

**Replies to initial written questions**  
**raised by Finance Committee Members**  
**in examining the Estimates of Expenditure 2009-10**  
**Director of Bureau: Secretary for Food and Health**

Session No.: 11

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Head</b>	<b>Programme</b>
<a href="#">FHB(H)001</a>	0034	PAN Pey-chyou	37	Statutory Functions
<a href="#">FHB(H)002</a>	0079	WONG Kwok-hing	37	Statutory Functions
<a href="#">FHB(H)003</a>	0080	WONG Kwok-hing	37	Disease Prevention
<a href="#">FHB(H)004</a>	0081	PAN Pey-chyou	37	Disease Prevention
<a href="#">FHB(H)005</a>	0082	PAN Pey-chyou	37	Disease Prevention
<a href="#">FHB(H)006</a>	0083	PAN Pey-chyou	37	Disease Prevention
<a href="#">FHB(H)007</a>	0084	PAN Pey-chyou	37	Disease Prevention
<a href="#">FHB(H)008</a>	0243	CHEUNG Yu-yan, Tommy	37	Health Promotion
<a href="#">FHB(H)009</a>	0244	CHEUNG Yu-yan, Tommy	37	Health Promotion
<a href="#">FHB(H)010</a>	0435	LI Fung-ying	140	Hospital Authority
<a href="#">FHB(H)011</a>	0436	LI Fung-ying	140	Hospital Authority
<a href="#">FHB(H)012</a>	0437	LI Fung-ying	140	Hospital Authority
<a href="#">FHB(H)013</a>	0441	PAN Pey-chyou	140	Health
<a href="#">FHB(H)014</a>	0442	PAN Pey-chyou	140	Health
<a href="#">FHB(H)015</a>	0443	PAN Pey-chyou	140	Hospital Authority
<a href="#">FHB(H)016</a>	0444	WONG Kwok-Kin	140	Hospital Authority
<a href="#">FHB(H)017</a>	0445	WONG Kwok-Kin	140	Hospital Authority
<a href="#">FHB(H)018</a>	0446	WONG Kwok-Kin	140	Hospital Authority
<a href="#">FHB(H)019</a>	0447	WONG Kwok-Kin	140	Hospital Authority
<a href="#">FHB(H)020</a>	0448	PAN Pey-chyou	140	Hospital Authority
<a href="#">FHB(H)021</a>	0449	PAN Pey-chyou	140	

<a href="#">FHB(H)022</a>	0450	PAN Pey-chyou	140	Health
<a href="#">FHB(H)023</a>	0451	PAN Pey-chyou	140	Health
<a href="#">FHB(H)024</a>	0452	PAN Pey-chyou	140	Health
<a href="#">FHB(H)025</a>	0453	PAN Pey-chyou	140	Health
<a href="#">FHB(H)026</a>	0454	PAN Pey-chyou	140	Health
<a href="#">FHB(H)027</a>	0333	HO Sau-lan, Cyd	37	
<a href="#">FHB(H)028</a>	0456	PAN Pey-chyou	37	Curative Care
<a href="#">FHB(H)029</a>	0458	PAN Pey-chyou	37	Personnel Management of Civil Servants Working in Hospital Authority
<a href="#">FHB(H)030</a>	0461	CHEUNG Yu-yan, Tommy	37	Health Promotion
<a href="#">FHB(H)031</a>	0462	CHEUNG Yu-yan, Tommy	37	Statutory Functions
<a href="#">FHB(H)032</a>	0463	CHEUNG Yu-yan, Tommy	37	Health Promotion
<a href="#">FHB(H)033</a>	0464	CHEUNG Yu-yan, Tommy	37	Statutory Functions
<a href="#">FHB(H)034</a>	0468	PAN Pey-chyou	37	Disease Prevention
<a href="#">FHB(H)035</a>	0469	PAN Pey-chyou	37	Disease Prevention
<a href="#">FHB(H)036</a>	0470	PAN Pey-chyou	37	Disease Prevention
<a href="#">FHB(H)037</a>	0471	PAN Pey-chyou	140	Health
<a href="#">FHB(H)038</a>	0472	PAN Pey-chyou	37	Health Promotion
<a href="#">FHB(H)039</a>	0616	LEUNG LAU Yan-fun, Sophie	140	Hospital Authority
<a href="#">FHB(H)040</a>	0569	EU Yeung-mee, Audrey	140	Health
<a href="#">FHB(H)041</a>	0568	EU Yeung-mee, Audrey	140	Hospital Authority
<a href="#">FHB(H)042</a>	0567	EU Yeung-mee, Audrey	140	Hospital Authority
<a href="#">FHB(H)043</a>	0566	EU Yeung-mee, Audrey	140	Hospital Authority
<a href="#">FHB(H)044</a>	0502	EU Yeung-mee, Audrey	140	Hospital Authority
<a href="#">FHB(H)045</a>	0501	EU Yeung-mee, Audrey	140	Hospital Authority
<a href="#">FHB(H)046</a>	0498	CHEUNG Yu-yan, Tommy	140	Health
<a href="#">FHB(H)047</a>	0497	CHEUNG Yu-yan, Tommy	140	Health

<a href="#">FHB(H)048</a>	0496	EU Yeung-mee, Audrey	140	Hospital Authority
<a href="#">FHB(H)049</a>	0495	EU Yeung-mee, Audrey	140	Hospital Authority
<a href="#">FHB(H)050</a>	0482	WONG Kwok-hing	140	Health
<a href="#">FHB(H)051</a>	0481	WONG Kwok-hing	140	Hospital Authority
<a href="#">FHB(H)052</a>	0530	HO Chung-tai, Raymond	37	Disease Prevention
<a href="#">FHB(H)053</a>	0570	EU Yeung-mee, Audrey	37	Disease Prevention
<a href="#">FHB(H)054</a>	0571	EU Yeung-mee, Audrey	37	Disease Prevention
<a href="#">FHB(H)055</a>	0572	EU Yeung-mee, Audrey	37	Disease Prevention
<a href="#">FHB(H)056</a>	0573	EU Yeung-mee, Audrey	37	Disease Prevention
<a href="#">FHB(H)057</a>	0574	EU Yeung-mee, Audrey	37	Health Promotion
<a href="#">FHB(H)058</a>	0575	EU Yeung-mee, Audrey	37	Health Promotion
<a href="#">FHB(H)059</a>	0576	EU Yeung-mee, Audrey	37	Health Promotion
<a href="#">FHB(H)060</a>	0577	EU Yeung-mee, Audrey	37	Curative Care
<a href="#">FHB(H)061</a>	0746	CHENG Kar-foo, Andrew	140	Hospital Authority
<a href="#">FHB(H)062</a>	0747	CHENG Kar-foo, Andrew	140	Hospital Authority
<a href="#">FHB(H)063</a>	0748	CHENG Kar-foo, Andrew	140	Hospital Authority
<a href="#">FHB(H)064</a>	0749	CHENG Kar-foo, Andrew	140	Hospital Authority
<a href="#">FHB(H)065</a>	0750	CHENG Kar-foo, Andrew	140	
<a href="#">FHB(H)066</a>	0751	CHENG Kar-foo, Andrew	140	
<a href="#">FHB(H)067</a>	0888	CHEUNG Kwok-che	140	Hospital Authority
<a href="#">FHB(H)068</a>	1325	EU Yeung-mee, Audrey	140	
<a href="#">FHB(H)069</a>	0842	CHAN Wai-yip Albert	37	Statutory Functions
<a href="#">FHB(H)070</a>	1227	CHAN Hak-kan	37	Statutory Functions
<a href="#">FHB(H)071</a>	1228	CHAN Hak-kan	37	Statutory Functions
<a href="#">FHB(H)072</a>	1229	CHAN Hak-kan	37	Disease Prevention
<a href="#">FHB(H)073</a>	1230	CHAN Hak-kan	37	Disease Prevention
<a href="#">FHB(H)074</a>	1231	CHAN Hak-kan	37	Disease Prevention

<a href="#">FHB(H)075</a>	1232	CHAN Hak-kan	37	Disease Prevention
<a href="#">FHB(H)076</a>	1233	CHAN Hak-kan	37	Health Promotion
<a href="#">FHB(H)077</a>	1234	CHAN Hak-kan	37	Curative Care
<a href="#">FHB(H)078</a>	1235	CHAN Hak-kan	37	Rehabilitation
<a href="#">FHB(H)079</a>	1253	CHEUNG Yu-yan, Tommy	37	Statutory Functions
<a href="#">FHB(H)080</a>	1254	CHEUNG Yu-yan, Tommy	37	Statutory Functions
<a href="#">FHB(H)081</a>	1255	CHEUNG Yu-yan, Tommy	37	Statutory Functions
<a href="#">FHB(H)082</a>	1272	EU Yeung-mee, Audrey	37	Health Promotion
<a href="#">FHB(H)083</a>	1318	EU Yeung-mee, Audrey	37	
<a href="#">FHB(H)084</a>	1320	EU Yeung-mee, Audrey	37	Curative Care
<a href="#">FHB(H)085</a>	1321	EU Yeung-mee, Audrey	37	Curative Care
<a href="#">FHB(H)086</a>	1322	EU Yeung-mee, Audrey	37	Disease Prevention
<a href="#">FHB(H)087</a>	1323	EU Yeung-mee, Audrey	37	Disease Prevention
<a href="#">FHB(H)088</a>	1324	EU Yeung-mee, Audrey	37	Disease Prevention
<a href="#">FHB(H)089</a>	0949	CHAN Kin-por	37	Disease Prevention
<a href="#">FHB(H)090</a>	0950	CHAN Kin-por	37	Disease Prevention
<a href="#">FHB(H)091</a>	0951	CHAN Kin-por	37	Health Promotion
<a href="#">FHB(H)092</a>	1102	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)093</a>	0952	CHAN Kin-por	140	Health
<a href="#">FHB(H)094</a>	0953	CHAN Kin-por	140	Health
<a href="#">FHB(H)095</a>	1029	HO Chun-yan, Albert	140	Hospital Authority
<a href="#">FHB(H)096</a>	1030	HO Chun-yan, Albert	140	Hospital Authority
<a href="#">FHB(H)097</a>	1031	HO Chun-yan, Albert	140	Hospital Authority
<a href="#">FHB(H)098</a>	1032	HO Chun-yan, Albert	140	Hospital Authority
<a href="#">FHB(H)099</a>	1088	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)100</a>	1089	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)101</a>	1090	LEUNG Ka-lau	140	Hospital Authority

<a href="#">FHB(H)102</a>	1091	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)103</a>	1092	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)104</a>	1093	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)105</a>	1094	LEUNG Ka-lau	140	Health
<a href="#">FHB(H)106</a>	1095	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)107</a>	1096	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)108</a>	1097	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)109</a>	1098	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)110</a>	1099	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)111</a>	1100	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)112</a>	1101	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)113</a>	1039	LEE Kok-long, Joseph	48	Statutory Testing
<a href="#">FHB(H)114</a>	1488	LEONG Kah-kit, Alan	48	Statutory Testing
<a href="#">FHB(H)115</a>	1489	LEONG Kah-kit, Alan	48	Statutory Testing
<a href="#">FHB(H)116</a>	1807	LEE Cheuk-yan	140	Hospital Authority
<a href="#">FHB(H)117</a>	1732	SHEK Lai-him, Abraham	140	Hospital Authority
<a href="#">FHB(H)118</a>	1789	CHENG Kar-foo, Andrew	140	Health
<a href="#">FHB(H)119</a>	1790	CHENG Kar-foo, Andrew	37	Disease Prevention
<a href="#">FHB(H)120</a>	1791	CHENG Kar-foo, Andrew	140	Hospital Authority
<a href="#">FHB(H)121</a>	1802	LEE Cheuk-yan	140	Hospital Authority
<a href="#">FHB(H)122</a>	1803	LEE Cheuk-yan	140	Hospital Authority
<a href="#">FHB(H)123</a>	1804	LEE Cheuk-yan	140	Hospital Authority
<a href="#">FHB(H)124</a>	1805	LEE Cheuk-yan	140	Hospital Authority
<a href="#">FHB(H)125</a>	1806	LEE Cheuk-yan	140	Hospital Authority
<a href="#">FHB(H)126</a>	1601	CHAN Hak-kan	140	Hospital Authority
<a href="#">FHB(H)127</a>	1503	CHENG Kar-foo, Andrew	140	
<a href="#">FHB(H)128</a>	1520	CHEUNG Kwok-che	140	Hospital Authority

