

Reply Serial No.

S-FHB(H)01

Examination of Estimates of Expenditure 2008-09

Question Serial No.

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

S086

Head : 708 Capital Subventions and
Major Systems and Equipment

Subhead : 8051MM Prince of Wales
Hospital – extension block

Programme :

Controlling Officer : Director of Architectural Services

Director of Bureau : Secretary for Food and Health

Question : Why have the Government not increased the allocation of \$1,882.10 million approved by the Finance Committee of the Legislative Council in 2006 for the Prince of Wales Hospital – extension block to offset the impact of the changes in our economy and the surging inflation?

Asked by : Hon. KWOK Ka-ki

Reply : The works of the project has just started in 2007 with substructure works in progress. The approved funding under the project is anticipated to be sufficient at the moment. We would closely monitor and review the financial position from time to time. We would seek additional provisions should a need arise in the future.

Signature

Name in block letters

C. H. YUE

Post Title Director of Architectural Services

Date

10 April 2008

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

Reply Serial No.

S-FHB(H)02

Question Serial No.

S087

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Estimates that the provision for disease prevention will increase over the 2007-08 original estimate by only 4.8%. Also, according to Government information, the revised estimate for 2007-08 has been reduced by 1.4% as compared with the original estimate. In fact, a number of cases involving child death in the recent influenza peak season have raised public concern over the Government's allocation of resources for disease prevention, especially monitoring and control of infectious diseases. What is the estimated expenditure in this area in the Estimates? Why is there only a slight increase in the expenditure?

Asked by: Hon. LAM Wai-keung, Daniel

Reply:

The reduction of 1.4%, or \$18.5 million, in the 2007-08 revised estimate as compared with the original estimate was mainly due to the revised delivery schedule of antiviral stockpile for influenza pandemic. A consignment of one million antiviral doses budgeted for in 2007-08 was advanced to 2006-07, contributing to a reduction in cash flow requirements in 2007-08. The Government has achieved its target of building an antiviral stockpile of around 20 million doses as part of the Government's Preparedness Plan for Influenza Pandemic.

The provision for disease prevention in 2008-09 shows an increase of 4.8%, or \$62.2 million, over the 2007-08 original estimate. Amongst this, \$10 million will be allocated to enhancing laboratory surveillance of communicable diseases. This will strengthen the monitoring of emerging infectious diseases that may affect human health.

There is also an additional provision of \$13.5 million under Programme (1) Statutory Functions for temperature screening and commissioning of isolation facilities at immigration control points, and for inspection of river trade vessels to strengthen port health measures. The provision will significantly enhance the monitoring and control of infectious diseases at immigration control points.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 10.4.2008

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

S-FHB(H)03

Question Serial No.

SV029

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In respect of the sum of \$50 million set aside by the Hospital Authority to address the existing inadequacies of healthcare services and facilities in the Kowloon East region, the Administration is requested to provide the following information –

- (a) a breakdown of the aforesaid sum for improvement of healthcare services, facilities, and manpower in the Kowloon East region; and
- (b) details of the relevant initiatives and programmes under the respective areas.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Hospital Authority (HA) will implement a number of initiatives to enhance the services of the Kowloon East Cluster (KEC) in 2008-09. These initiatives include –

- (a) expanding the service of Tseung Kwan O Hospital Ambulatory Surgery Centre to provide 900 day surgeries per annum;
- (b) setting up a comprehensive breast centre to provide one-stop and comprehensive multi-disciplinary services to breast cancer patients. It is estimated that an additional 1800 breast cancer patients will benefit each year;
- (c) setting up an ear, nose and throat (ENT) specialist centre at United Christian Hospital. It is estimated that the waiting time for ENT specialist outpatient cases triaged as routine cases could be shortened by four months;
- (d) piloting psychiatric consultation liaison service at the Accident and Emergency Departments in KEC to provide 24-hour crisis intervention for patients with acute psychiatric conditions, so as to reduce avoidable inpatient admission;
- (e) improving other existing services of KEC, such as the acute stroke care service, pharmacy services, etc; and

- (f) as part of HA's overall service enhancement, KEC will build up surge capacity for neonatal intensive care services, provide additional provision for haemodialysis, develop and expand molecular diagnosis for emerging infectious diseases and haematologic malignancy, and enhance the psychogeriatric outreach services to the Residential Care Homes for the Elderly.

