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Replies to supplementary questions raised by Finance Committee Members in examining the Estimates of Expenditure 2016-17

Director of Bureau : Secretary for Food and Health

Session No. : 12

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CONTROLLING OFFICER'S REPLY

S-FHB(H)01

(Question Serial No. S0026)

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 Reply Serial No. FHB(H)053, has the workload assessment model prescribed the workload of individual doctors, nurses or allied health professionals? If no, how can service capacity and manpower requirement be assessed?

In addition, can the workload assessment model be used to work out the number of patients and manpower requirement in the hospital wards of each specialty? What are the details? Do frontline healthcare staff agree to the computation method concerned? At times when there is a surge in service demand, how can the workload assessment model be used to deploy manpower?

Asked by: Prof Hon Joseph LEE Kok-long

Reply:

The Hospital Authority (HA) provides different types and levels of services to patients having regard to the conditions and needs of each patient. HA has developed a workload assessment model for the nursing grade. The model is a ward-based workload assessment tool which has incorporated key nursing and supporting staff workload factors relating to patient care. The model is primarily used to estimate the nursing manpower requirement at individual general inpatient ward, including both acute wards and convalescent and rehabilitation wards, in all HA hospitals. For other clinical service settings, the nursing manpower requirement is derived either based on certain nursing manpower reference ratios or the baseline activity throughput per nurse strength ratios.

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 Students to

alleviate workload of frontline staff. When there is a surge in service demand, HA will strive to mobilise manpower as far as possible through different means. For example, during the 2015-16 winter surge, HA continues to centrally recruit full time and part time clinical and supporting staff, as well as retired and resigned supporting staff to take up part-time jobs. Hospitals, by special allowances and leave encashment, also encouraged clinical and supporting staff to increase working hours so as to handle extra workload.

In 2016-17, HA plans to recruit around 420 doctors, 1 720 nursing staff and 480 allied health professionals to further increase manpower strength and improve staff retention. HA will continue to monitor and review the manpower strength of doctors, nurses or allied health professionals and flexibly deploys its staff having regard to the service and operational needs.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)02

(Question Serial No. S0027)

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 shown in part (a) of Reply Serial No. FHB(H)055, the number of training places of 5 allied health grades remains unchanged for the next 3 academic years. In face of ever increasing demand for healthcare services, how will the Government increase manpower to meet service needs?

According to part (b) of Reply Serial No. FHB(H)055, for a number of allied health professions, more than half of the professionals such as audiologists and dieticians are practising in the private sector. However, statutory regulation of these professions through registration has yet been put in place. The Government should pledge to launch a voluntary accredited registers pilot scheme in 2016 for the healthcare professions currently not subject to statutory regulation, but, as revealed in the reply to my other question (Reply Serial No. FHB(H)052), no resources have ever been earmarked for the work concerned. This shows that the Government has relied solely on the relevant industry to commit themselves to the task without taking up any responsibilities. To accomplish the regulatory work as soon as possible, the Government should earmark resources and draw up with the industry a feasible mode to foster public health protection.

Asked by: Prof Hon Joseph LEE Kok-long

Reply:

To meet future demand for healthcare professionals, the Government has increased the number of University Grants Committee (UGC)-funded degree places in allied health disciplines since the 2012/13 academic year. The details are as follows:

Number of UGC-funded degree places

	2009/10-2011/12 Academic Year	2012/13-2015/16 Academic Year	2016/17-2018/19 Academic Year
Pharmacy	50	80	90
Medical Laboratory Science	32	44	54
Occupational Therapy	46	90	100
Optometry	35	34	40
Physiotherapy	70	110	130
Radiography	48	98	110

In addition, the Hong Kong Polytechnic University has offered two-year self-financing master programmes in occupational therapy and physiotherapy (about 30 places for each programme), with an aim to alleviating the shortage of allied health professionals in welfare sector.

The Government and UGC conduct academic planning for UGC-funded institutions on a triennial basis. In the long run, the Food and Health Bureau and the Labour and Welfare Bureau will, with due regard to the prevailing manpower situation of allied health professionals, continue to liaise with the Education Bureau and UGC in order to set manpower requirement targets for each academic planning cycle according to actual demand and availability of resources.