<a href="#">FHB(H)129</a>	1521	CHEUNG Kwok-che	140	Hospital Authority
<a href="#">FHB(H)130</a>	1522	CHEUNG Kwok-che	140	Hospital Authority
<a href="#">FHB(H)131</a>	1589	CHAN Hak-kan	140	Health
<a href="#">FHB(H)132</a>	1590	CHAN Hak-kan	37	Disease Prevention
<a href="#">FHB(H)133</a>	1591	CHAN Hak-kan	140	Health
<a href="#">FHB(H)134</a>	1592	CHAN Hak-kan	140	Health
<a href="#">FHB(H)135</a>	1593	CHAN Hak-kan	140	Health
<a href="#">FHB(H)136</a>	1594	CHAN Hak-kan	140	Health
<a href="#">FHB(H)137</a>	1596	CHAN Hak-kan	140	Hospital Authority
<a href="#">FHB(H)138</a>	1597	CHAN Hak-kan	140	Hospital Authority
<a href="#">FHB(H)139</a>	1598	CHAN Hak-kan	140	Hospital Authority
<a href="#">FHB(H)140</a>	1599	CHAN Hak-kan	140	Hospital Authority
<a href="#">FHB(H)141</a>	1595	CHAN Hak-kan	140	Hospital Authority
<a href="#">FHB(H)142</a>	1858	FUNG Kin-kee, Frederick	140	Hospital Authority
<a href="#">FHB(H)143</a>	1862	FUNG Kin-kee, Frederick	140	Prinice Philip Dental Hospital
<a href="#">FHB(H)144</a>	1863	FUNG Kin-kee, Frederick	140	Hospital Authority
<a href="#">FHB(H)145</a>	1600	CHAN Hak-kan	140	Hospital Authority
<a href="#">FHB(H)146</a>	2121	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)147</a>	2035	CHENG Kar-foo, Andrew	37	Disease Prevention
<a href="#">FHB(H)148</a>	2036	CHENG Kar-foo, Andrew	37	Disease Prevention
<a href="#">FHB(H)149</a>	2039	CHENG Kar-foo, Andrew	140	Hospital Authority
<a href="#">FHB(H)150</a>	2040	CHENG Kar-foo, Andrew	140	Hospital Authority
<a href="#">FHB(H)151</a>	2041	CHENG Kar-foo, Andrew	140	Hospital Authority
<a href="#">FHB(H)152</a>	2042	CHENG Kar-foo, Andrew	140	Hospital Authority
<a href="#">FHB(H)153</a>	2043	CHENG Kar-foo, Andrew	140	Health
<a href="#">FHB(H)154</a>	2072	LEUNG Ka-lau	140	Health
<a href="#">FHB(H)155</a>	2076	LEUNG Ka-lau	140	Health

<a href="#">FHB(H)156</a>	2077	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)157</a>	2081	LEUNG Ka-lau	140	Hospital Authority
<a href="#">FHB(H)158</a>	2176	HO Chun-yan, Albert	140	Hospital Authority
<a href="#">FHB(H)159</a>	2177	HO Chun-yan, Albert	140	Hospital Authority
<a href="#">FHB(H)160</a>	2178	HO Chun-yan, Albert	140	
<a href="#">FHB(H)161</a>	2179	HO Chun-yan, Albert	140	Health
<a href="#">FHB(H)162</a>	2180	HO Chun-yan, Albert	140	Health
<a href="#">FHB(H)163</a>	2181	HO Chun-yan, Albert	140	Health
<a href="#">FHB(H)164</a>	2182	HO Chun-yan, Albert	140	Health
<a href="#">FHB(H)165</a>	2183	HO Chun-yan, Albert	140	Hospital Authority
<a href="#">FHB(H)166</a>	2187	WONG Kwok-hing	140	Health
<a href="#">FHB(H)167</a>	2271	CHENG Kar-foo, Andrew	140	Hospital Authority
<a href="#">FHB(H)168</a>	2272	CHENG Kar-foo, Andrew	140	Hospital Authority
<a href="#">FHB(H)169</a>	2274	IP Kwok-him	140	Health
<a href="#">FHB(H)170</a>	1764	IP Kwok-him	37	Statutory Functions
<a href="#">FHB(H)171</a>	1792	CHENG Kar-foo, Andrew	37	Disease Prevention
<a href="#">FHB(H)172</a>	1793	CHENG Kar-foo, Andrew	37	Disease Prevention
<a href="#">FHB(H)173</a>	1794	CHENG Kar-foo, Andrew	37	Disease Prevention
<a href="#">FHB(H)174</a>	1796	CHENG Kar-foo, Andrew	37	Health Promotion
<a href="#">FHB(H)175</a>	1797	CHENG Kar-foo, Andrew	37	Health Promotion
<a href="#">FHB(H)176</a>	1798	CHENG Kar-foo, Andrew	37	Health Promotion
<a href="#">FHB(H)177</a>	1859	FUNG Kin-kee, Frederick	37	Disease Prevention
<a href="#">FHB(H)178</a>	1860	FUNG Kin-kee, Frederick	37	Health Promotion
<a href="#">FHB(H)179</a>	1861	FUNG Kin-kee, Frederick	37	Curative Care
<a href="#">FHB(H)180</a>	1870	IP Kwok-him	37	Disease Prevention
<a href="#">FHB(H)181</a>	1930	LEE Kok-long, Joseph	37	Disease Prevention
<a href="#">FHB(H)182</a>	1931	LEE Kok-long, Joseph	37	Disease Prevention

<a href="#">FHB(H)183</a>	1932	LEE Kok-long, Joseph	37	Disease Prevention
<a href="#">FHB(H)184</a>	1933	LEE Kok-long, Joseph	37	Health Promotion
<a href="#">FHB(H)185</a>	1934	LEE Kok-long, Joseph	37	Health Promotion
<a href="#">FHB(H)186</a>	1935	LEE Kok-long, Joseph	37	Health Promotion
<a href="#">FHB(H)187</a>	1936	LEE Kok-long, Joseph	37	Health Promotion
<a href="#">FHB(H)188</a>	2037	CHENG Kar-foo, Andrew	37	Disease Prevention
<a href="#">FHB(H)189</a>	2038	CHENG Kar-foo, Andrew	37	Disease Prevention
<a href="#">FHB(H)190</a>	2073	LEUNG Ka-lau	37	
<a href="#">FHB(H)191</a>	2074	LEUNG Ka-lau	37	Curative Care
<a href="#">FHB(H)192</a>	2078	LEUNG Ka-lau	37	Disease Prevention
<a href="#">FHB(H)193</a>	2079	LEUNG Ka-lau	37	Curative Care
<a href="#">FHB(H)194</a>	2080	LEUNG Ka-lau	37	Disease Prevention
<a href="#">FHB(H)195</a>	2480	LAU Kin-ye, Miriam	140	Health
<a href="#">FHB(H)196</a>	2379	LEE Kok-long, Joseph	140	Hospital Authority
<a href="#">FHB(H)197</a>	2378	LEE Kok-long, Joseph	140	Hospital Authority
<a href="#">FHB(H)198</a>	2377	LEE Kok-long, Joseph	140	Hospital Authority
<a href="#">FHB(H)199</a>	2376	LEE Kok-long, Joseph	140	Hospital Authority
<a href="#">FHB(H)200</a>	2375	LEE Kok-long, Joseph	140	Hospital Authority
<a href="#">FHB(H)201</a>	2374	LEE Kok-long, Joseph	140	Hospital Authority
<a href="#">FHB(H)202</a>	2373	LEE Kok-long, Joseph	140	Hospital Authority
<a href="#">FHB(H)203</a>	2372	LEE Kok-long, Joseph	140	Health
<a href="#">FHB(H)204</a>	2371	LEE Kok-long, Joseph	140	Health
<a href="#">FHB(H)205</a>	2370	LEE Kok-long, Joseph	140	Health
<a href="#">FHB(H)206</a>	2369	LEE Kok-long, Joseph	140	Health
<a href="#">FHB(H)207</a>	1131	LEUNG Kwok-hung	140	Health
<a href="#">FHB(H)208</a>	2380	LEE Kok-long, Joseph	37	Statutory Functions
<a href="#">FHB(H)209</a>	2381	LEE Kok-long, Joseph	37	Statutory Functions



<a href="#">FHB(H)210</a>	2382	LEE Kok-long, Joseph	37	Statutory Functions
<a href="#">FHB(H)211</a>	2383	LEE Kok-long, Joseph	37	Statutory Functions
<a href="#">FHB(H)212</a>	2384	LEE Kok-long, Joseph	37	Disease Prevention
<a href="#">FHB(H)213</a>	2385	LEE Kok-long, Joseph	37	Disease Prevention
<a href="#">FHB(H)214</a>	2386	LEE Kok-long, Joseph	37	Disease Prevention
<a href="#">FHB(H)215</a>	2387	LEE Kok-long, Joseph	37	Health Promotion
<a href="#">FHB(H)216</a>	2388	LEE Kok-long, Joseph	37	Health Promotion
<a href="#">FHB(H)217</a>	2887	WONG Kwok-hing	37	Curative Care
<a href="#">FHB(H)218</a>	2563	LEONG Kah-kit, Alan	140	Health
<a href="#">FHB(H)219</a>	2557	CHEUNG Kwok-che	140	Hospital Authority
<a href="#">FHB(H)220</a>	2860	LEUNG Yiu-chung	140	Health
<a href="#">FHB(H)221</a>	2848	LEUNG Yiu-chung	140	Hospital Authority
<a href="#">FHB(H)222</a>	2849	LEUNG Yiu-chung	140	Hospital Authority
<a href="#">FHB(H)223</a>	2850	LEUNG Yiu-chung	140	Hospital Authority
<a href="#">FHB(H)224</a>	2851	LEUNG Yiu-chung	140	Hospital Authority
<a href="#">FHB(H)225</a>	2852	LEUNG Yiu-chung	140	Hospital Authority
<a href="#">FHB(H)226</a>	2783	CHAN Hak-kan	140	Hospital Authority
<a href="#">FHB(H)227</a>	2587	WONG Kwok-hing	703	
<a href="#">FHB(H)228</a>	2685	LAU Sau-shing, Patrick	708	
<a href="#">FHB(H)229</a>	2565	LEE Kok-long, Joseph	37	Health Promotion
<a href="#">FHB(H)230</a>	2566	LEE Kok-long, Joseph	37	Health Promotion
<a href="#">FHB(H)231</a>	2567	LEE Kok-long, Joseph	37	Curative Care
<a href="#">FHB(H)232</a>	2568	LEE Kok-long, Joseph	37	Curative Care
<a href="#">FHB(H)233</a>	2602	CHEUNG Kwok-che	37	Curative Care
<a href="#">FHB(H)234</a>	2615	CHAN Hak-kan	37	Statutory Functions
<a href="#">FHB(H)235</a>	2616	CHAN Hak-kan	37	Health Promotion
<a href="#">FHB(H)236</a>	2617	CHAN Hak-kan	37	Health Promotion

<a href="#">FHB(H)237</a>	2618	CHAN Hak-kan	37	Health Promotion
<a href="#">FHB(H)238</a>	2964	LEUNG Mei-fun, Priscilla	37	Disease Prevention
<a href="#">FHB(H)239</a>	2965	LEUNG Mei-fun, Priscilla	37	Disease Prevention
<a href="#">FHB(H)240</a>	2966	LEUNG Mei-fun, Priscilla	37	Disease Prevention
<a href="#">FHB(H)241</a>	2967	LEUNG Mei-fun, Priscilla	37	Disease Prevention

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)001**

Question Serial No.

0034

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (1) Statutory Functions

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Compared to the revised estimate for 2008-09, there will be an increase of 3.9%, amounting to \$13.9 million in the provision for 2009-10. This is mainly due to several reasons including "strengthening the enforcement of the Smoking (Public Health) Ordinance". What are the details and expenditure involved? Does it involve additional staffing requirement?

Asked by: Hon. PAN Pey-chyou

Reply:

Under the Smoking (Public Health) Ordinance, the application of the smoking ban to qualified establishments (namely qualified bars, qualified clubs, qualified nightclubs, bathhouse, massage establishments and mahjong-tin kau premises) is deferred until 1 July 2009. The Tobacco Control Office (TCO) of the Department of Health (DH) is planning for the implementation of the smoking ban to these qualified establishments with effect from 1 July 2009. DH will also implement the Fixed Penalty (Smoking Offences) Ordinance starting from second quarter of 2009 and designate Public Transport Interchanges as statutory no smoking areas starting from second half of 2009.

To cope with the additional workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 15 civil service posts will be created and 18 non-civil service contract positions will be converted to civil service posts in 2009-10. The provision for carrying out enforcement duties by Tobacco Control Office in 2009-10 will be increased to \$28.0 million, from a revised estimate of \$24.9 million in 2008-09.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

Examination of Estimates of Expenditure 2009-10

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)002**

Question Serial No.