The additional manpower involved will be worked out upon completion of the internal resources allocation within HA.

In addition, HA will continue to pilot 'Integrated Discharge Support Programme for Elderly Patients (IDSP)' in collaboration with NGOs to provide discharge support services to elderly, including discharge planning, transitional rehabilitation and home-based community care to facilitate the rehabilitation of elders in the community. This pilot scheme has commenced operation in Kwun Tong in March 2008, involving about 50 clinical and supporting staff. IDSP is an initiative under the Labour and Welfare Bureau and is supported by a funding allocation of \$11.78 million for the pilot scheme in Kwun Tong in 2008-09.

It is estimated that the above initiatives will involve a total of around \$50 million additional funding in 2008-09.

Signature _____

Name in block letters _____ Ms Sandra LEE

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

Date _____ 10.4.2008

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

S-FHB(H)04

Question Serial No.

S088

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the problems associated with telephone booking of outpatients services, will the Administration conduct a review and provide an additional option whereby the public, in particular the elderly, can press a button and choose to have the call answered by staff? If yes, when will the review be conducted? If no, why?

Asked by: Hon. WONG Kwok-hing

Reply:

Since the implementation of the telephone appointment system for general out-patient (GOP) services, the Hospital Authority (HA) has been closely monitoring the usage pattern of the system and actual utilization of GOP services by patients of different age groups. The number of elderly patients and their attendances at GOP clinics (GOPCs) before and after the implementation of the telephone appointment system are similar. There are no statistics suggesting that the implementation of the telephone appointment system has undermined the elderly's access to GOP services.

HA has already introduced a number of measures to facilitate the access of GOP services by the elderly, including the mechanism to pre-book follow-up appointment for chronic patients, reserved quotas for the elderly under the telephone booking system for episodic care, help desks in each GOPC to render assistance to elders who have genuine difficulties in using the telephone booking services (e.g. those with hearing or vision impairment) and allow them to seek medical consultations directly without the need to use telephone booking. Furthermore, depending on the patients' conditions and preferences, clinic staff (mostly nurses) may assist them in using or teaching them to use the telephone booking service, make telephone booking on their behalf, or arrange medical consultations for them directly without requiring them to use telephone booking. Over 90% of the elderly patients have succeeded in obtaining GOP services either through telephone booking or walk-in arrangement. Among them, 85% obtained appointments via the telephone appointment system.

The accuracy of a manually-operated telephone appointment system may not necessarily be better, and the processing time required for each booking may be longer, making it more difficult for other patients to be put through. HA has no plan at present to set up a manually-operated telephone appointment system. However, we will continue to explore with HA on how to arrange GOP services for those elderly people with specific difficulties in using the telephone booking service.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food
and Health (Health)

Date 10.4.2008

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

Reply Serial No.

S-FHB(H)05

Question Serial No.

S089

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding dental service,

1. why are the secondary school students not provided with dental care service? Could it possibly be that the secondary school students do not need dental care?
2. why do the three indicators of dental services for the public mentioned in paragraph 21 under Programme (4) remain unchanged in 2008? (Given that there is an increase in the overall provision for medical services)
3. will the Government conduct a review as soon as possible so as to provide public dental out-patient service for all members of the public?

Asked by: Hon. WONG Kwok-hing

Reply:

The Government's policy is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of good oral health habits.