The Department of Health (DH) commissioned in 2014 the Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong to conduct a feasibility study on launching a voluntary accredited registers scheme (the Scheme) for non-statutorily regulated healthcare professions and propose a set of framework and criteria for the Scheme. Under the Scheme, DH is responsible for engaging an independent accreditation agency to assess whether a healthcare professional body has met the prescribed standards. Upon accreditation, the healthcare professional body will be included in the register accredited by DH for public access. It is expected that a pilot scheme will be launched in 2016. The Government will provide financial resources for the implementation of the scheme, including operational and assessment costs of the accreditation organisation and other related expenses, through internal deployment of resources.

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CONTROLLING OFFICER'S REPLY

S-FHB(H)03

(Question Serial No. S0028)

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 reply of FHB (H) 058(a), the Scientific Committee on Vaccine Preventable Diseases (SCVPD) and the Scientific Committee on AIDS and Sexually Transmitted Infections (SCAS) under the Centre for Health Protection recommended that human papilloma virus (HPV) vaccine is effective and safe for individual protection against cervical infection and cancer arising from specific types of viruses. As for whether the HPV vaccine should be added to the public health vaccination programme in Hong Kong in the future, SCVPD and SCAS considered that the duration of protection should be further established and universal vaccination programme should be supported by local cost-effectiveness evaluation.

Is the Government still uncertain about the effectiveness and duration of protection of HPV vaccine? If yes, why does the Government providing free HPV vaccination to teenage girls under the Community Care Fund? If not, why does the Government not providing free HPV vaccine to all teenage girls in Hong Kong?

Asked by: Prof Hon Joseph LEE Kok-long

Reply:

The Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on AIDS and Sexually Transmitted Infections recommended in 2013 that human papilloma virus (HPV) vaccine is considered to be effective and safe which can protect against infection of the specific HPV types targeted by the vaccines.

As for whether population-based vaccination should be provided to all teenage girls in Hong Kong, the two Scientific Committees considered that the duration of protection should be further established and universal vaccination programme should be supported by local cost-effectiveness evaluation. In this connection, a cost-benefit analysis (CBA) of

organised population-based vaccination is being conducted. The two Scientific Committees will review its recommendations on whether population-based vaccination should be provided to all teenage girls in Hong Kong when the results of CBA are available.

As a pilot scheme, the Government will provide those teenage girls from eligible low-income families with free vaccination under the Community Care Fund for individual protection.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)04

(Question Serial No. S0029)

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:

Pursuant to Reply Serial No. FHB(H)060, no resources have been earmarked for the enhancement of the human resource policy to improve the remuneration package of frontline healthcare staff so as to retain staff. Given the tight resources, it will certainly be difficult for the Hospital Authority (HA) to implement new policies to retain staff and boost morale. Does the Government have any measures in place to improve HA's manpower problem?

Asked by: Prof Hon Joseph LEE Kok-long

Reply:

From 2013-14 onwards, the Hospital Authority (HA) has earmarked around \$321 million each year for recruitment and retention of healthcare staff to ensure effective provision of quality care. Apart from the \$321 million, there is an additional 3-year time-limited funding of \$100 million per annum (from 2015-16 to 2017-18) designated for enhancing staff training and development. An additional funding of \$570 million for 2015-16 to 2017-18 has also been designated for a Special Retired and Rehire Scheme to rehire suitable clinical doctors, nurses and allied health staff upon their retirement or completion of contract at normal retirement age to help alleviate the expertise gap and manpower issues.

For the medical grade, HA has created additional Associate Consultant posts for promotion of doctors with 5 years' post-fellowship experience by merits, enhanced training opportunities for doctors and recruited non-local doctors under limited registration to supplement local recruitment drive.

For the nursing grade, HA has enhanced career advancement opportunities of experienced nurses and provided training to registered nursing students and enrolled nursing students at HA's nursing schools.

For the allied health grade, HA has offered overseas scholarship to allied health undergraduates for grades with no local supply, re-engineered work processes, strengthened manpower support and enhanced training opportunities.

In 2016-17, HA plans to recruit about 420 doctors, 1 720 nurses 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 medical, nursing and allied health grades in 2016-17, and review the effectiveness of the above initiatives and explore further enhancement measures to attract and retain staff as and when necessary.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)05

(Question Serial No. S0030)

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:

Pursuant to part (b) of Reply Serial No. FHB(H)061, registered nurses with 1-5 years of service have the highest number of staff attrition each year. What resources and measures do the Government have to retain the nurses?