0079

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (1) Statutory Functions

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

Regarding the net increase of 80 posts in 2009-10, what are the estimated expenditures involved? Are the 80 posts permanent in nature? What are the ranks and details of the work involved?

Asked by: Hon. WONG Kwok-hing

Reply:

The net increase of 80 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve the creation of 15 additional posts for strengthening the enforcement duties of the Tobacco Control Office (TCO) and the net creation of 65 posts mainly for the conversion of non-civil service contract positions in various Services (including 18 posts in TCO). The details of the 80 posts are in the Annex.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title                    Director of Health

Date                            19.3.2009

**Creation and Deletion of Posts under Programme 1 – Statutory Functions**Number of posts to be created / deleted

<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Others</u>	<u>Total</u>	<u>Annual Cost of civil service posts (\$)</u>
<b>Enforcement</b>					
Executive Officer I		1		1	529,860
Executive Officer II	2	4		6	2,104,920
Senior Foreman	3	9		12	2,719,440
Foreman	9	37		46	8,219,280
<b>Professional and technical support</b>					
Senior Electronics Engineer			2	2	2,073,480
Assistant Electronics Engineer / Electronics Engineer			-2	-2	-1,127,400
<b>Clerical and general support</b>					
Clerical Officer		5		5	1,519,200
Assistant Clerical Officer	1	9	1	11	2,083,620
Workman II			-1	-1	-117,420
<b>Total</b>	<b>15</b>	<b>65</b>	<b>0</b>	<b>80</b>	<b>18,004,980</b>

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)003**

Question Serial No.

0080

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the work on improving the oral health of primary school children, please advise:

- (a) on the details of the programme;
- (b) on the estimated expenditure involved;
- (c) how the Administration would assess the effectiveness of the programme; and
- (d) whether the programme would be extended to cover other members of the public, such as secondary and university students, the elderly or even all Hong Kong citizens? If yes, what are the details and the expenditure involved? If no, what are the reasons?

Asked by:      Hon. WONG Kwok-hing

Reply:

- (a) The School Dental Care Service is a programme aiming at improving the oral health of primary school children. It provides preventive and basic dental care, including an annual dental examination, and oral health education for participating school children.
- (b) In 2009-10, the provision for School Dental Care Service will be \$207.7 million.
- (c) The Government regularly assesses the effectiveness of School Dental Care Service by monitoring the percentage of participating school children who are rendered dentally fit each year. In the 2007-08 school year, the figure was 84%.
- (d) The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits.

On dental health, the Department of Health (DH) has been allocating resources primarily to promotion and preventive efforts. The Oral Health Education Unit conducts an annual "Love Teeth Campaign" with the objective of facilitating the development of proper oral health habits and tooth cleaning techniques among the public. In addition, there is a "Teen Teeth" programme to train secondary school students as Peer Promoters to assist in oral health promotion in secondary schools. There are also other educational and promotional activities for the adults and elderly. Apart from oral diseases prevention programmes, DH provides free emergency dental services to the public at 11 government dental clinics. We will also consider the public dental services in the context of enhancing primary care.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)004**

Question Serial No.

0081

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the provision of integrated healthcare service to the elderly in 2009-10, please advise -

- (a) on the details of the programme;
- (b) on the estimated expenditure involved; and
- (c) how the Administration would assess the effectiveness of the programme.

Asked by:      Hon. PAN Pey-chyou

Reply:

- (a) The Elderly Health Service (EHS) provides integrated healthcare service to the elderly through a network of Elderly Health Centres (EHCs) and Visiting Health Teams (VHTs) established in each of the 18 Districts. The services provided by EHCs include health education, physical checkup, health assessment, counselling and curative care. In addition, the 18 VHTs provide influenza vaccination to the elderly residing in institutions, and collaborate with other service providers in delivering health education services to the elderly and their carers in the community.
- (b) The allocation for EHS in 2009-10 is \$168 million.
- (c) The performance of EHCs and VHTs is monitored through enrollment and attendance statistics of the health education, medical consultation and health assessment activities at EHCs.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



Examination of Estimates of Expenditure 2009-10

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)005**

Question Serial No.

0082

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

In the indicator "school children participating in Student Health Service", the number of primary school students has reduced from the 2008 actual of 371 000 to the 2009 estimate of 351 000. Why is there such a decrease?

Asked by:    Hon. PAN Pey-chyou

Reply:

The 2009 estimate of the number of primary school children who will participate in Student Health Service is lower than the actual number in 2008 because of the decrease in the total number of primary school students.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

Examination of Estimates of Expenditure 2009-10

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)006**

Question Serial No.

0083

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

Under the indicator "primary school children participating in the School Dental Care Service", the number will be reduced from the actual number of 366 000 in 2008 to the estimated number of 346 000 in 2009. What are the reasons for the reduction?

Asked by:    Hon. PAN Pey-chyou

Reply:

The reduction in the estimated number of primary school children participating in the School Dental Care Service from 2008 to 2009 is mainly due to the decrease in the number of primary school children.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009







**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)010**

Question Serial No.

0435

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:

The Hospital Authority (HA) is the major service provider regarding medical benefits for civil servants. In this connection, would the Administration provide the total number of attendances of civil servants, retired civil servants and their eligible dependants and the total expenditure involved in the past 3 years, i.e. 2006-07, 2007-08 and 2008-09?

Asked by: Hon. LI Fung-ying

Reply:

The table below provides the number of attendances by civil service eligible persons (i.e. civil servants, retired civil servants, and their eligible dependants) in regard to the major services of the Hospital Authority (HA) in 2006-07, 2007-08 and 2008-09 (up to end December 2008).

HA services	Number of attendances		
	2006-07	2007-08	2008-09 (up to end December 2008)
Inpatient patient days	317 226	327 416	249 689
Inpatient and day patient discharges and deaths <sup>Note 1</sup>	74 860	79 571	62 701
Number of accident and emergency attendance	142 791	141 848	109 221
Number of specialist outpatient attendance <sup>Note 2</sup>	590 955	596 794	456 827
Number of general outpatient attendance	666 129	685 414	528 489

Notes

- (1) The figures include attendances for inpatient and day care services.
- (2) The figures include attendance of Family Medicine specialist clinics.

The table below provides the costs of medical services provided to civil service eligible persons by HA from 2006-07, 2007-08 and 2008-09 (revised estimate).

<b>2006-07 (\$ Billion)</b>	<b>2007-08 (\$ Billion)</b>	<b>2008-09 (Revised Estimate) (\$ Billion)</b>
1.9990	2.1076	2.3470

The above costs for the provision of medical services to civil service eligible persons by HA are calculated on the basis of the actual number of attendances of civil service eligible persons using paid HA services and the relevant cost.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)011**

Question Serial No.

0436

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:

The Hospital Authority (HA) is the major service provider regarding medical benefits for civil servants. In this connection, would the Administration please list the number of cases of serving civil servants, retired civil servants and their eligible dependants purchasing self-financed drugs through HA and the total amount of money involved in the past 3 years, i.e. 2006-07, 2007-08 and 2008-09?

Asked by: Hon. LI Fung-ying

Reply:

The table below sets out the number of cases of civil service eligible persons (i.e. serving civil servants, retired civil servants, and their eligible dependants) purchasing self-financed drugs through the Hospital Authority (HA) and the relevant expenditure incurred in 2006-07, 2007-08 and 2008-09.

<b>Year</b>	<b>Number of cases of civil service eligible persons purchasing self-financed drugs through HA</b>	<b>Expenditure on self-financed drugs by civil service eligible persons who purchased the drugs through HA <sup>Note</sup></b> <b>(\$ million)</b>
2006-07	2 398	28.79
2007-08	5 581	60.27
2008-09 (up to 31 December 2008)	6 259	59.14
<b>Total</b>	14 238	148.2

Note: Patients may purchase the self-financed drugs from sources other than HA. The figures in the table only cover the expenditure incurred by civil service eligible persons on the relevant drugs purchased through HA.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)012**

Question Serial No.

0437

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:

The Hospital Authority (HA) is the major service provider regarding medical benefits for civil servants. In this connection, would the Administration please provide the median waiting time for serving civil servants, retired civil servants and their eligible dependants to receive specialist outpatient services in the past 3 years, i.e. 2006-07, 2007-08 and 2008-09?

Asked by: Hon. LI Fung-ying

Reply:

Currently, under the triage system of the Hospital Authority (HA), specialist out-patient (SOP) clinics will arrange the date of medical appointment for new SOP patients on the basis of the urgency of their clinical conditions at the time of referral, taking into account various factors including the patients' clinical history, the presenting symptoms and the findings of physical examination and investigations. As with other members of the public, the dates of appointment for civil service eligible persons (i.e. serving civil servants, retired civil servants, and their eligible dependants) are arranged according to the triage system as set out above. HA does not have the overall statistics on the waiting time of civil service eligible persons for its SOP services.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)013**

Question Serial No.

0441

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:

Among the matters requiring special attention in 2009-2010 are the designation of public transport interchanges as no smoking areas and coming into effect of the smoking ban in qualified establishments. Please advise:

- (a) What are the details of the programmes?
- (b) What are the timetables? When will the smoking ban in qualified establishments come into full effect?
- (c) What are the estimated expenditures involved?

Asked by: Hon. PAN Pei-chyou

Reply:

The Administration will proceed to designate Public Transport Interchanges (PTIs) as statutory no smoking areas after the fixed penalty system for smoking offences come into operation in the second quarter of 2009. The plan is to designate those PTIs with superstructure first, followed by open-air PTIs. The designation of PTIs with superstructure is expected to be completed in 2009.

The application of the smoking ban to qualified establishments (namely qualified bars, clubs, nightclubs, bathhouses, mahjong-tin kau premises and designated mahjong rooms in qualified clubs) is deferred until 1 July 2009 in accordance with the Smoking (Public Health) Ordinance. The Tobacco Control Office (TCO) of the Department of Health is planning for the implementation of the smoking ban to these qualified establishments with effect from 1 July 2009.

To cope with the additional workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 15 civil service posts will be created and 18 NCSC positions will be converted to civil service posts in 2009-10. The provision for carrying out enforcement duties by TCO in 2009-10 will be increased to \$28 million, from a revised estimate of \$24.9 million in 2008-09.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H) 014**

Question Serial No.

0442

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:

Included under the Matters Requiring Special Attention in 2009-10 is to continue to oversee publicity efforts to promote organ donation in collaboration with relevant organisations. Please advise on the following:

- (a) What are the details?
- (b) What is estimated expenditure involved?
- (c) Whether the Administration has set any targets to assess the effectiveness of such publicity efforts?

Asked by: Hon. PAN Pey-chyou

Reply:

The Department of Health (DH) has initiated a new round of organ donation promotion campaign since November 2008 with the launch of the Centralised Organ Donation Register (CODR), in collaboration with the Hong Kong Medical Association, Hong Kong Society of Transplant, non-governmental organisations, government departments, corporations and youth groups.

The new promotion campaign aims to enhance the community's understanding and recognition of organ donation as a commendable life-saving act, and to instill actions in the community through engaging community leaders and different sectors of society so as to garner their support and through them reach out to the public. It is important that more people are willing to donate their organs after death, and to make their wish known to their family members. The CODR provides a more convenient means for people to voluntarily register their wish to donate organs after death, and for such wish to be systematically kept and expediently retrieved by Organ Transplant Coordinators of the Hospital Authority (HA) to facilitate arrangement of possible organ donation with a view to saving lives.

DH will continue to promote organ donation and publicize the CODR through a series of promotion efforts, through collaboration with various organizations and publicity efforts. Moral and civic education resources for students will also be strengthened. The Food and Health Bureau continues to oversee promotion of organ donation including the CODR by DH as part of its day-to-day operations and does not have a separate estimate. The effectiveness of the promotion will be assessed by general perception of the public towards organ donation as reflected in surveys conducted from time to time.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)015**

Question Serial No.

0443

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 "Access to services" under the Targets, the number of hospital beds for mentally ill under inpatient services will decrease from 4 000 in the Revised Estimate for 2008-09 to 3 607 in the Target & Plan for 2009-2010. Please advise-

- a. what the reasons are for the reduction in the number of beds;
- b. whether manpower cut is involved;
- c. whether it will have any adverse effect on psychiatric services.