The School Dental Care Service provides annual dental examination, preventive and basic dental care as well as oral health education for primary school students. The aim is to prevent oral diseases among the population through early inculcation of good dental care habits. As for secondary school students, the Oral Health Education Unit conducts a "Teen Teeth" programme to train secondary school students as "Peer Promoters" to assist in oral health promotion in secondary schools. Dental services for secondary school students are provided by the private sector, and Department of Health (DH) will continue to facilitate the transfer of students from its School Dental Care Service to the private sector. At present, there is no plan to extend the coverage of School Dental Care Service to secondary school students.

There is no increase in service capacity in the three dental services for the public under programme (4) in 2008. At present, DH provides free emergency dental services to the public at 11 government dental clinics. Other dental services for the public, in general, are provided by the private sector and non-government organisations. At this stage, the Government has no plan to provide dental out-patient service for all members of the public.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 10.4.2008

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

S-FHB(H)06

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

Question Serial No.

S090

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the Administration's plan and timetable for shortening the waiting time for specialist services? Would the relevant department please set out the current waiting time for each specialty? Also, what are the plans for shortening the waiting time in the coming year?

Asked by: Hon. WONG Kwok-hing

Reply:

The median waiting time (in weeks) for first appointment at specialist outpatient (SOP) clinics of major specialties of the Hospital Authority (HA) in 2007-08 (figures up to January 2008) are set out below:

Specialty	Median waiting time (weeks)	
	First Priority	Second Priority
Ear, Nose & Throat	<1	5
Gynaecology	1	6
Medicine	1	6
Ophthalmology	<1	4
Orthopaedics & Traumatology	<1	5
Paediatrics and Adolescent Medicine	<1	4
Psychiatry	1	4
Surgery	1	6

It has been the targets of HA to keep the median waiting time for first appointment at SOP clinics for "first priority" (i.e. urgent cases) and "second priority" (i.e. semi-urgent cases) patients to within 2 weeks and 8 weeks respectively. HA maintains the same target median waiting time in the 2008-09 estimate.

HA has taken the following measures to shorten the waiting time at SOP clinics -

- (a) setting up 24 family medicine specialist clinics as gatekeeper for SOP clinics and for follow up on patients triaged as routine cases;

- (b) updating clinical protocols for referring medically stable patients to receive follow-up primary health care services;
- (c) collaborating with private practitioners and non-governmental organizations (NGOs) to launch shared care programmes for the private sector and NGOs to follow up on medically stable patients; and
- (d) disseminating referral guidelines to clinicians to reduce unnecessary referrals.

Signature _____

Name in block letters _____ Ms Sandra LEE

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

Date _____ 9.4.2008

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

S-FHB(H)07

Question Serial No.

S091

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

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the mechanism for patients to lodge complaints, air grievances and seek assistance in respect of public outpatient services, has the Government assigned dedicated staff to outpatient services (including outpatient services run by Hospital Authority hospitals and the Department of Health) to handle patients' complaints, grievances and requests for assistance? If yes, please provide a list of the locations of outpatient services. If no, will the Government conduct a review so as to improve its relationship with the public and patients?

Asked by: Hon. WONG Kwok-hing

Reply:

The Hospital Authority (HA) has set up Patient Relations Offices (PROs) in all hospitals and General Out-patient Clinics (GOPCs) under its management to handle complaints and requests for assistance from patients and members of the public. Since most of the Specialist Out-patient Clinics (SOPCs) are housed in the hospitals as part of the hospital services, complaints against SOPCs are handled by the hospital PROs. In addition, a public complaint hotline (telephone number 2300 7125) is set up at the HA Head Office to handle complaints from the public. Complainants who are dissatisfied with the way that the hospitals, SOPCs or GOPCs handle their complaints can appeal to the HA Public Complaints Committee (PCC), an independent appeal body for review of their cases. The PCC comprises the chairman, vice-chairman and 20 members with diverse background.

As regards the Department of Health (DH), there is a designated Client Relations Officer in each of its health centres and clinics to handle complaints and enquiries from patients and members of the public. There is also a hotline (telephone number 2836 0077) set up at the Client Relations Unit of DH Headquarters to handle complaints and to receive opinions from the public.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food
and Health (Health)

Date 10.4.2008