Asked by: Prof Hon Joseph LEE Kok-long

Reply:

From 2013-14 onwards, the Hospital Authority (HA) has earmarked around \$321 million each year to attract and retain healthcare professionals. To retain frontline nursing staff including those with 1 to 5 years of service, HA has been actively recruiting locally trained graduates available in the market to relieve workload of these frontline nursing staff. The number of nurses recruited in 2015-16 (up to 31 December 2015) is 1 769. HA will also continue to enhance their training and development opportunities through various training initiatives which include provision of preceptorship programme for newly recruited nurse graduates, formulation of long-term structured training plans, and increasing the amount of training subsidy to support Registered and Enrolled Nurses to undertake undergraduate or post-graduate programme in nursing.

In addition, there is a 3-year time-limited funding of \$100 million per annum (from 2015-16 to 2017-18) designated for enhancing staff training and development in HA.

HA will continue to improve the working arrangements of nurses, including reducing non-clinical work handled by nurses, and improving the equipment frequently used by nurses to alleviate their workload.

HA will continue to monitor and review the effectiveness of the above measures to attract and retain nurses as and when necessary.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)06

(Question Serial No. S0031)

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 Reply Serial No. FHB(H)065, some clusters (Hong Kong West, Kowloon Central and New Territories West) registered a decrease instead of an increase in the total number of psychiatric nurses. Given the extremely tight manpower situation of psychiatric nurses, how will the problem of manpower shortage be resolved?

Asked by: Prof Hon Joseph LEE Kok-long

Reply:

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.

The number of psychiatric nurses by rank in each cluster set out in Reply Serial No. FHB(H)065 is calculated on full-time equivalent basis including permanent, contract and temporary staff. The numbers for 2013-14 and 2014-15 refer to the staff strength as at 31 March 2014 and 2015 respectively, while the numbers for 2015-16 refers to the staff strength as at 31 December 2015. The slight reduction in manpower recorded as at 31 December 2015 in the Hong Kong West Cluster, Kowloon Central Cluster and New Territories West Cluster as compared with 2013-14 and 2014-15 is due to attrition including resignation and retirement of staff and the time lag in filling the vacancies.

HA will continue to employ nurses to fill up the vacancies. HA will also streamline the recruitment process to expedite the replacement of vacancies. HA will closely monitor the manpower situation in 2016-17 and make appropriate arrangements in light of service needs and operational requirements.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)07

(Question Serial No. S0032)

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 connection with Reply Serial No. FHB(H)066, what are the reasons for not creating Nurse Consultant posts in certain hospitals and specialties? When will such posts be created so that there will be at least one Nurse Consultant for each specialty?

Asked by: Prof Hon Joseph LEE Kok-long

Reply:

Apart from supporting the development of the nursing profession, the main reason for creating Nurse Consultant (NC) posts is to improve the services of the Hospital Authority (HA) so as to meet the increasing public demand for healthcare services.

In considering the creation of NC posts, apart from having regard to the actual needs for nursing services, HA also takes into account the need to provide opportunities for NCs to play a leading role in clinical care and to facilitate nursing specialty service development, as well as other factors such as strategic priorities of medical services, service mode, service target, opinions of healthcare partners and patients, sustainability of service requirements and staff readiness. There are some specialised services with NCs in each of the clusters, such as Diabetes Care and Renal Care. Other specialised services may need consensus and further alignment of the service model, as well as the development of potential staff to take up the posts. In this respect, HA will continue to develop NC posts in various specialised services.

The needs of different healthcare services 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. Accordingly, the creation of NC posts may not be evenly distributed among hospitals and clusters.

HA will constantly review the actual service needs as well as the service mode and demand with a view to enhancing the quality of nursing services. Additional NC posts will be considered to dovetail with the strategic priorities in the annual plans of HA for better healthcare services.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)08

(Question Serial No. S0033)

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:

(1) Regarding the 126 children who were found with raised blood lead level, what were their blood lead levels?

(2) Regarding the 33 children who required monitoring and re-assessment, what were their blood lead levels? What developmental problems were found among them?

(3) Regarding the ten children who showed features of developmental delay or learning/behavioural problems, what specific learning/behavioural problems were found among them? What types of treatment have been provided for these children?

Asked by: Dr Hon Helena WONG Pik-wan

Reply:

(1) The first blood lead levels of the 126 children who have undergone preliminary developmental assessment ranged from 5.00ug/dL to 15.30ug/dL.

(2) The first blood lead levels of the 33 children who required monitoring and reassessment ranged from 5.07ug/dL to 12.20ug/dL. These children received preliminary developmental assessment at the Department of Health and were suspected to have developmental problems including borderline developmental delay, language problem, articulation problem, social communication problem, gross motor problem, fine motor problem, word learning problem and behavioural problems (e.g. temper tantrums, hyperactive behaviour, oppositional behaviour and inattention problem etc.). These children will be followed up and monitored.

(3) Ten children have features of developmental delay or learning/behavioural problems. Their diagnosis included global developmental delay, intellectual disability, autism spectrum disorder and attention deficit/hyperactivity disorder. Depending on the

children's individual needs, they were referred to appropriate service providers for training and education support (e.g. follow-up treatment at the Hospital Authority, rehabilitation training, special educational support service, etc.).

- End -

CONTROLLING OFFICER'S REPLY**S-FHB(H)09****(Question Serial No. S0023)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

This refers to Reply Serial No. FHB(H)198.

The waiting times for enrolment in respect of some Elderly Health Centres (EHCs) were over two years. These EHCs include Sai Ying Pun (30 months), Wan Chai (34.3 months), Yau Ma Tei (34.2 months), Kowloon City (34.4 months) and Tseung Kwan O (29 months). As seen from the figures provided last year, i.e. Yau Ma Tei (32.9 months), Kowloon City (31.4 months) and Tseung Kwan O (27 months), the waiting times in respect of these EHCs even saw an increase. Will the Department allocate additional resources to increase the service capacity or introduce measures to shorten the waiting times?

Asked by: Prof Hon Joseph LEE Kok-longReply:

The Department of Health (DH) has provided additional manpower resources to the Elderly Health Centres (EHCs) with the highest demands for enrolment and first-time health assessments. A new clinical team commenced operation in Lek Yuen EHC since March 2015. The team was subsequently deployed to assist at Wan Chai EHC since August 2015. Together with other improvement measures, including increasing the proportion of first-time health assessments in all EHCs, the median waiting time for enrolment and first-time health assessments has reduced as shown in the table below:

EHC	Median waiting time (months)		
	2014	2015	2016* (as at February)
Sai Ying Pun	30.5	30.0	9.0

Shau Kei Wan	24.9	23.5	11.4
Wan Chai#	34.4	34.3	0.6
Aberdeen	16.2	14.5	7.0
Nam Shan	18.2	15.8	9.7
Lam Tin	15.0	12.0	7.5
Yau Ma Tei	32.9	34.2	22.0
San Po Kong	24.0	18.6	5.5
Kowloon City	31.4	34.4	13.5
Lek Yuen#	21.9	4.5	5.9
Shek Wu Hui	14.3	16.4	13.8
Tseung Kwan O	27.0	29.0	23.3
Tai Po	22.4	16.3	7.3
Tung Chung	12.9	15.0	13.8
Tsuen Wan	15.8	17.8	15.0
Tuen Mun Wu Hong	17.3	15.8	13.2
Kwai Shing	13.7	7.0	0.2
Yuen Long	10.7	13.4	10.6
Overall	20.1	16.3	10.2

*Provisional figures

#A new clinical team commenced operation in Lek Yuen EHC since March 2015. The team was subsequently deployed to assist at Wan Chai EHC since August 2015.

Another new clinical team has been established and deployed to Tseung Kwan O EHC since April 2016 and a further reduction in the waiting time is expected. DH will also publish the median waiting times of all EHCs on the website of the Elderly Health Service (www.elderly.gov.hk) and at EHCs starting from April 2016 to increase transparency and facilitate the elderly to choose enrolling at those EHCs with relatively shorter waiting time. DH will continue to monitor the waiting list and waiting time closely and flexibly deploy manpower resources.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)10

(Question Serial No. S0024)

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:

This refers to Reply Serial No. FHB(H)206.

The Department of Health targets to launch the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) in the second half of 2016. However, as a suitable provider of chemical pathology laboratory services has not yet been identified previously, a re-tendering exercise has to be conducted and hence the launching of the Pilot Programme will be deferred to the middle of the year. Currently, can the Government assure that the Pilot Programme will be launched as scheduled? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long

Reply:

The Department of Health has successfully engaged a contractor through tendering to provide chemical pathology laboratory services for the Colorectal Cancer Screening Pilot Programme which will tentatively be launched in the third quarter of 2016.

- End -