Asked by: Hon. PAN Pey-chyou

Reply:

In the light of the international trend to divert the focus of treatment for mental illness from inpatient care to community and ambulatory services, the Hospital Authority (HA) has been reviewing its inpatient psychiatric services in recent years and has launched a number of new programmes to enhance its community psychiatric services. These programmes, such as the "Early Assessment Service for Young persons with Psychoses (EASY)" and the "Extended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping Stone (EXITERS) Project", progressively allow more suitable psychiatric patients to receive treatment in the community, thereby enhancing their prospect of re-integration into the community after rehabilitation. As a result, the demand for inpatient services has decreased in recent years and the inpatient bed occupancy rate was at 73% in 2008-09 (up to end December 2008). Notably, the EXITERS Project has successfully facilitated the discharge of more than 757 long stay mentally ill persons back into the community during the period from 2002-03 to 2007-08. In addition, the opening of a new long stay care home in Tuen Mun in 2006 further facilitated the discharge of around 400 long stay patients in HA.

Given the above and its service direction of further enhancing ambulatory and community care for psychiatric services, HA considers that the demand for psychiatric in-patient services will continue to drop and it therefore plans to close down 393 unused psychiatric beds in 2009-10. HA will not reduce its services or manpower with the reduction of beds. The resources originally earmarked for the relevant services will be fully redeployed for enhancement of rehabilitation and community psychiatric service.

To further strengthen its mental health services, HA will conduct two community-based programmes in 2009-10, which will provide recovery support service for psychiatric patients in the community with an additional allocation of about \$23.6 million and further enhance the psychogeriatric outreach service to private residential care homes for the elderly with an additional allocation of about \$8.26 million. Furthermore, HA will set up five triage clinics to provide timely consultation service for new patients with the support of an additional allocation of \$6.8 million.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)016**

Question Serial No.

0444

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 enhancement of service in the Kowloon East Cluster by opening of additional beds and provision of additional surgical operations and specialist outpatient clinic attendances in Tseung Kwan O Hospital, please advise:

- (a) What are the details of the enhancement initiatives? How many "additional beds" and "additional surgical operations and specialist outpatient clinic attendances" are involved? and
- (b) What is the estimated expenditure involved?

Asked by: Hon. WONG Kwok-kin

Reply:

An additional allocation of \$35 million and \$1.3 million has been earmarked in 2009-10 respectively for the Kowloon East Cluster (KEC) to open 36 surgical beds in the Tseung Kwan O Hospital and to enhance its services, and to open one additional coronary care bed in the United Christian Hospital. It is expected that the 36 surgical beds can provide an additional 360 surgical operations and 2 800 surgical specialist outpatient clinic attendances in 2009-10, whereas the coronary care bed can provide an additional 280 patient bed days in 2009-10.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

Examination of Estimates of Expenditure 2009-10

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)017**

Question Serial No.

0445

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:

Please provide the actual allocation for the hospitals under the Kowloon East Cluster in 2008-09 and the estimated allocation for the respective hospitals in 2009-10.

Asked by: Hon. WONG Kwok-kin

Reply:

The allocation for the United Christian Hospital, Tseung Kwan O Hospital and Haven of Hope Hospital under the Kowloon East Cluster in 2008-09 was \$2,067 million, \$689 million and \$270 million respectively. The allocation for 2009-10 is being worked out and not yet available.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)018**

Question Serial No.

0446

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:

Apart from opening of additional beds and provision of additional surgical operations and specialist outpatient clinic attendances in Tseung Kwan O Hospital, are there any other resources allocated and measures to strengthen the healthcare services in Kowloon East Cluster?

Asked by: Hon. WONG Kwok-kin

Reply:

To cater for the projected increase in service demand arising from population growth and demographic changes, an additional allocation of about \$71 million has been earmarked in 2009-10 for the Kowloon East (KE) Cluster to implement a number of initiatives to expand its service capacity and improve the quality of service. The major initiatives and the allocation involved are set out below:-

- (a) \$35 million to open 36 surgical beds in the Tseung Kwan O Hospital;
- (b) \$5.1 million to enhance the oncology service by provision of on-site chemotherapy services;
- (c) \$1.3 million to open one coronary care bed at the United Christian Hospital (UCH);
- (d) \$1.3 million to enhance the renal services at UCH;
- (e) \$3.5 million to enhance the service of the substance abuse clinic at UCH;
- (f) \$4.7 million to enhance the patient security of UCH; and
- (g) \$4.3 million to extend the coverage of the Hospital Drug Formulary at the KE cluster.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)019**

Question Serial No.

0447

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 view of the serious problem of an ageing population in Kowloon East, will the Administration allocate additional resources to improve the healthcare services in the Kowloon East Cluster? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. WONG Kwok-kin

Reply:

To cater for the projected increase in service demand arising from population growth and demographic changes, an additional allocation of about \$71 million has been earmarked in 2009-10 for the Kowloon East (KE) Cluster to implement a number of initiatives to expand its service capacity and improve the quality of service. The major initiatives and the allocation involved are set out below:-

- (a) \$35 million to open 36 surgical beds in the Tseung Kwan O Hospital;
- (b) \$5.1 million to enhance the oncology service by provision of on-site chemotherapy services;
- (c) \$1.3 million to open one coronary care bed at the United Christian Hospital (UCH);
- (d) \$1.3 million to enhance the renal services at UCH;
- (e) \$3.5 million to enhance the service of the substance abuse clinic at UCH;
- (h) \$4.7 million to enhance the patient security of UCH; and
- (i) \$4.3 million to extend the coverage of the Hospital Drug Formulary at the KE cluster.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)020**

Question Serial No.

0448

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:

Included under the Matters Requiring Special Attention in 2009-10 is to strengthen mental health services through new initiatives. Please advise on the following:

- a. What are the details of the new initiatives?
- b. What is the estimated expenditure involved?
- c. Has any support been provided to those mental patients who will soon be / have just been discharged from hospitals and their families? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

(a) & (b) The Hospital Authority (HA) will strengthen its mental health services and implement the following programmes in 2009-10:

	<b>Programmes</b>	<b>Details of Programmes</b>	<b>Estimated Expenditure and Manpower Involved (for 2009-10)</b>
(i)	Recovery Support Programme for psychiatric patients in the community	A total of seven teams will be set up for all the seven hospital clusters for community mental health workers to provide recovery support service to discharged patients with complex needs .	Additional manpower involved: 28 nurses and allied health professionals Estimated expenditure: \$23.6 million
(ii)	Triage clinics	Five triage clinics will be set up at psychiatric specialist outpatient clinics (SOPCs) in five clusters to provide timely consultation services for new patients.	Additional manpower involved: 5 doctors Estimated expenditure: \$6.8 million
(iii)	Psychogeriatric Outreach Service to the Residential Care Homes for the Elderly (RCHEs)	The psychogeriatric teams in the seven clusters will altogether provide an additional 10 000 outreach attendances to 50 private RCHEs. The service aims to provide specialist consultation to elderly patients with mental and behavioural problems and to provide support to carers of RCHEs.	Additional manpower involved: 7 doctors Estimated expenditure: \$8.26 million

- (c) HA provides medical rehabilitation and community psychiatric services for discharged patients to facilitate their rehabilitation and re-integration into society. These services are delivered mainly through its integrated and multi-disciplinary community psychiatric teams comprising psychiatrists, community psychiatric nurses, clinical psychologists, medical social workers, occupational therapists, etc. Community psychiatric services cover a range of services including risk management, home visit, telephone consultation and follow-up service. On the other hand, community psychiatric nurses of HA follow up on the discharged patients through regular visits to patients' home, half-way house or other residential places to monitor their progress of treatment or rehabilitation. In addition, the medical social workers stationed in HA hospitals also provide counselling, financial and housing assistance for patients and their families to help them deal with various problems arising from their illness.

In recent years, HA has enhanced the support for mental patients who are being or newly discharged and for their families through various programmes. Since 2001, HA has implemented the "Extending Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone" scheme (EXITERS) to provide intensive rehabilitation training for long stay mental patients so as to facilitate their early discharge and integration into the community. The scheme also provides follow-up and support services to discharged patients.

In 2008-09, HA has set up community psychiatric support teams in Kowloon West Cluster and New Territories East Cluster to provide support for frequently readmitted psychiatric patients through a case management approach so that effective follow-up care can be provided in a timely manner. HA will further enhance its community psychiatric services by implementing the programmes (i) and (iii) as detailed in the above table.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB (H)021**

Head: 140 Government Secretariat: Subhead (No. & title): 000 Operational  
Food and Health Bureau Expenses  
(Health Branch)

Question Serial No.

0449

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the item of Salaries under Personal Emoluments, there is an increase from \$36,845,000 in the Revised Estimate for 2008-09 to \$54,598,000 in the Estimate for 2009-10. Please provide the following information:

- What are the reasons for the huge increase in salary expenditure?
- Please list out all staff ranks and the salary expenditure involved for each rank.
- What is the salary expenditure incurred for providing the 26 additional posts? What are the ranks and spectrum of duties of these posts?

Asked by: Hon. PAN Pey-chyou

Reply:

- The increase in salary expenditure is mainly attributable to the creation of 26 posts in 2009-10 under Programme (1) Health.
- The breakdown of the salary expenditure is provided below –

<u>Rank</u>	<u>No. of Post</u>	<u>Annual Salary (Notional annual mid-point salary)(\$)</u>
Administrative Officer, Staff Grade A1 (D8)	1	2,424,000
Administrative Officer, Staff Grade B1 (D4)	1	2,002,800
Administrative Officer, Staff Grade B (D3)	2	3,526,800
Administrative Officer, Staff Grade C (D2)	4	6,072,000
Principal Executive Officer (D1)	2	2,553,600
Chief Systems Manager (D1)	1	1,276,800
Senior Administrative Officer	3	3,110,220
Administrative Officer	8	5,556,000
Chief Executive Officer	5	5,183,700
Senior Executive Officer	4	3,040,080
Executive Officer I	1	529,860

<u>Rank</u>	<u>No. of Post</u>	<u>Annual Salary (Notional annual mid-point salary)(\$)</u>
Executive Officer II	6	2,104,920
Senior Management Services Officer	1	760,020
Systems Manager	2	1,520,040
Scientific Officer (Medical)	4	2,778,000
Senior Statistician	1	1,036,740
Senior Official Languages Officer	1	760,020
Official Languages Officer I	1	529,860
Information Officer	1	529,860
Calligraphist	1	189,420
Personal Assistant	1	529,860
Senior Personal Secretary	1	402,240
Personal Secretary I	6	1,823,040
Personal Secretary II	7	1,325,940
Clerical Officer	3	911,520
Assistant Clerical Officer	7	1,325,940
Clerical Assistant	3	443,160
Office Assistant	2	260,280
Confidential Assistant	2	453,240
Chauffeur	1	167,820
Motor Driver	2	314,880
Subtotal:	85	53,442,660*

\* Excluding provisions for short-term supernumerary posts and contingency

- c. The 26 additional posts to be created in 2009-10 subject to the applicable approval mechanisms comprise –
- i) Twenty posts for the establishment of an Electronic Health Record Office, including six time-limited posts for four years (one Administrative Officer Staff Grade B, one Administrative Officer Staff Grade C, two Administrative Officer and two Personal Secretary I posts) and 14 permanent posts (one Principal Executive Officer, one Chief Executive Officer, one Senior Executive Officer, three Executive Officer II, one Chief Systems Manager, two Systems Manager, one Senior Management Services Officer, one Clerical Officer and three Assistant Clerical Officer posts);
  - ii) Two time-limited Administrative Officer posts, one for four years for strengthening support to tobacco control policy matters plus the development and establishment of the two centres of excellence in paediatrics and neuroscience, and the other for two years for strengthening support to implement the service reform initiatives set out in the 2008-09 Policy Agenda as part of the health care reform; and

- iii) Four Scientific Officer (Medical) posts for conducting researches and studies on medical and health policy related issues.

The annual mid-point salary for these 26 posts is \$18 million.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)022**

Question Serial No.

0450

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:

Compared with the revised provision of \$176.8 million for 2008-09, the total financial provision for 2009-10 has increased by 25.1% to \$221.2 million. This is mainly due to “provision for the establishment of an Electronic Health Record Office to coordinate the development of a territory-wide electronic system for sharing health records between health care providers”. Please advise:

- (a) What are the details and timetable of the programme? When is the office expected to commence operation?
- (b) How will the system benefit the public?
- (c) How can the security issue be addressed?
- (d) What is the estimated expenditure involved?

Asked by: Hon. PAN Pey-chyou

Reply:

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

The Government plans to develop a territory-wide, patient-oriented electronic health record (eHR) sharing system as an essential infrastructure to support the healthcare reform. The eHR sharing system aims at enabling healthcare providers in both the public and private healthcare sectors to, with the patients' consent, access and share their patients' eHR.

We have set out in our submission to the Legislative Council Panel on Health Services on 9 March 2009 (LC Paper No. CB(2)1006/08-09(03)) the programme for eHR development, the need for and benefits of the eHR sharing system, the strategy, roadmap, timetable and targets for its implementation, the approach for addressing policy, legal, privacy and security issues arising from eHR sharing, the plan for collaboration with the private healthcare and IT sectors in eHR development, the arrangements for developing common record and technical standards together with the healthcare and IT professions, and the engagement of relevant stakeholders and the public in the development process.

The eHR sharing system will bring a host of benefits to clinicians, patients and the healthcare system as a whole. These include: providing clinicians access to comprehensive and accurate records of patients in a timely manner for more accurate diagnosis and better quality healthcare, facilitating collaboration between different healthcare providers for seamless and efficient integrated care, providing individuals with greater control of and access to their own health records, minimizing duplicating investigations and errors associated

with paper records, and enabling disease surveillance and health statistics for public health and policy making.

Protection of patient data privacy and security will be of paramount importance in developing the eHR sharing system. To this end, we will in consultation with the Office of the Privacy Commissioner for Personal Data conduct a Privacy Impact Assessment and Privacy Compliance Audit as part of the development process. To ensure IT security, we will also conduct Security Risk Assessment and Security Audit in conjunction with the Office of the Government Chief Information Officer. We will also explore the long-term legal framework to safeguard the privacy and security of personal health data.

Our estimate of the capital costs involved for the development of the eHR sharing system over the 10 year programme from 2009-10 to 2018-19 is about \$1,124 million (details are set out in the panel paper). We have commissioned a consultancy to validate the cost estimates for the eHR programme, and plan to seek capital funding approval from the Finance Committee of the Legislative Council by phases. The first phase of the eHR programme covering the period up to 2013-14 is estimated to require a capital cost of some \$702 million. Our target is to have the eHR sharing platform ready by 2013-14 for connection with all public and private hospitals, and for health information systems which may become available in the market for private healthcare providers to connect to this platform.

To co-ordinate the complex and multi-faceted eHR development programme, the Government plans to set up a dedicated eHealth Record Office (eHR Office) under the Food and Health Bureau. We propose that the eHR Office will have an initial setup of 20 civil service posts (details are set out in the panel paper), involving an annual staff costs of some \$18.5 million. A dedicated IT team in Hospital Authority IT Services (HAITS) will provide the eHR Office with technical support. The Department of Health will also set up a team for the development of its eHR systems. For all these eHR development co-ordinating and supporting functions, the Government has earmarked recurrent resources of \$327 million for the three years from 2009-10 to 2011-12.

Subject to approval by the Establishment Sub-Committee and Finance Committee for the creation of posts and capital funding for the eHR programme, we plan to set up the eHR Office and start the first phase of the eHR development programme in Q3 2009.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 13.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)023**

Question Serial No.

0451

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:

As stated in Matters Requiring Special Attention in 2009-10, the Administration will take forward various proposals to enhance primary care. Please advise:

- a. What are the details of such proposals to enhance primary care?
- b. What is the estimated expenditure involved?
- c. Whether any objective has been set to assess the effectiveness of such proposals?

Asked by: Hon. PAN Pey-chyou

Reply:

(a), (b) and (c)

In line with the direction of healthcare reform to enhance primary care, promote public-private partnership and put emphasis on disease prevention, the Government has earmarked a total of about \$509 million for the period 2009-10 to 2011-12 (of which \$170 million will be allocated in 2009-10) to implement a series of healthcare service reform initiatives on a pilot basis to enhance primary healthcare services and support for chronic disease patients, and to strengthen family medicine training. A number of the initiatives will involve public-private partnership.

The pilot initiatives present an integrated chronic disease management model comprising four elements, including protocol-based risk assessment, multi-disciplinary care, patient empowerment and shared-care of patients by the public and private sectors. The model aims to transform the current fragmented care provided to chronic patients by individual healthcare providers into an integrated healthcare process delivering holistic care with multidisciplinary input. It will enhance secondary prevention and improve patients' health outcome. It will also strengthen the existing support for chronic disease patients being taken care of by private family doctors.

The earmarked funding from 2009-10 to 2011-12 for these pilot initiatives includes –

(1) About \$265 million for launching three pilot programmes to enhance the care of chronic disease patients under the care of doctors in both the public and private sectors, including a Multidisciplinary Risk Factor Assessment and Management Programme (RAMP) to perform protocol-based risk assessments of chronic patients through multi-disciplinary teams in Hospital Authority (HA), establishing Nurse and Allied Health Clinics (NAHC) alongside General Out-Patient Clinics (GOPC) of HA to provide intervention of specific risk factors of chronic patients, and a Patient Empowerment Programme (PEP) to provide education to and enhance self-care of chronic disease patients in collaboration with non-government organizations.

(2) About \$200 million for implementing a number of pilot projects for shared-care of chronic disease patients by both the public and private healthcare sectors. Specifically, stable chronic disease patients currently under the care of Specialist Out-patient Clinics and GOPCs of HA would be given the alternative

choice to receive healthcare from private medical practitioners of their choice based on specified service models and protocols for effective care of their chronic diseases with subsidies provided by the Government. We would also contract centres managed by the private sector to provide additional haemodialysis service for end-stage renal disease patients currently under the care of public hospitals.

Each of these pilot initiatives will set objectives aiming at enhancing primary care and strengthening support for chronic disease patients based on specific service models and clinical guidelines for primary care and chronic disease care. We will develop mechanism for assessing and evaluating these projects having regard to the set objectives, with particular attention to the effectiveness and quality of care based on clinical outcomes.

In addition, about \$44 million has been earmarked from 2009-10 to 2011-12 for enhancing family medicine training in support of the direction of healthcare reform of promoting the family doctor concept in primary care. Evaluation of this initiative will cover objective assessment of knowledge and skill acquisition by participants.

We are working out the implementation details of the pilot projects, including their scale, manpower requirement, and participation arrangements.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)024**

Question Serial No.

0452

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:

One of the matters requiring special attention in 2009-10 is the facilitation of development of private hospitals. Would the Administration advise –

- (a) what initiatives will be taken to facilitate the development of private hospitals and what are the details?
- (b) what is the estimated expenditure involved?

Asked by: Hon. PAN Pey-chyou

Reply:

As part of the Government's healthcare reform initiatives to ensure the continued provision of high quality healthcare services to the public, we seek to promote and facilitate private hospital development in order to increase the overall capacity of our healthcare system in Hong Kong and to address the significant imbalance between the public and private healthcare sectors.

To achieve the above policy objectives, we are identifying suitable sites, initially including the Wong Chuk Hang, Tseung Kwan O, Tai Po and North Lantau areas for private hospital development. We are formulating policies to ensure that the premiums for such land are fair to the private hospitals and the public. We will also ensure that the development of private hospitals will further upgrade our healthcare services to benefit the community and promote the expansion of the health services sector. The above work will be carried out with the Bureau's existing manpower and financial resources.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)025**

Question Serial No.

0453

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:

As stated in Matters Requiring Special Attention in 2009-2010, the Administration will prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong. Please advise:

- (a) What are the details of the plan? Does it involve public-private partnership?
- (b) What is the estimated expenditure involved?
- (c) What is the timetable for the plan? When will the centres be expected to commence operation?
- (d) What is the estimated number of patients each year?

Asked by: Hon. PAN Pey-chyou

Reply:

The Administration is preparing for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong. They are part of the Administration's pilot measures to promote excellence in medical specialties and public and private partnership (PPP), as stated in the Chief Executive's 2008-09 Policy Address.

Two respective Steering Committees have been set up to spearhead the projects. They are chaired by the Permanent Secretary for Food and Health (Health) and comprise medical practitioners in both the public and private sectors, academics, as well as patient group representatives. The Steering Committees agreed that the two centres should pool together experts from both the public and private sectors and also overseas to provide multi-disciplinary care for patients suffering from these complex diseases, and to conduct research and training. The Steering Committees are collecting views from various stakeholders and will continue to examine all relevant issues. The Committees' present focus includes the clinical, research, training and physical infrastructure requirements so as to take forward the technical feasibility studies.

The Administration will report to the Health Services Panel of LegCo in due course on the detailed timetable, completion date, number of target clients, as well as estimated expenditure of each of the medical centres of excellence after we have completed the examination of the relevant issues and the technical feasibility studies.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_  
Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 11.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)026**

Question Serial No.

0454

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:

With regard to initiating the second stage public consultation on supplementary financing in the first half of 2009, please advise:

- a. What are the details and the schedule of such proposal?
- b. What is the estimated expenditure involved?

Asked by: Hon. PAN Pey-chyou

Reply:

(a) and (b)

In accordance with the timetable as laid down by the Chief Executive in his 2008-09 Policy Address, we will formulate detailed proposals on service reform and supplementary financing for initiating the second stage public consultation in the first half of 2009. We are working towards this timetable, but the actual timing for launching the second stage consultation will be subject to the progress of our work and the prevailing socio-economic condition. To this end, we are further studying proposals for supplementary financing, based on the views received during the first stage public consultation conducted in 2008. Details are not yet available at this juncture.

The workload arising from the healthcare reform including the public consultation is being undertaken as part of the day-to-day operations of the Food and Health Bureau. We have no separate estimates on the expenditure required.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)027**

Question Serial No.

0333

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) – (6)

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

To meet the requirements of the Race Discrimination Ordinance and the demands of the ethnic minorities, how much provision and manpower will the Department of Health use for language support in 2009-10? How much will be used for information translation? How much will be used for simultaneous interpretation?

Asked by:      Hon. Ho Sau-lan, Cyd

Reply:

As the expenditure and manpower on providing translation and interpretation services to ethnic minorities form an integral part of the overall budget of the Department of Health (DH), they are not separately identifiable.

The information that DH provides to the public is generally in both Chinese and English. Information in other languages such as French, Hindi, Indonesian, Nepali, Tagalog, Thai and Urdu, is also provided for selected health topics as appropriate. To date, about 80 health promotion materials or leaflets in other languages have been produced.

Regarding interpretation services, DH will make necessary arrangements to provide such services to its clients as required.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)028**

Question Serial No.

0456

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:

The target regarding the appointment time for new dermatology cases was not achieved in 2008. Was it because a number of experienced doctors had left the service in the past year? What is the percentage of doctors who had left the service against the original total number of doctors in the department? Would the Administration recruit additional doctors to fill such vacancies? If yes, what is the estimated expenditure involved? If not, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

The main reason for not meeting the target was the high wastage of doctors, which was probably due to high demand for dermatology service in the private sector. The turnover rate of the doctors at social hygiene service was 20% in 2008. The Department of Health (DH) will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment of new doctors and internal deployment within the DH. The 2008-09 revised estimate for social hygiene service under this Programme is \$102.8 million and the provision for 2009-10 will be \$109.6 million.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Dr P Y LAM

Post Title \_\_\_\_\_ Director of Health

Date \_\_\_\_\_ 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)029**

Question Serial No.

0458

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (8) Personnel Management of Civil Servants Working in Hospital Authority

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

Regarding the total financial provision, the estimate of \$6,900,000 for 2009-10 is 18.8% lower than the revised estimate of \$8,500,000 for 2008-09. What are the reasons for the reduction? Does it involve manpower cut?

Asked by:    Hon. PAN Pey-chyou

Reply:

With the number of civil servants working in the Hospital Authority decreasing over the years, the Department of Health (DH) has all along been reviewing the staffing requirement of its Hospital Staff Division (HSD) supporting this programme. Over the years, HSD has been gradually assigned additional duties in support of other programmes of the DH. The redistribution of work and staff redeployment, which involves a net decrease of 12 posts, was formalised in September 2008 and is reflected in the 2009-10 Estimates.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)030**

Question Serial No.

0461

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (3) Health Promotion

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the pilot community-based smoking cessation programme launched by the Department of Health in collaboration with the Tung Wah Group of Hospitals starting from January 2009, please provide relevant details including the resources required, staffing, number of people who will benefit, and indicators for assessment of service effectiveness, etc.

Asked by:      Hon. CHEUNG Yu-yan, Tommy

Reply:

Department of Health (DH) has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. With an annual provision of \$5 million, the TWGHs programme is expected to benefit some 5 800 clients every year.

The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for healthcare professionals and research projects. Four smoking cessation centres are established throughout the territory to provide free smoking cessation service. A team of 20 staff, including doctors, nurses, clinical psychologists, counsellors and social workers, work together to help smokers to quit smoking. The operation hours of the centres include evenings and weekends to improve accessibility for the users. There is also a hotline to provide professional advice and counselling for smokers.

DH will evaluate the effectiveness of the TWGHs programme through monitoring of various performance indicators including utilisation of services and smoking cessation rate of the users.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

Examination of Estimates of Expenditure 2009-10

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)031**

Head: 37 Department of Health

Subhead (No. & title):

Question Serial No.

0462

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the net increase of 80 posts in 2009-10 to meet operational needs under this programme, please set out in table the respective post title, rank, duties and annual remuneration of such posts.

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The net increase of 80 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve the creation of 15 additional posts for strengthening the enforcement duties of the Tobacco Control Office (TCO) and the net creation of 65 posts mainly for the conversion of non-civil service contract positions in various Services (including 18 posts in TCO). The duties of these non-civil service contract positions should more appropriately be performed by civil servants. The breakdown of the 80 posts is in the Annex.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

### Creation and Deletion of Posts under Programme 1 – Statutory Functions

#### Number of posts to be created / deleted

<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Others</u>	<u>Total</u>	<u>Annual Cost of civil service posts (\$)</u>
<b>Enforcement</b>					
Executive Officer I		1		1	529,860
Executive Officer II	2	4		6	2,104,920
Senior Foreman	3	9		12	2,719,440
Foreman	9	37		46	8,219,280
<b>Professional and technical support</b>					
Senior Electronics Engineer			2	2	2,073,480
Electronics Engineer / Assistant Electronics Engineer			-2	-2	-1,127,400
<b>Clerical and general support</b>					
Clerical Officer		5		5	1,519,200
Assistant Clerical Officer	1	9	1	11	2,083,620
Workman II			-1	-1	-117,420
<b>Total</b>	15	65	0	80	18,004,980

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)032**

Question Serial No.

0463

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (3) Health Promotion

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the net increase of ten posts in 2009-10 to meet operational needs under this programme, please set out in table the respective post title, rank, duties and annual remuneration of such posts.

Asked by:    Hon. CHEUNG Yu-yan, Tommy

Reply:

The details of the ten posts to be created in Programme (3) are at below-

Major scope of responsibilities / <u>Rank</u>	<u>Additional post</u>	<u>Replacement of non-civil service contract positions</u>	<u>Re-allocation of staffing resources from Programme (8)</u>	<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
<b>Nursing support</b> Nursing Officer	1			1	506,100
<b>Statistical support</b> Statistical Officer II		3		3	562,410
<b>Clerical support</b> Assistant Clerical Officer		5	1	6	1,136,520
<b>Total</b>	1	8	1	10	2,205,030

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)033**

Head: 37 Department of Health      Subhead (No. & title):

Question Serial No.

0464

Programme:                    (1) Statutory Functions

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

Please list out the number of prosecution summonses issued by the Tobacco Control Office in 2008 by types of premises.

Asked by:    Hon. CHEUNG Yu-yan, Tommy

Reply:

In 2008, the Tobacco Control Office of the Department of Health issued 7 305 summonses for smoking offences in statutory no smoking areas. Another 123 summonses were issued for other offences under the Smoking (Public Health) Ordinance. Breakdown of the 7 305 summonses by types of premises is as follows-

<b>Type of premises where summonses were issued</b>	<b>Number of summonses for Smoking Offences</b>
Amusement Game Centres	2 229
Food premises	1 247
Shopping malls and shops	1 210
Public pleasure grounds (including parks)	615
Markets	533
Other statutory no smoking areas	1 471
Total	7 305

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)034**

Question Serial No.

0468

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

In the indicator "no. of enrolment in elderly health centres", the figure has increased from 2008's actual of 38 000 to 2009's estimate of 38 500. Please advise on:

- (a) the expenditure which will be involved with the increase in number of enrolment;
- (b) the estimated expenditure which will be involved for each additional number of enrolment;
- (c) the actual and estimated number of elderly population in 2008 and 2009 respectively; and whether the increase of 500 enrolments can meet the demand of the growing elderly population; and
- (d) whether more enrolments will be added in the near future.

Asked by:    Hon. PAN Pey-chyou

Reply:

(a)&(b)    The average cost of health assessment for each member of the Elderly Health Centres (EHCs) in 2008-09 was \$1,040. The estimated additional number of enrolment in 2009 will be absorbed within the allocation for the Elderly Health Service.

(c)&(d)    In mid 2008, the total population of elders aged 65 or above in Hong Kong was about 879 600. According to the population projections conducted by the Census and Statistics Department, it is projected that the elderly population will increase by 1.7% by mid 2009.

Provision of highly subsidised primary healthcare services by EHCs is not singularly the most cost-effective and sustainable way to deliver services to all elders in Hong Kong. The Government has no plan to expand EHCs at present. In fact, EHCs are not the only service provider to cater for the healthcare needs of the elderly. Other units of DH, the Hospital Authority, community service organisations and private healthcare providers also provide services to the elderly. In addition, starting from 1 January 2009, the Government has launched a 3-year Elderly Health Care Voucher Pilot Scheme. Under the Scheme, elders aged 70 or above are given five health care vouchers of \$50 each annually to partially subsidise their use of private care services.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)035**

Question Serial No.

0469

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 under Matters Requiring Special Attention in 2009-10 that the Department of Health will continue to implement the three-year pilot scheme to provide health care vouchers for elderly aged 70 or above. Please advise on -

- (a) the estimated number of eligible elderly who will benefit and the expenditure involved;
- (b) the increase in the number of elderly benefited if the age limit is lowered to 65 and the expenditure involved; and
- (c) whether the Administration has set any indicator to review the effectiveness of the scheme.

Asked by:      Hon. PAN Pey-chyou

Reply:

- (a) The number of elderly persons aged 70 or above in the population is projected to be about 660 000, 670 000 and 680 000 in 2009, 2010 and 2011 respectively. The expenditure for providing health care vouchers to these projected numbers of elderly over the three-year pilot period is estimated to be \$505.3 million.
- (b) The number of elderly persons aged 65 to 69 in the population is projected to be about 220 000, 230 000 and 240 000 in 2009, 2010 and 2011 respectively. If health care vouchers were to be provided to these additional projected numbers of elderly over the three-year pilot period, the additional expenditure involved is estimated to be \$171.1 million.
- (c) The scheme runs from 1 January 2009 to 31 December 2011. The Government will conduct an interim review one year after the launch and a full review after the three-year pilot period has ended. The reviews will cover, inter alia, the scope, coverage and effectiveness of the pilot scheme.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)036**

Question Serial No.

0470

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 under Matters Requiring Special Attention in 2009-10 that the Pneumococcal Conjugate Vaccine will be included in the Childhood Immunisation Programme. Please advise on:

- (a) the details of the programme;
- (b) the estimated expenditure involved;
- (c) how the Administration will assess the effectiveness of the programme; and
- (d) apart from the pneumococcal vaccine, whether the Administration will include other vaccines proven to be effective in the Childhood Immunisation Programme. If yes, what are the details? If not, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

- (a) The Administration will introduce Pneumococcal Conjugate Vaccine (PCV) in the Childhood Immunisation Programme (CIP) starting from 1 September 2009. All infants born on or after 1 July 2009 can receive free pneumococcal vaccinations under the CIP at Maternal and Child Health Centres (MCHCs) of the Department of Health (DH). Children born between 1 September 2007 and 30 June 2009 inclusive will also be eligible to receive free PCV under a one-off Catch-Up Programme to be launched at MCHCs starting from 1 September 2009 to 31 March 2011.
- (b) The allocation in 2009-10 for Pneumococcal Vaccination Programme is \$228.8 million.
- (c) DH will set up a pneumococcal surveillance system with a view to monitoring the impact of PCV on the local trends of invasive pneumococcal diseases, herd protection, serotype replacement, and antibiotic-resistant strains.
- (d) In considering whether a new vaccine should be included in the CIP, a number of scientific factors should be taken into account, including disease burden and epidemiology, the safety, efficacy, side effects, cost-effectiveness and supply of the vaccine, as well as the acceptance of the vaccine among the public. The Scientific Committee on Vaccine Preventable Disease (SCVPD) under the Centre for Health Protection of DH regularly reviews and makes recommendations on the CIP having regard to the latest scientific evidence and global developments. The Administration will consider whether a new vaccine should be included in the CIP based on the recommendations of the SCVPD and the above factors.



Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)037**

Question Serial No.

0471

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:

Included under the Matters Requiring Special Attention in 2009-10 is to develop a territory-wide electronic health record sharing infrastructure. Please advise on the following:

- (e) What are the details of the scheme?
- (f) What is the estimated expenditure involved?
- (g) What benefits will be brought about by the scheme?
- (h) How will the Administration assess the effectiveness of the scheme?

Asked by: Hon. PAN Pey-chyou

Reply:

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

The Government plans to develop a territory-wide, patient-oriented electronic health record (eHR) sharing system as an essential infrastructure to support the healthcare reform. The eHR sharing system aims at enabling healthcare providers in both the public and private healthcare sectors to, with the patients' consent, access and share their patients' eHR.

We have set out in our submission to the Legislative Council Panel on Health Services on 9 March 2009 (LC Paper No. CB(2)1006/08-09(03)) the programme for eHR development, the need for and benefits of the eHR sharing system, the strategy, roadmap, timetable and targets for its implementation, the approach for addressing policy, legal, privacy and security issues arising from eHR sharing, the plan for collaboration with the private healthcare and IT sectors in eHR development, the arrangements for developing common record and technical standards together with the healthcare and IT professions, and the engagement of relevant stakeholders and the public in the development process.

The eHR sharing system will bring a host of benefits to clinicians, patients and the healthcare system as a whole. These include: providing clinicians access to comprehensive and accurate records of patients in a timely manner for more accurate diagnosis and better quality healthcare, facilitating collaboration between different healthcare providers for seamless and efficient integrated care, providing individuals with greater control of and access to their own health records, minimizing duplicating investigations and errors associated with paper records, and enabling disease surveillance and health statistics for public health and policy making.

Protection of patient data privacy and security will be of paramount importance in developing the eHR sharing system. To this end, we will in consultation with the Office of the Privacy Commissioner for Personal Data conduct a Privacy Impact Assessment and Privacy Compliance Audit as part of the development process. To ensure IT security, we will also conduct Security Risk Assessment and Security Audit in conjunction with the Office of the Government Chief Information Officer. We will also explore the long-term legal framework to safeguard the privacy and security of personal health data.

Our estimate of the capital costs involved for the development of the eHR sharing system over the 10 year programme from 2009-10 to 2018-19 is about \$1,124 million (details are set out in the panel paper). We have commissioned a consultancy to validate the cost estimates for the eHR programme, and plan to seek capital funding approval from the Finance Committee of the Legislative Council by phases. The first phase of the eHR programme covering the period up to 2013-14 is estimated to require a capital cost of some \$702 million. Our target is to have the eHR sharing platform ready by 2013-14 for connection with all public and private hospitals, and for health information systems which may become available in the market for private healthcare providers to connect to this platform.

To co-ordinate the complex and multi-faceted eHR development programme, the Government plans to set up a dedicated eHealth Record Office (eHR Office) under the Food and Health Bureau. We propose that the eHR Office will have an initial setup of 20 civil service posts (details are set out in the panel paper), involving an annual staff costs of some \$18.5 million. A dedicated IT team in Hospital Authority IT Services (HAITS) will provide the eHR Office with technical support. The Department of Health will also set up a team for the development of its eHR systems. For all these eHR development co-ordinating and supporting functions, the Government has earmarked recurrent resources of \$327 million for the three years from 2009-10 to 2011-12.

Subject to approval by the Establishment Sub-Committee and Finance Committee for the creation of posts and capital funding for the eHR programme, we plan to set up the eHR Office and start the first phase of the eHR development programme in Q3 2009.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)038**

Question Serial No.

0472

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

It was mentioned under Matters Requiring Special Attention in 2009-10 that a community approach on smoking prevention and cessation will be adopted. Please advise on:

- (a) the details of the programme and whether there will be any scheme targeting young smokers. If yes, what are the details? If not, what are the reasons?
- (b) the estimated expenditure involved; and
- (c) how the Administration will assess the effectiveness of the programme.

Asked by: Hon. PAN Pey-chyou

Reply:

In 2009-10, the Tobacco Control Office (TCO) of the Department of Health (DH) will strengthen publicity, health education and promotional activities on tobacco control through TV and radio announcements in public interest, giant outdoor advertisements, health education materials, seminars and interactive online programmes on TCO website targeted at adolescents. These activities will enhance public support for a smoke-free environment and smoking cessation.

In parallel, the Hong Kong Council on Smoking and Health (COSH) will focus its efforts on promotion of smoking cessation, at the same time encouraging non-smokers to support smoking family members or friends to quit smoking. It will continue its education and publicity efforts at kindergartens, and primary and secondary schools through health talks and theatre programmes. The aim is to encourage students to say no to smoking and to support actively a smoke-free environment. COSH will also launch a new announcement of public interest to promote the importance of a smoke-free Hong Kong to the general public and to encourage smokers to quit smoking.

To strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. The annual provision for the TWGHs programme is \$5 million. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for healthcare professionals and research projects. Four smoking cessation centres are established throughout the territory to provide free smoking cessation services.

To instil a smoke-free culture among the youth and young smokers, smoke-free educational programmes will be organised in collaboration with primary and secondary school principals and parents. There will also be tailor-made smoking cessation programmes for young smokers.

The provision for publicity and education programme on smoking prevention and cessation for 2009-10 will be \$33.7 million (\$11.5 million for COSH, \$17.2 million for TCO, \$5 million for the TWGHs programme mentioned above). DH will evaluate the effectiveness of its efforts through monitoring of various performance indicators including utilisation of services and smoking cessation rate of the users.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)039**

Question Serial No.

0616

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 paragraph 106 of the Budget Speech, how much of the \$840 million earmarked by the Government will be spent on promoting public-private partnership? What is the estimated number of patients hence diverted from the public medical sector to the private medical sector, and how much money is expected to flow into the private medical service along with these patients? Also, please give a detailed account of the work to support chronic patients.

Asked by: Hon. LEUNG LAU Yau-fun, Sophie

Reply:

In line with the direction of healthcare reform to enhance primary care, promote public-private partnership and put emphasis on disease prevention, the Government has earmarked a total of about \$509 million for the period 2009-10 to 2011-12 (of which \$170 million will be allocated in 2009-10) to implement a series of healthcare service reform initiatives on a pilot basis to enhance primary healthcare services and support for chronic disease patients, and to strengthen family medicine training. A number of the initiatives will involve public-private partnership.

The pilot initiatives present an integrated chronic disease management model comprising four elements, including protocol-based risk assessment, multi-disciplinary care, patient empowerment and shared-care of patients by the public and private sectors. The model aims to transform the current fragmented care provided to chronic patients by individual healthcare providers into an integrated healthcare process delivering holistic care with multidisciplinary input. It will enhance secondary prevention and improve patients' health outcome. It will also strengthen the existing support for chronic disease patients being taken care of by private family doctors.

The earmarked funding from 2009-10 to 2011-12 for these pilot initiatives includes –

(1) About \$265 million for launching three pilot programmes to enhance the care of chronic disease patients under the care of doctors in both the public and private sectors, including a Multidisciplinary Risk Factor Assessment and Management Programme (RAMP) to perform protocol-based risk assessments of chronic patients through multi-disciplinary teams in Hospital Authority (HA), establishing Nurse and Allied Health Clinics (NAHC) alongside General Out-Patient Clinics (GOPC) of HA to provide intervention of specific risk factors of chronic patients, and a Patient Empowerment Programme (PEP) to provide education to and enhance self-care of chronic disease patients in collaboration with non-government organizations.

(2) About \$200 million for implementing a number of pilot projects for shared-care of chronic disease patients by both the public and private healthcare sectors. Specifically, stable chronic disease patients currently under the care of Specialist Out-patient Clinics and GOPCs of HA would be given the alternative choice to receive healthcare from private medical practitioners of their choice based on specified service models and protocols for effective care of their chronic diseases with subsidies provided by the Government.

We would also contract centres managed by the private sector to provide additional haemodialysis service for end-stage renal disease patients currently under the care of public hospitals.

Each of these pilot initiatives will set objectives aiming at enhancing primary care and strengthening support for chronic disease patients based on specific service models and clinical guidelines for primary care and chronic disease care. We will develop mechanism for assessing and evaluating these projects having regard to the set objectives, with particular attention to the effectiveness and quality of care based on clinical outcomes.

In addition, about \$44 million has been earmarked from 2009-10 to 2011-12 for enhancing family medicine training in support of the direction of healthcare reform of promoting the family doctor concept in primary care. Evaluation of this initiative will cover objective assessment of knowledge and skill acquisition by participants.

We are working out the implementation details of the pilot projects, including their scale, manpower requirement, and participation arrangements.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)040**

Question Serial No.

0569

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:

Will the Administration allocate additional resources for Chinese medicine service in 2009-2010? If yes, what are the details? What is the expenditure involved? If no, what are the reasons? How many Chinese medicine clinics will the Government plan to set up in the public sector in 2009-2010? What is the expenditure involved?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Government has committed to establishing a total of 18 public Chinese medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and to provide better training opportunities for local Chinese medicine degree programmes graduates. A total of 14 CMCs would have been set up by end of March 2009. For the four remaining clinics, we are actively identifying suitable sites which have to be easily accessible; close to residential areas and available shortly for development, with a view to establishing the CMCs as soon as possible.

Regarding the resources for Chinese medicine clinic service, the earmarked recurrent provision in 2009-2010 is \$77 million, representing 13% increase over that of last year. The earmarked provision mainly covers the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, the development of and provision of training in "evidence-based" Chinese medicine, enhancement and maintenance of the Chinese Medicine Information System and part of the expenses for the operation of the clinics.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 9.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)041**

Question Serial No.

0568

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:

Please provide information on the numbers of different types of beds, the changes in the number of beds, the ratios of beds to population and the expenditure involved in hospitals of different clusters in 2005-06, 2006-07, 2007-08, 2008-09 and 2009-10 respectively.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The table below provides the numbers of different types of beds in the seven hospital clusters for 2005-06, 2006-07, 2007-08, 2008-09 (revised estimate) and 2009-10 (estimate).

Types of beds	Clusters							Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
<b>2005-06 (as at 31 March 2006)</b>								
General	1 942	2 965	3 002	2 039	5 146	3 476	1 655	<b>20 225</b>
Infirmary	627	200	118	116	438	517	135	<b>2 151</b>
Mentally ill	610	92	265	30	1 372	628	1 669	<b>4 666</b>
Mentally handicapped	-	-	-	-	200	-	500	<b>700</b>
<b>Overall</b>	<b>3 179</b>	<b>3 257</b>	<b>3 385</b>	<b>2 185</b>	<b>7 156</b>	<b>4 621</b>	<b>3 959</b>	<b>27 742</b>
<b>2006-07 (as at 31 March 2007)</b>								
General	1 942	2 925	3 002	2 039	5 146	3 471	1 655	<b>20 180</b>
Infirmary	627	200	118	116	438	517	135	<b>2 151</b>
Mentally ill	446	82	445	80	1 272	628	1 669	<b>4 622</b>
Mentally handicapped	-	-	-	-	180	-	500	<b>680</b>
<b>Overall</b>	<b>3 015</b>	<b>3 207</b>	<b>3 565</b>	<b>2 235</b>	<b>7 036</b>	<b>4 616</b>	<b>3 959</b>	<b>27 633</b>

	Clusters							
	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
<b>2007-08 (as at 31 March 2008)</b>								
General	1 942	2 885	3 002	2 039	5 146	3 470	1 840	<b>20 324</b>
Infirmary	627	200	118	116	438	517	135	<b>2 151</b>
Mentally ill	400	82	445	80	1 195	629	1 569	<b>4 400</b>
Mentally handicapped	-	-	-	-	180	-	500	<b>680</b>
<b>Overall</b>	<b>2 969</b>	<b>3 167</b>	<b>3 565</b>	<b>2 235</b>	<b>6 959</b>	<b>4 616</b>	<b>4 044</b>	<b>27 555</b>
<b>2008-09 (Revised estimate as at 31 March 2009)</b>								
General	1 942	2 881	3 002	2 039	5 204	3 473	1 875	<b>20 416</b>
Infirmary	627	200	118	116	328	517	135	<b>2 041</b>
Mentally ill	400	82	445	80	1 000	524	1 469	<b>4 000</b>
Mentally handicapped	-	-	-	-	160	-	500	<b>660</b>
<b>Overall</b>	<b>2 969</b>	<b>3 163</b>	<b>3 565</b>	<b>2 235</b>	<b>6 692</b>	<b>4 514</b>	<b>3 979</b>	<b>27 117</b>
<b>2009-10 (Estimate as at 31 March 2010)</b>								
General	1 942	2 853	3 002	2 075	5 174	3 473	1 997	<b>20 516</b>
Infirmary	627	200	118	116	328	517	135	<b>2 041</b>
Mentally ill	400	82	425	80	920	524	1 176	<b>3 607</b>
Mentally handicapped	-	-	-	-	160	-	500	<b>660</b>
<b>Overall</b>	<b>2 969</b>	<b>3 135</b>	<b>3 545</b>	<b>2 271</b>	<b>6 582</b>	<b>4 514</b>	<b>3 808</b>	<b>26 824</b>

The table below provides the year-on-year changes on the number of beds in the seven hospital clusters for 2005-06, 2006-07, 2007-08, 2008-09 (revised estimate) and 2009-10 (estimate).

	HKE	HKW	KC	KE	KW	NTE	NTW	Overall
<b>Changes in 2006-07 (as at 31 March 2007) over 2005-06 (as at 31 March 2006)</b>								
General	-	-40	-	-	-	-5	-	<b>-45</b>
Infirmary	-	-	-	-	-	-	-	-
Mentally ill	-164	-10	+180	+50	-100	-	-	<b>-44</b>
Mentally handicapped	-	-	-	-	-20	-	-	<b>-20</b>
<b>Overall</b>	<b>-164</b>	<b>-50</b>	<b>+180</b>	<b>+50</b>	<b>-120</b>	<b>-5</b>	<b>-</b>	<b>-109</b>
<b>Changes in 2007-08 (as at 31 March 2008) over 2006-07 (as at 31 March 2007)</b>								
General	-	-40	-	-	-	-1	+185	<b>+144</b>
Infirmary	-	-	-	-	-	-	-	-
Mentally ill	-46	-	-	-	-77	+1	-100	<b>-222</b>
Mentally handicapped	-	-	-	-	-	-	-	-
<b>Overall</b>	<b>-46</b>	<b>-40</b>	<b>-</b>	<b>-</b>	<b>-77</b>	<b>-</b>	<b>+85</b>	<b>-78</b>
<b>Changes in 2008-09 (Revised estimate as at 31 March 2009) over 2007-08 (as at 31 March 2008)</b>								
General	-	-4	-	-	+58	+3	+35	<b>+92</b>
Infirmary	-	-	-	-	-110	-	-	<b>-110</b>
Mentally ill	-	-	-	-	-195	-105	-100	<b>-400</b>
Mentally handicapped	-	-	-	-	-20	-	-	<b>-20</b>
<b>Overall</b>	<b>-</b>	<b>-4</b>	<b>-</b>	<b>-</b>	<b>-267</b>	<b>-102</b>	<b>-65</b>	<b>-438</b>
<b>Changes in 2009-10 (Estimate as at 31 March 2010) over 2008-09 (Revised estimate as at 31 March 2009)</b>								
General	-	-28	-	+36	-30	-	+122	<b>+100</b>
Infirmary	-	-	-	-	-	-	-	-
Mentally ill	-	-	-20	-	-80	-	-293	<b>-393</b>
Mentally handicapped	-	-	-	-	-	-	-	-
<b>Overall</b>	<b>-</b>	<b>-28</b>	<b>-20</b>	<b>+36</b>	<b>-110</b>	<b>-</b>	<b>-171</b>	<b>-293</b>

The table below provides the number of general beds per 1 000 population in the seven hospital clusters for 2005-06, 2006-07, 2007-08, 2008-09 (revised estimate) and 2009-10 (estimate).

	Number of general beds per 1 000 population							Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
<b>2005-06</b>	2.4	5.8	6.2	2.2	2.8	2.8	1.6	<b>3.0</b>
<b>2006-07</b>	2.4	5.6	6.3	2.2	2.8	2.8	1.6	<b>2.9</b>
<b>2007-08</b>	2.4	5.4	6.2	2.2	2.8	2.8	1.8	<b>2.9</b>
<b>2008-09 (Revised Estimate)</b>	2.4	5.5	6.2	2.2	2.8	2.7	1.8	<b>2.9</b>
<b>2009-10 (Estimate)</b>	2.4	5.4	6.2	2.1	2.8	2.7	1.9	<b>2.9</b>

It should be noted that the ratio of the number of general bed to each 1 000 population varies among clusters because:

- (a) patients can receive care in hospitals other than those in their own residential districts and cross-cluster utilization of services is rather common;
- (b) some specialized services are mainly provided in certain hospitals/clusters; and
- (c) the demographic profile and the disease episodes of local residents vary among the clusters.

The inpatient services for infirmary, mentally ill and mentally handicapped are mainly provided by certain hospitals/clusters. The table below provides the overall number of these beds per 1 000 population for 2005-06, 2006-07, 2007-08, 2008-09 (revised estimate) and 2009-10 (estimate).

	Number of beds per 1 000 population		
	Infirmary beds	Beds for the mentally ill	Beds for the mentally handicapped
<b>2005-06</b>	0.32	0.68	0.10
<b>2006-07</b>	0.31	0.67	0.10
<b>2007-08</b>	0.31	0.64	0.10
<b>2008-09 (Revised Estimate)</b>	0.29	0.57	0.09
<b>2009-10 (Estimate)</b>	0.29	0.51	0.09

The table below provides the allocation for the seven hospital clusters in 2005-06, 2006-07, 2007-08, 2008-09 (revised estimate). The allocation for the individual hospital clusters for 2009-10 is being worked out and not yet available.

Year	HKE	HKW	KC	KE	KW	NTE	NTW
	(\$Billion)						
2005-06	3.04	3.26	3.71	2.69	6.21	4.47	3.28
2006-07	3.00	3.21	3.74	2.70	6.21	4.46	3.30
2007-08	3.15	3.38	3.94	2.84	6.56	4.69	3.60
2008-09 (Revised Estimate)	3.36	3.59	4.18	3.03	7.04	5.00	3.89

**Notes:**

Cluster: HKE – Hong Kong East Cluster  
 HKW – Hong Kong West Cluster  
 KC – Kowloon Central Cluster  
 KE – Kowloon East Cluster  
 KW – Kowloon West Cluster  
 NTE – New Territories East Cluster  
 NTW – New Territories West Cluster

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)042**

Question Serial No.

0567

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:

Please list by eligible and non-eligible persons the number of inpatients, the number of patient days, the bed occupancy rate, the cost of discharge and the daily costs for obstetric service in 2008-09 and 2009-10.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The table below sets out the revised estimate of the numbers of discharges of inpatient and day patient and the patient days for obstetric service for 2008-09 by eligible and non-eligible persons.

	<b>2008-09 Revised Estimate</b>	
	<b>Eligible person</b>	<b>Non-eligible person</b>
No. of discharges of inpatient and day patient	59 800	11 300
Patient days	157 000	25 300

It should be noted that the number of discharges of inpatient and day patient and the corresponding patient days as shown above cover both the admissions for delivery of births and other obstetric services such as handling of pregnancy related complications and diseases, monitoring of fetus, conduct of examinations for screening of abnormal conditions, etc.

At present, non-eligible persons seeking to give birth in public hospitals are required to make prior booking and to pay for a package charge of \$39 000, which covers the estimated costs for an antenatal checking and for delivery, with the latter being calculated with reference to the relevant doctor's fee, maintenance fee (for three-day two-night stay) and the charge for normal delivery and caesarean operation in HA. As for eligible persons, they are charged with the fees of \$100 for each in-patient day in connection with a delivery or any other obstetric services.

The revised estimates of the bed occupancy rate and the delivery room utilization rate for 2008-09 are set out in the table below.

	<b>2008-09 Revised Estimate</b>
Obstetric bed occupancy rate	73%
Average utilization rate of delivery rooms in public hospitals	99%

Since there are no designated obstetric beds and delivery rooms in public hospitals for eligible persons and non-eligible persons respectively, there is no breakdown of the obstetric bed occupancy rate and the utilization rate of delivery rooms by these two categories of patients.

It is estimated that activities for the obstetric specialty in 2009-10 will largely remain the same as those in 2008-09.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 20.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)043**

Question Serial No.

0566

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Administration allocate additional resources for obstetric service in 2009-10? If yes, what are the details and expenditure involved? If no, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Hospital Authority (HA) has implemented measures in the past two years to enhance the capacity of its obstetric services to cope with the increases in service demand. As a result, the delivery capacity of HA has increased by 2 000 to reach 41 000 deliveries per year. It is estimated that the existing capacity will be able to meet the demand of local pregnant women in 2009-10 and hence no additional funding has been earmarked for further enhancement of its obstetric services in 2009-10. HA will continue to closely monitor the utilization of service and ensure that its service capacity will be able to meet the demand of local pregnant women.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)044**

Question Serial No.

0502

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:

The number of hospital beds for the mentally ill in 2009 Revised Estimate are 4 000 while in 2010 are 3 607. What are the reasons for the reduction? Has the Administration allocated additional resources for the inpatient psychiatric services in the Estimates of Expenditure 2009-10? If yes, please give an account of the details and the expenditure involved; if not, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

In the light of the international trend to divert the focus of treatment for mental illness from inpatient care to community and ambulatory services, the Hospital Authority (HA) has been reviewing its inpatient psychiatric services in recent years and has launched a number of new programmes to enhance its community psychiatric services. These programmes, such as the "Early Assessment Service for Young persons with Psychoses (EASY)" and the "Extended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping Stone (EXITERS) Project", progressively allow more psychiatric patients to receive treatment in the community where appropriate, thereby enhancing their prospect of re-integration into the community after rehabilitation. As a result, the demand for inpatient services has decreased in recent years and the inpatient bed occupancy rate was at 73% in 2008-09 (up to end December 2008). Notably, the EXITERS Project has successfully facilitated the discharge of more than 757 long stay mentally ill persons back into the community during the period from 2002-03 to 2007-08. In addition, the opening of a new long stay care home in Tuen Mun in 2006 further facilitated the discharge of around 400 long stay patients in HA.

Given the above and its service direction of further enhancing ambulatory and community care for psychiatric services, HA considers that the demand for psychiatric in-patient services will continue to drop and it therefore plans to close down 393 unused psychiatric beds in 2009-10. HA will not reduce its services or manpower with the reduction of beds. The resources originally earmarked for the relevant services will be fully redeployed for enhancement of rehabilitation and community psychiatric service.

To further strengthen its mental health services, HA will conduct two community-based programmes in 2009-10, which will provide recovery support service for psychiatric patients in the community with an additional allocation of about \$23.6 million and further enhance the psychogeriatric outreach service to private residential care homes for the elderly with an additional allocation of about \$8.26 million. Furthermore, HA will set up five triage clinics to provide timely consultation service for new patients with the support of an additional allocation of \$6.8 million.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)045**

Question Serial No.

0501

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 new initiatives to strengthen mental health services under the Matters Requiring Special Attention in 2009-10, please give an account of the details of the initiatives and the expenditure involved.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Hospital Authority (HA) will implement the following programmes in 2009-10 to strengthen its mental health services:

	<b>Programmes</b>	<b>Details of Programmes</b>	<b>Estimated expenditure and manpower involved (for 2009-10)</b>
(i)	Recovery Support Programme for psychiatric patients in the community	A total of seven teams will be set up for all the seven hospital clusters for community mental health workers to provide recovery support service to discharged patients with complex needs.	Additional manpower involved: 28 nurses and allied health professionals Estimated expenditure: \$23.6 million
(ii)	Triage clinics	A total of five triage clinics will be set up at the psychiatric specialist outpatient clinics (SOPCs) in five clusters to provide timely consultation services for new patients.	Additional manpower involved: 5 doctors Estimated expenditure: \$6.8 million
(iii)	Psychogeriatric Outreach Service to the Residential Care Homes for the Elderly (RCHEs)	The psychogeriatric teams in the seven clusters will altogether provide an additional 10 000 outreach attendances to 50 private RCHEs. The service aims to provide specialist consultation to elderly patients with mental and behavioural problems and to provide support to carers of RCHEs.	Additional manpower involved: 7 doctors Estimated expenditure: \$8.26 million

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)046**

Question Serial No.

0498

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:

Under the Smoking (Public Health) Ordinance, the policy on smoking ban in indoor workplaces will be fully implemented with effect from 1 July 2009. Premises in which deferment of the ban has been before allowed, including bars open to people aged 18 and above, mahjong-tin kau premises, bathhouses, massage establishments, nightclubs, etc. will not longer be exempted. In view of the expected rise in enforcement actions, what are the additional resources and manpower to be provided by the Administration in 2009-10?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

Under the Smoking (Public Health) Ordinance, the application of the smoking ban to qualified establishments (namely qualified bars, clubs, nightclubs, bathhouses, mahjong-tin kau premises and designated mahjong rooms in qualified clubs) is deferred until 1 July 2009. The Tobacco Control Office (TCO) of the Department of Health is planning for the implementation of the smoking ban to these qualified establishments with effect from 1 July 2009.

To cope with the additional workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 15 civil service posts will be created and 18 non-civil service contract positions will be converted to civil service posts in 2009-10. The provision for carrying out enforcement duties by TCO in 2009-10 will be increased to \$28 million, from a revised estimate of \$24.9 million in 2008-09.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)047**

Question Serial No.

0497

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:

Please give details of the 2-year study on smoking room, including the expenditure involved in the past 2 years (i.e. 2007-08 and 2008-09) and the progress.

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

We have commissioned the Electrical and Mechanical Services Department and engaged the Hong Kong University of Science and Technology to carry out a technical feasibility study of smoking rooms that spans over the financial years of 2007-08 and 2008-09.

The total expenditure of the study is \$3.48 million, comprising \$1.38 million for Phase 1 of the study during the financial year 2007-08, and \$2.1 million for Phase 2 of the study during the financial year 2008-09.

The Phase 2 study is near completion. The Administration will report the findings to the Panel on Health Services of the Legislative Council in due course.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 9.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)048**

Question Serial No.

0496

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:

Would the Administration advise whether additional resources have been provided for the United Christian Hospital in the 2009-10 financial year with a view to improving the services in Kowloon East cluster? If yes, what are the details and the expenditure involved and if no, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

To cater for the projected increase in service demand arising from population growth and demographic changes, additional provision will be earmarked in 2009-10 for the Kowloon East Cluster (KEC) to enhance the services in the United Christian Hospital (UCH). The major initiatives and the additional provisions involved are set out below:-

- (a) \$5.1 million to enhance the oncology service of the KEC by provision of on-site chemotherapy services;
- (b) \$1.3 million to open one coronary care bed at UCH;
- (c) \$1.3 million to enhance the renal services at UCH;
- (d) \$3.5 million to enhance the service of the substance abuse clinic at UCH;
- (e) \$4.7 million to enhance the patient security of UCH; and
- (f) \$4.3 million to extend the coverage of the Hospital Drug Formulary at the KEC.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)049**

Question Serial No.

0495

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:

The Administration has planned to improve services in Kowloon East Cluster in 2009-10 by opening of additional beds and provision of additional surgical operations and specialist outpatient clinic attendances in Tseung Kwan O Hospital. Please advise on the respective number of additional beds and attendance and the criteria for determining the provision of additional resources.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

An additional allocation of \$35 million has been earmarked in 2009-10 for the Kowloon East Cluster to open 36 surgical beds in the Tseung Kwan O Hospital and enhance its services. It is estimated that the 36 surgical beds could provide an additional 360 surgical operations and 2 800 surgical specialist outpatient clinic attendances in 2009-10. The additional provision is worked out having regard to the growth in service demand as a result of population and demographic changes.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)050**

Question Serial No.

0482

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 "continue to oversee the progress of various capital projects of the Hospital Authority" mentioned under Matters Requiring Special Attention in 2009-10, please inform us of:

- (a) the details of the work;
- (b) the estimated expenditure; and
- (c) whether the capital projects include the construction of Tung Chung Hospital and Tin Shui Wai Hospital and if yes, the progress of these two projects and if no, the reason.

Asked by: Hon. WONG Kwok-hing

Reply:

(a) & (b)

Details of the Hospital Authority's capital projects with estimated expenditures to be incurred in 2009-10 are set out below:

<b>Project Title</b>	<b>Project status</b>	<b>Estimated expenditures in 2009-10 (\$'000)</b>
Redevelopment and expansion of Pok Oi Hospital	Completed	18,000
Redevelopment of Castle Peak Hospital, phase 2	Completed	2,000
Establishment of a Radiotherapy Centre and redevelopment of the Accident and Emergency Department at Princess Margaret Hospital	Completed	12,000
Redevelopment of staff quarters for the establishment of a rehabilitation block at Tuen Mun Hospital	Completed	15,000
Construction of a new infectious disease centre attached to Princess Margaret Hospital	Completed	6,000

Project Title	Project status	Estimated expenditures in 2009-10 (\$'000)
Improvement of infection control provision for autopsy facilities in public hospitals <sup>(Note 1)</sup>	Completed	8,000
Development of Chinese medicine clinics in the public sector (second batch) <sup>(Note 2)</sup>	Completed	4,600
Redevelopment of Caritas Medical Centre, phase 2 – preparatory works	In progress	2,000
Redevelopment of Caritas Medical Centre, phase 2	To be commenced	10,000
Redevelopment of Yan Chai Hospital – preparatory works	In progress	7,000
Prince of Wales Hospital – extension block	In progress	600,000
Provision of a general out-patient clinic, an integrated community mental health support services centre and a long stay care home in Tin Shui Wai Area 109	In progress	10,000
Expansion of Tseung Kwan O Hospital	In progress	80,000

Note 1 This project covers 11 hospitals, namely Alice Ho Miu Ling Nethersole Hospital, Kwong Wah Hospital, North District Hospital, