 (revised estimate) are $39.6 million, $42.7 million and $39.4 million respectively.

2. The DH has been educating the public about alcohol-related harm through websites, electronic publications, telephone education hotline, printed materials, the 'Junior

Health Pioneer Workshop' and the Adolescent Health Programme for primary and secondary school students as well as their parents. Financial resources for these activities are met from the DH's overall provision on health promotion.

3. DH does not provide subvention to treatment services for drinkers.

4. Alcohol use is an important public health issue from the perspective of preventing non-communicable diseases. In this regard, the Government published the "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" and established a Steering Committee chaired by the Secretary for Food and Health in 2008. Among other things, an "Action Plan to Reduce Alcohol-related Harm in Hong Kong" (Action Plan) was published in 2010. Implementation of various items of the Action Plan is on track and resources are met from DH's recurrent expenditure on disease prevention.

5. The Government needs to take into account local and overseas evidence as well as impact of legal restriction of off-premise sales of alcohol to minors from a total society perspective. There is no plan to introduce legal prohibition of alcohol sales to minors by retail shops.

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Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)387

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3814)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. What specific measures have been implemented over the past three years to promote breastfeeding? What are the related financial expenditures?

2. What publicity programmes targeting mothers of newborn babies have been put in place by the Government to highlight the potential problems brought on by over-dependence on formula milk? What are the financial expenditures of these programmes?

3. Please list the location and number of government or public premises in the territory which are presently provided with breastfeeding rooms. Of these breastfeeding rooms, please specify those open to the public at all times and those with separate breastfeeding cubicles, as well as their numbers.

4. Would the Government please provide the number of breastfeeding rooms and the number of those with separate breastfeeding cubicles in shopping malls? If such numbers are not available, what are the reasons?

5. What specific measures, such as enhancing publicity or studying the enactment of legislation, have been taken by the Government to encourage the public and private sectors to provide babycare rooms so as to facilitate breastfeeding by mothers?

Asked by: Hon MA Fung-kwok (Member Question No. 36)

Reply:

(1) & (2)

The Department of Health (DH) has been actively promoting and supporting breastfeeding through different channels. This includes (i) training of maternal and child health professionals and production of a multi-media kit on breastfeeding for their self-learning;

(ii) providing education for parents through workshops as well as production and distribution of educational materials such as booklets, videos and web-based resources; (iii) providing guidance and skills support for breastfeeding mothers in the Maternal and Child Health Centres (MCHCs) and through the breastfeeding hotline; and (iv) conducting publicity activities such as broadcasting Announcements in the Public Interest on television, radio, and public buses; disseminating messages through newspapers, parent magazines; conducting poster campaigns and media interviews, to promote breastfeeding practice and enhance public awareness and acceptance of breastfeeding.

DH has also developed health education resources on infant and young children feeding including recommendations on milk intake. Key messages are disseminated to parents and public through various channels including individual counselling at MCHCs, distribution of booklets, DVDs, website of Family Health Service (FHS) and publicity activities.

Most of these activities are delivered through the FHS of DH, and form an integral part of FHS's services. The expenditure on promoting breastfeeding and infant and young child feeding is absorbed in the provisions of FHS and no breakdown of expenditure / provision is available. For information, the expenditure for FHS over the past three years were $652.7 million (2012-13 actual), $683.6 million (2013-14 actual), and $701.3 million (2014-15 revised estimate) respectively.

(3), (4) & (5)

To enhance support to breastfeeding women, the Government has been promoting the provision of babycare facilities in the public and private premises. The Government developed the Advisory Guidelines on Babycare Facilities in August 2008 and a Practice Note on the Provision of Babycare Rooms in Commercial Buildings in February 2009 for reference by government departments and public organisations and commercial sectors respectively. As at December 2014, there are 243 babycare rooms in government premises which are listed in the table below:

	Total number of rooms specifically provided with babycare and breastfeeding facilities
MCHCs and health education centres under the DH	32
Hospitals and clinics in Hospital Clusters under the Hospital Authority	86
Other government departments	125
Total	243

List of babycare rooms in government premises with location details is available in the website of FHS at: http://www.fhs.gov.hk/english/breastfeeding/community.html Information on babycare rooms in private premises has not been captured by DH.

In April 2014, the Food and Health Bureau set up the Committee on Promotion of Breastfeeding to advise and oversee strategies and action plans to further protect, promote and support breastfeeding. Its objectives are to enhance the sustainability of breastfeeding

and promote breastfeeding as a norm for babycare widely accepted by the general public. A three-year work plan has been drawn up to strengthen publicity and education on breastfeeding; encourage adoption of breastfeeding friendly workplaces policy; promote breastfeeding friendly premises and; strengthen the surveillance on local breastfeeding situation. The work plan will be implemented in phases and in collaboration with relevant parties and sectors in the community. A sum of $5.0 million has been earmarked for the implementation of the work plan in 2015-16.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)388

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4337)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide the current number of private clinics participating in the Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and the Elderly Vaccination Subsidy Scheme (EVSS), as well as the number of cases benefited under CIVSS, EVSS and Government Vaccination Programme (GVP).
2. How will the Government evaluate the influenza vaccination programme for this year? Also, what measures are put in place by the Government to increase the coverage rate of influenza vaccination?

Asked by: Hon MA Fung-kwok (Member Question No. 38)

Reply:

(1) As at 1 March 2015, 1 596 doctors (involving 2 122 clinics) and 1 618 doctors (involving 2 173 clinics) are enrolled under Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS) respectively. The latest vaccination figures concerning Government Vaccination Programme (GVP), CIVSS and EVSS are provided below –

No. of recipients of seasonal influenza and pneumococcal vaccinations provided under the GVP, CIVSS and EVSS

Target groups	**Vaccination programme/ scheme**	**No. of recipients in 2014-15 (as at 1.3.2015)**	
		Seasonal influenza vaccination	**pneumococcal vaccination**
Children between the age of 6 months and less than 6 years	GVP	2 300	N/A
	CIVSS	53 700	N/A

Target groups	Vaccination programme/ scheme	No. of recipients in 2014-15 (as at 1.3.2015)	
		Seasonal influenza vaccination	pneumococcal vaccination
Elderly aged 65 or above	GVP	186 900	13 300
	EVSS	175 700	21 900
Others#	GVP	61 000	N/A
Total:		**479 600**	**35 200**

Others include (a) healthcare workers; (b) poultry workers; (c) pig farmers or pig-slaughtering industry personnel; and (d) pregnant women or people aged 50 to below 65 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges, etc.

(2) The total number of recipients of seasonal influenza vaccination (SIV) as at 1 March 2015 for 2014-15 vaccination season, as shown in the table at (1) above, has exceeded that of the whole vaccination season in 2013-14 (of 462 800 recipients in total) by 16 800 (around 3.6% higher). As the 2014-15 vaccination season is yet to end, it is expected that the number of recipients for the vaccination would continue to increase in the remaining months of the season.

The Government has been closely monitoring the vaccination rate of SIVs, and promotes the importance of SIVs to the public through various channels. It will continue to make early appeals to target groups by means of press announcements, mass media, social media and joint-up support from experts and professional organisations.

DH has been encouraging greater participation of private doctors in the Vaccination Subsidy Schemes. To further enhance the availability of seasonal influenza vaccination service to the public, in particular the high risk groups, the Government will approach different stakeholders, including the Hospital Authority, medical professionals and the community groups, to explore feasible options to reach out the target groups for vaccination.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)389

(Question Serial No. 4149)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Government provides dental services (pain relief and extraction only) to the public through the general public sessions (GP sessions) at its dental clinics. Please list for the past three years:

1. the number of attendances for dental treatment at GP sessions at each of the dental clinics with GP sessions;

2. the number of attendances for dental treatment at GP sessions among the age groups of 60-69, 70-79 and 80 or above.

Asked by: Hon POON Siu-ping (Member Question No. 121)

Reply:

1. The Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The numbers of attendances at GP sessions for each clinic in 2012, 2013 and 2014 are as follows:

Dental clinic with GP sessions	**No. of attendances**		
	2012	**2013**	**2014**
Lee Kee Government Dental Clinic (closed on 30.8.2013)	5 644	3 786	
Kowloon City Dental Clinic (commenced GP sessions with effect from 2.9.2013)		1 503	5 126
Kwun Tong Jockey Club Dental Clinic	3 978	3 793	4 146

Dental clinic with GP sessions	No. of attendances		
	2012	2013	2014
Kennedy Town Community Complex Dental Clinic	5 202	5 278	5 535
Fanling Health Centre Dental Clinic	2 087	2 330	2 176
Mona Fong Dental Clinic	1 984	1 937	1 816
Tai Po Wong Siu Ching Dental Clinic	2 043	1 943	1 915
Tsuen Wan Dental Clinic	7 835	8 006	7 812
Yan Oi Dental Clinic	2 026	1 915	2 088
Yuen Long Jockey Club Dental Clinic	3 874	3 913	3 776
Tai O Dental Clinic	144	131	118
Cheung Chau Dental Clinic	223	251	192

2. For the number of attendance at GP Sessions by age group, the DH only keeps statistics on age groups of 0-18, 19-42, 43-60, and 61 or above. Therefore, the DH does not have the breakdown of attendances for age groups of 60-69, 70-79 and 80 or above. The numbers of attendances at GP sessions of the age group of 61 or above for 2012, 2013 and 2014 are as follows:

	No. of Attendance		
Age Group	**2012**	**2013**	**2014**
61 or above	18 565	18 848	18 811

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Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)390

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4152)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
Please list for the past three years:
1. the number of inspections of each private hospital;
2. the items of non-compliance and number of non-compliances of each private hospital.

Asked by: Hon POON Siu-ping (Member Question No. 124)

Reply:
Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals 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 the standards of good practice, with a view to enhancing patient safety and quality of service. DH conducts inspections to private hospitals for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events.

(1) DH inspects all private hospitals at least twice per year. In 2012, 2013 and 2014, DH conducted respectively 106, 126 and 112 inspections to private hospitals (including maternity homes). A breakdown by private hospital is at **Annex 1**. The total number of inspections conducted is affected by factors such as applications for new services and number of complaints received.

(2) In 2012, 2013 and 2014, there were eight, three and four cases of non-compliance with the COP by private hospitals. These cases were related to non-compliance with requirements concerning staffing, accommodation, equipment or related policies and procedures. DH has issued regulatory letters to the private hospitals concerned and monitored their remedial actions. A breakdown by private hospital is at **Annex 2**.

- End -

Annex 1

Number of inspections conducted to private hospitals (including maternity homes) from 2012 to 2014

Private Hospitals (Including Maternity Homes)	**2012**	**2013**	**2014**
Canossa Hospital (Caritas)	4	8	6
Evangel Hospital	10	17	10
Hong Kong Adventist Hospital	7	9	16
Hong Kong Baptist Hospital	7	17	20
Hong Kong Central Hospital*	8	N/A	N/A
Hong Kong Sanatorium and Hospital	6	11	10
Matilda &War Memorial Hospital	7	7	8
Precious Blood Hospital (Caritas)	6	7	6
St. Paul's Hospital	16	8	4
St. Teresa's Hospital	9	8	10
Tsuen Wan Adventist Hospital	11	16	10
Union Hospital	15	18	12
Total	106	126	112

N/A = Not applicable

*Ceased to be registered in September 2012.

Annex 2

Breakdown of cases of non-compliance by private hospitals (including maternity homes) from 2012 to 2014

Private Hospitals (Including Maternity Homes)	**2012**	**2013**	**2014**
Canossa Hospital (Caritas)	-	1	1
Evangel Hospital	-	-	-
Hong Kong Adventist Hospital	1	-	1
Hong Kong Baptist Hospital	-	-	-
Hong Kong Central Hospital*	-	N/A	N/A
Hong Kong Sanatorium and Hospital	-	-	1
Matilda &War Memorial Hospital	-	-	-
Precious Blood Hospital (Caritas)	2	-	-
St. Paul's Hospital	2	-	-
St. Teresa's Hospital	-	-	-
Tsuen Wan Adventist Hospital	3	2	1
Union Hospital	-	-	-
Total	8	3	4

N/A = Not applicable

*Ceased to be registered in September 2012.

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)391

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4126)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
According to the estimation of the Government, the number of people receiving cervical screening service in 2015 is 99 000. On what basis is this figure arrived at? What publicity programmes does the Government have in place to encourage the public to receive cervical screening service? Also, please set out in detail the age distribution and number of people who received cervical screening service in the past two years.

Asked by: Hon Quat Elizabeth (Member Question No. 89)

Reply:
The numbers of attendance for cervical screening service in Maternal and Child Health Centres (MCHCs) are estimated based on service demand and the actual numbers of attendance of previous years.

In 2013 and 2014, the total numbers of attendance for cervical screening service provided at MCHCs were 99 000 and 99 000 respectively. Based on information kept by the Cervical Screening Information System, the age breakdown of women receiving cervical screening tests at MCHCs in the two years was fairly constant. The proportions of screened women belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 23.4%, 32.4%, 27.8% and 15.2%.

The Department of Health (DH) keeps a close watch on cervical screening coverage among local women. A survey conducted in 2012 revealed that 78.2% female respondents aged 25 to 64 years had ever had cervical screening, of whom 70.0% reported screening on a regular basis. Common reasons for not receiving screening were perceived no need, too busy, never thought of having it, and too expensive. To address these issues, DH will continue to promote cervical screening through mass publicity while at the same time working through community partners to target under-screened populations.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)392

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4127)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
According to the data provided by the Government, both the number of enrolment for woman health service and number of attendances for woman health service in 2014 are lower than those in 2013, whereas the estimated numbers for 2015 are on a par with the actual figures for 2014. Would the Government please account for the decrease in the number of enrolment for woman health service and number of attendances for woman health service. Please also describe in detail the scope of woman health service. Are there any initiatives for promoting the service this year?

Asked by: Hon QUAT Elizabeth (Member Question No. 90)

Reply:
The Department of Health (DH) offers woman health service to women at or below 64 years of age to promote the health of women according to their health needs at various stages of life. The service covers health assessment, health education and counselling. Health assessment includes medical history taking, physical examination and investigations if clinically indicated. Revisit appointment will be provided for explanation of abnormal investigation findings and referral for further management if necessary. At present, there are three Woman Health Centres and ten Maternal and Child Health Centres providing woman health service on full-time and sessional basis respectively.

The decrease in enrolments and attendances for woman health service in 2014 was due to decreased service demand. The DH is one of the providers of woman health service and there are other service providers, such as non-governmental organisations, private hospitals and clinics, providing a wide array of health programmes for women. Women can choose to receive the service provided by the DH or other organisations. The Family Health Service of the DH will continue to monitor the services statistics and promote women's health in the community.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)393

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3588)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
The Food and Health Bureau stated, in its reply to my question in the financial year 2014-15, that the Elderly Health Care Voucher Scheme (the Scheme) covered dental services, and that as at end December 2013, over 400 dentists participated in the Scheme. In connection with the above reply, will the Government inform this Committee:

(1) whether there was an increase in the number of dentists participating in the Scheme in the financial year 2014-15? What was the proportion of dental services covered in relation to other health care services covered by the Scheme?

(2) of the estimated increase in the number of cases of elderly using health care vouchers to pay for dental services in the financial year 2015-16?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 55)

Reply:
(1) The relevant statistics in 2013 and 2014 are as follows –

Year	Number of dentists participating in the Scheme (as at 31 December)	Number of voucher claims on dental services	Amount of vouchers claimed on dental services (in $ million) (Percentage of total amount of vouchers claimed)
2013	408	36 783	20.81 (7%)
2014	548	73 586	55.13(9%)

(2) With the annual voucher amount doubled to $2,000 in mid-2014, it is envisaged that the amount of vouchers used on dental services will continue to increase in 2015.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)394

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3589)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In reply to my question in the 2014-2015 financial year, the Government stated that under the "Outreach Dental Care Programme for the Elderly", regular items of dental treatment such as fillings, extractions and dentures had been provided to about 66 000 elders residing in residential care homes or in day care centres in 2014, and the services would be expanded in the future. Will the Government advise this Committee:

1) for the 2014-2015 financial year, what were the manpower and expenditure required for the programme? What were the manpower and resources involved? Any statistics on the type of dental treatment for which the demand was the greatest? How did it cater for the demand for various treatments?

2) for the 2015-2016 financial year, how will the services under the dental treatment programme be expanded (such as covering root canal treatment and crowns which high medical fees are involved)? Will the age range and number of beneficiaries be expanded? If yes, what are the details? If no, what are the reasons? What is the estimated expenditure?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 56)

Reply:

1) A provision of $25.1 million and six civil service posts under Head 37 – Department of Health (DH) was included in the 2014-15 Estimates for the launch of the Outreach Dental Care Programme for the Elderly (ODCP) in October 2014. Under the ODCP, 22 outreach dental teams from 11 non-governmental organisations (NGOs) have been set up to provide free outreach dental services for elders in residential care homes/day care centres and similar facilities. Between October 2014 and February 2015 (the latest figures provided by the participating NGOs), about 16 000 elders received an annual oral check and necessary treatments under the ODCP. Dental treatments received include

scaling and polishing, denture cleaning, fluoride / X-ray and other curative treatments (such as fillings, extractions and dentures, etc.).

2) Under the ODCP, the scope of treatments and services for eligible elders has been expanded to cover fillings, extractions, dentures, root canal treatment, crowns and bridges, etc., which are in line with those provided under the Comprehensive Social Security Assistance dental grant. In addition, the pool of beneficiaries has been expanded to cover elders in similar health conditions and physical environment, which is estimated to be about 3 000 elders. A provision of $44.5 million under Head 37 – DH was included in the 2015-16 Estimates for implementation of ODCP, including these enhancements.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)395

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3591)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

During 2015-16, the Department of Health (DH) will "prepare for the launching of a pilot colorectal cancer screening programme for persons at specific ages". Recent reports state that apart from the initial faecal occult blood test (FOBT), the DH also intends to contract out the follow-up colonoscopy to private healthcare providers.

Will the DH begin contracting out the above FOBT and colonoscopy services in the new financial year? If yes, what will be the estimated expenditure and number of service receivers?

As colorectal cancer patients are getting younger, will the DH consider lowering the ages of "persons at specific ages" so that more people can be benefited from the programme?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 53)

Reply:

The Department of Health is developing a colorectal cancer (CRC) screening pilot programme to provide subsidised screening to specific age groups. Faecal immunochemical test (FIT) will be adopted as the primary screening tool. Participants with a positive FIT result will be referred for colonoscopy. Colonoscopy service will be provided through a public-private partnership model. It is estimated that, over a period of three years, some 278 000 attendances at primary care doctors will be made by participants to receive the FIT and some 10 000 participants tested positive for FIT will require colonoscopy examination.

A multi-disciplinary cross-sectoral taskforce and four working groups were formed in 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme. Criteria for participation, method of screening, service delivery model, operational logistics, and mode of subsidy have been deliberated and will be finalised in the coming months.

An information system is being built to serve the function of a screening registry. Meanwhile, potential service providers, users and community partners are engaged in active dialogue for the purpose of publicising and promoting the pilot programme. The pilot programme is expected to be announced and introduced by end 2015 the earliest if preparatory work proceeds smoothly. Experience from the pilot programme will form the basis for further deliberation as regards whether and how best CRC screening service may be provided to the wider population.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)396

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3592)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:
The fees for colonoscopy services charged by eligible private healthcare institutions range from $5,000-$6,000 to over $10,000. In 2015-2016, on what criteria will the Department screen for suitable healthcare institutions to which the pilot colorectal cancer screening programme will be outsourced, and allow public access to the lists of eligible hospitals and clinics providing the outsourced services and the fees they will charge, in order to facilitate members of the public to make choices?

Asked by: Hon Tse Wai-chun, Paul (Member Question No. 57)

Reply:
The Department of Health is developing a colorectal cancer screening pilot programme to provide subsidised screening to specific age groups. Faecal immunochemical test (FIT) will be adopted as the primary screening tool. Participants with a positive FIT result will be referred for colonoscopy. Colonoscopy service will be provided through a public-private partnership model. It is estimated that, over a period of three years, some 10 000 participants tested positive for FIT will require colonoscopy examination. Information of the enrolled service providers, including the fees charged, will be published on a dedicated website.

A multi-disciplinary cross-sectoral taskforce and four working groups were formed in 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme. Criteria for participation, method of screening, service delivery model, operational logistics, and mode of subsidy have been deliberated and will be finalised in the coming months. An information system is being built to serve the function of a screening registry. Meanwhile, potential service providers, users and community partners are engaged in active dialogue for the purpose of publicising and promoting the pilot programme. The pilot programme is expected to be announced and introduced by end 2015 the earliest if preparatory work proceeds smoothly.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)397

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3409)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the engagement of outsourced workers, please provide the following information:

	2014-15 (the latest position)
Number of outsourced service contracts	( )
Total payments to outsourced service providers	( )
Duration of service of each outsourced service provider	( )
Number of outsourced workers engaged through outsourced service providers	( )
Details of the positions held by outsourced workers (e.g. customer service, property management, security, cleansing and information technology)	
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 • $6,240 to $6,500 • under $6,240	 ( ) ( ) ( ) ( ) ( ) ( )
Length of service of outsourced workers • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • under 1 year	 ( ) ( ) ( ) ( ) ( ) ( )
Percentage of outsourced workers against the total number of staff in the Department	( )

Percentage of payments to outsourced service providers against the total staff costs of the Department	( )
Number of workers who received severance payment/long service payment/contract gratuity	( )
Amount of severance payment/long service payment/contract gratuity paid	( )
Number of workers with severance payment/long service payment/contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment/long service payment/contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Number of workers with paid meal break Number of workers without paid meal break	( ) ( )
Number of workers working 5 days per week Number of workers working 6 days per week	( ) ( )

( ) Changes in percentage as compared with the same period in 2013-14

Asked by: Hon WONG Kwok-hing (Member Question No. 54)

Reply:
Information regarding the engagement of outsourced workers by the Department of Health in 2014-15 is tabulated below-

	2014-15 (as at 31.12.2014)
Number of outsourced service contracts	260 (+2.8%)
Total payments to outsourced service providers	$124.3 million (+53.3%)
Duration of service of each outsourced service provider	24 months or less : 248 More than 24 months : 12
Number of outsourced workers engaged through outsourced service providers	650 (+30.8%)
Details of the positions held by outsourced workers (e.g. customer service, property management, security, cleaning and information technology)	• Security : 117 • Cleaning : 163 • Cleaning and General Support : 193 • Information Technology : 42 • Health Screening : 103 • Data input and filing : 32

	2014-15 (as at 31.12.2014)
Monthly salary range of outsourced workers	
• $30,001 or above	13
• $16,001 to $30,000	1
• $8,001 to $16,000	226
• $6,501 to $8,000	211
• $6,240 to $6,500	3
• under $6,240	70[Note 1]
• number of workers with unspecified salaries	126
Length of service of outsourced workers • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • under 1 year	We do not have information on years of service of outsourced workers. The outsourced service providers may arrange different employees or replacement workers to work for the Department during the contract period for different reasons.
Percentage of outsourced workers against the total number of staff in the Department	9.90% (+30.6%)
Percentage of payments to outsourced service providers against the total staff costs of the Department	5.37% (+43.6%)
Number of workers who received severance payment / long service payment / contract gratuity	We do not have information on severance payment / long service payment / contract gratuities of outsourced workers. The payment of severance payment / long service payment depends on the length of continuous contracts of the outsourced workers with the outsourced service providers, while the payment of contract gratuities is determined by the employment contract signed between outsourced workers and the outsourced service providers.
Amount of severance payment / long service payment / contract gratuity paid	
Number of workers with severance payment/long service payment/contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	
Amount of severance payment/long service payment/contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	

	2014-15 (as at 31.12.2014)
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 signed between outsourced workers and outsourced service providers.
Number of workers working 5 days per week	186 (+109.0%)
Number of workers working 6 days per week	109 (+17.2%)
Number of workers on other work patterns[Note 2]	245 (+45.8%)
Number of workers whose work pattern is not specified in the contracts	110 (-25.2%)

( ) Changes in percentage as compared with the same period in 2013-14

Note 1: Staff were paid above the Statutory Minimum Wage level.
Note 2: Other work patterns include 5.5-day week, alternate Saturday off and other shift patterns.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)398

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3410)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the engagement of agency workers, please provide the following information:

	2014-15 (the latest position)
Number of contracts with employment agencies	( )
Contract sum paid to each employment agency	( )
Duration of service of each employment agency	( )
Number of agency workers	( )
Details of the positions 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 • $6,240 to $6,500 • under $6,240	 ( ) ( ) ( ) ( ) ( ) ( )
Length of service of agency workers • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • under 1 year	 ( ) ( ) ( ) ( ) ( ) ( )
Percentage of agency workers against the total number of staff in the Department	( )
Percentage of payments to employment agencies against total staff costs of the Department	( )
Number of workers who received severance payment / long service payment / contract gratuity	( )

Amount of severance payment / long service payment / contract gratuity paid	( )
Number of workers with severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Number of workers with paid meal break Number of workers without paid meal break	( ) ( )
Number of workers working 5 days per week Number of workers working 6 days per week	( ) ( )

( ) Changes in percentage as compared with the same period in 2013-14

Asked by: Hon WONG Kwok-hing (Member Question No. 55)

Reply:

Information regarding agency contracts under the Department of Health (DH) in 2014-15 is tabulated below -

	2014-15 (as at 31.12.2014)
Number of contracts with employment agencies	10 (-63.0%)
Contract sum paid to each employment agency	$52,000 - $0.8 million
Duration of service of each employment agency	9 – 24 months
Number of agency workers	54 (-67.9%)
Details of the positions held by agency workers	Agency workers are temporary manpower deployed to meet urgent and short-term service needs. No specific posts are assigned to them.
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 • $6,240 to $6,500 • under $6,240	 0 (-100%) 2 (+100%) 52 (-64.1%) 0 (-100%) 0 (0%) 0 (-100%)
Length of service of agency workers • over 15 years • 10 to 15 years • 5 to 10 years	We do not keep information on years of service of agency workers. The employment agency may arrange different employees or replacement

• 3 to 5 years • 1 to 3 years • under 1 year	workers to work for the Department during the contract period for different reasons.
Percentage of agency workers against the total number of staff in the Department	0.8% (-69.2%)
Percentage of payments to employment agencies against total staff costs of the Department	0.1% (-83.3%)
Number of workers who received severance payment / long service payment / contract gratuity	We do not keep information on severance payment / long service payment / contract gratuities received by or paid to agency workers. The payment of severance payment / long service payment depends on the length of continuous contracts of the agency workers with the employment agencies, while the payment of contract gratuities is determined by the employment contract between agency workers and their employment agencies.
Amount of severance payment / long service payment / contract gratuity paid	
Number of workers with severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	
Amount of severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	
Number of workers with paid meal break Number of workers without 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 workers working 5 days per week Number of workers with alternate Saturday off	49 (-54.6 %) 5 (N/A)

( ) Changes in percentage as compared with the same period in 2013-14

DH also hires information technology support services through the bulk contracts under the Office of the Government Chief Information Officer. The number of agency workers under these contracts was 180 in 2014-15 (as at 31.12.2014).

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)399

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3411)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the employment of non-civil service contract (NCSC) staff, please provide the following information:

	2014-15 (the latest position)
Number of NCSC staff	( )
Details of the positions held by NCSC staff	
Payroll costs 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 · $6,240 to $6,500 · Below $6,240	 ( ) ( ) ( ) ( ) ( ) ( )
Length of service of NCSC staff · Over 15 years · 10 to 15 years · 5 to 10 years · 3 to 5 years · 1 to 3 years · Less than 1 year	 ( ) ( ) ( ) ( ) ( ) ( )
Number of NCSC staff successfully appointed as civil servants	( )
Percentage of NCSC staff against the total number of staff in the Department	( )
Percentage of staff costs for NCSC staff against the total staff costs of the Department	( )
Number of NCSC staff who received severance payment / long service payment / contract gratuity	( )

Amount of severance payment / long service payment / contract gratuity paid	( )
Number of NCSC staff with severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment / long service payment / contract gratuity offset by the accrued benefits attributable to employer's contributions to MPF	( )
Number of NCSC staff with paid meal break Number of NCSC staff without paid meal break	( ) ( )
Number of NCSC staff working 5 days per week Number of NCSC staff working 6 days per week	( ) ( )

( ) Changes in percentage as compared with the same period in 2013-14

Asked by: Hon WONG Kwok-hing (Member Question No. 56)

Reply:

Information regarding non-civil service contract (NCSC) staff engaged by the Department of Health (DH) in 2014-15 is tabulated below -

	2014-15 (as at 31.12.2014)
Number of NCSC staff	538 (-18.9%)
Details of the positions held by NCSC staff	Please see the Annex
Payroll costs of NCSC staff ($ million)	69.8 (-17.0%)
Monthly salary range of NCSC staff	
· $30,001 or above	54 (-8.5%)
· $16,001 to $30,000	46 (-25.8%)
· $8,001 to $16,000	438 (-18.9%)
· $6,501 to $8,000	0 (0.0%)
· $6,240 to $6,500	0 (0.0%)
· Below $6,240	0 (-100%)

	2014-15 (as at 31.12.2014)		
Length of service of NCSC staff · Over 15 years	1 (N/A)		
· 10 to 15 years	26 (-25.7%)		
· 5 to less than 10 years	347 (-2.5%)		
· 3 to less than 5 years	97 (+1%)		
· 1 to less than 3 years	30 (-79.5%)		
· Less than 1 year	37 (+23.3%)		
Number of civil servants appointed who were previously NCSC staff in the Department (The ex-NCSC staff was appointed as civil servant in DH through an open, fair and competitive process)	6 (+500%)		
Percentage of NCSC staff against the total number of staff in the Department	8.2% (-18.8%)		
Percentage of staff costs for NCSC staff against the total staff costs of the Department	3.02% (-22.6%)		
Number of NCSC staff who received severance payment (SP) / long service payment (LSP) / contract gratuity (CG)	SP	LSP	CG
	5 (+66.7%)	22 (-63.3%)	128 (+33.3%)
Amount of SP / LSP / CG paid ($ million)	SP	LSP	CG
	0.2 Note 1 (+100%)	1.7 Note 1 (-60.5%)	3.5 (+9.4%)
Number of NCSC staff with SP / LSP / CG offset by the accrued benefits attributable to employer's contributions to MPF	SP	LSP	CG
	5 (+150%)	20 (-65.5%)	N/A Note 2 -

Amount of SP / LSP / CG offset by the accrued benefits attributable to employer's contributions to MPF ($ million)	SP	LSP	CG
	0.2 (+100%)	1.1 (-68.6%)	N/A [Note 2] -

	2014-15 (as at 31.12.2014)
Number of NCSC staff with paid meal break	520 (-17.2%)
Number of NCSC staff without paid meal break	18 (-48.6%)
Number of NCSC staff working 5 days per week	132 (-0.8%)
Number of NCSC staff working 6 days per week	390 (-17.4%)
Number of NCSC staff with other work patterns [Note 3]	16 (-72.4%)

( ) Changes in percentage as compared with the same period in 2013-14

Notes:

1. The amount of SP / LSP refers to the entitlement of the NCSC staff irrespective of any offsetting.

2. The amount of CG is not offset by the accrued benefits attributable to employer's contributions to MPF.

3. Other work patterns include 5.5-day week, alternate Saturday off and other shift patterns.

- End -

Annex

NCSC Positions in the Department of Health as at 31.12.2014

Job Title	No.
Administrative Assistant	7
Assistant Chinese Medicine Officer	5
Assistant Manager	8
Assistant Tobacco Control Inspector	7
Chinese Medicine Assistant	25
Chinese Medicine Officer	4
Contract Accountant	1
Contract Accounting Manager	1
Contract Auditor	1
Contract Clinical Psychologist	4
Contract Dental Technician II	8
Contract Dentist (Orthodontics)	3
Contract Doctor	5
Contract Doctor (Special Duties)	1
Contract Engineer (Biomedical)	2
Contract Senior Information Technology Manager	2
Contract Speech Therapist	1
Darkroom Assistant	4
Health Programme Assistant	3
Health Surveillance Assistant	383
Health Surveillance Supervisor	16
Manager	5
Media & Marketing Manager	1
Project Assistant	13
Project Officer (Chinese Medicines)	4
Registration Assistant	1
Registration Supervisor	5
Research Assistant	2
Research Officer	8
Service Administrator	1
Part-time Contract Doctor (Special Duties)	5
Part-time Senior Clinician (Orthodontics)	2
Total :	538

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)400

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3676)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department is paying special attention to the influenza pandemic. What are the new initiatives proposed to be introduced this year? What publicity programme does the Department have for the elderly?

Asked by: Hon Wong Yuk-man (Member Question No. 52)

Reply:

The Centre for Health Protection (CHP) of the Department of Health has put in place surveillance mechanisms to regularly monitor local and global epidemiological situation and trends of influenza, as well as the risk of local outbreaks of novel influenza. In consultation with the Scientific Committees, the CHP regularly reviews documented evidence and considers public health control actions in preparation for influenza pandemic. Risk assessment will be made from time to time, having regard to timely laboratory diagnosis and characterisation of the influenza viruses, and development of scientific knowledge and evolving situation, to ensure that appropriate response and control measures are implemented. Under the Preparedness Plan for Influenza Pandemic (2014), Hong Kong has a three-tier response system to prepare for communicable diseases of public health concern and pandemic potential. To maintain preparedness, exercises and drills of the public health emergency response system and contingency plans will continue to be conducted.

Overall, the CHP will step up efforts to educate the public regarding personal and environmental hygiene, as well as prevention of influenza using a variety of means including mass publicity and stakeholder engagement. To increase uptake of seasonal influenza vaccination, the CHP will continue to make early appeals to target groups by means of press announcements, mass media, social media and joint-up support from experts and professional organisations. The Department of Health's Elderly Health Service will deploy Visiting Health Teams to conduct health educational activities for influenza

prevention among community-dwelling elders and their carers, and infection control training for staff of Residential Care Homes for the Elderly.

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)401

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3677)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational Expenses

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the number of staff in tuberculosis and chest, dermatology as well as HIV/AIDS outpatient clinics under the Department of Health. Among them, what is the ratio of administrative to healthcare staff?

Asked by: Hon WONG Yuk-man (Member Question No. 53)

Reply:

The number of posts in the clinics providing services for tuberculosis and chest, dermatology, HIV/AIDS and the ratio of supporting to healthcare staff in these clinics (position as at 1 March 2015) are appended below.

Clinics for	**Number of posts**	**Ratio of supporting to healthcare staff**
Tuberculosis and chest	308	1:1.8
Dermatology	148	1:2.8
HIV/AIDS	55	1:1.4

- End -

Examination of Estimates of Expenditure 2015-16 Reply Serial No.

FHB(H)402

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3678)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Of the increase of $243.6 million over the revised estimate, how much is for enhancing the Elderly Health Care Voucher Scheme? Will the Department increase the voucher amount this year?

Asked by: Hon WONG Yuk-man (Member Question No. 54)

Reply:

Under Programme (2) Disease Prevention, the provision increases by $243.6 million for 2015-16, which is 8.8% higher than the revised estimate for 2014-15. Out of this increased amount, $111.0 million is earmarked for the Elderly Health Care Voucher Scheme to mainly cater for the increase in the number of eligible elders. We do not have any plan to increase the annual voucher amount this year. We will conduct a review of the Scheme in mid-2015 including operational procedures, scheme effectiveness, etc.

- End -

Examination of Estimates of Expenditure 2015-16 | Reply Serial No. **FHB(H)403**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3679)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What is the full-year provision for the "Outreach Dental Care Programme for the Elderly"? How many healthcare professionals are involved? What is the estimated number of elderly people to be served under the programme this year?

Asked by: Hon WONG Yuk-man (Member Question No. 55)

Reply:

We have included $44.5 million as a full year provision in 2015-16 for implementation of the Outreach Dental Care Programme for the Elderly (ODCP). Under the ODCP, 22 outreach dental teams from 11 non-governmental organisations have been set up to provide free outreach dental services for elders in residential care homes/day care centres and similar facilities covering about 69 000 elders.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3319)

Head: (708) Capital Works Reserve Fund: Capital Subventions and Major Systems and Equipment

Subhead (No. & title): (8014MD) Redevelopment of Kwong Wah Hospital – preparatory works

Programme: (-) Not Specified

Controlling Officer: Director of Architectural Services (K K LEUNG)

Director of Bureau: Secretary for Food and Health

Question:
For the project 8014MD "Redevelopment of Kwong Wah Hospital – preparatory works" under the Subhead, around $0.14 billion, which represents some 26% of the approved estimate, has already been spent. What is included in the preparatory work and what is the work progress? When is the next stage of redevelopment expected to commence and when will the redevelopment be completed? Will the Government increase the amount of estimates for 2015-16 to allow an early commencement of the next stage of redevelopment if there are still a lot of preparatory work to be done? If it is not an expenditure issue, what has caused the delay in completion of the preparatory work?

Asked by: Hon TO Kun-sun, James (Member Question No. 87)

Reply:

"According to Rule 49 of the Finance Committee Procedures, special meetings of the Finance Committee are convened to examine the annual Estimates of Expenditure prepared by the Government in support of the Appropriation Bill.

Expenditure charged to the Capital Works Reserve Fund do not form part of the Appropriation Bill. As such, questions relating to expenditure under the Fund are not relevant to the examination of the Estimates of Expenditure or the Appropriation Bill."

The redevelopment of Kwong Wah Hospital project will be carried out in two phases, namely preparatory works and main works. The preparatory works comprising site inspection, surveying, detailed design, preparation of tender document and tender evaluation, decanting work and protection works for the conservation of Tung Wah Museum have commenced in March 2013 and are progressing as scheduled. Subject to funding approval of the Finance Committee, the Hospital Authority (HA) aims to commence the main works of the redevelopment project in phases from 2016. The Administration and HA will also closely monitor the progress of works with a view to completing the whole project in 2022.

- End -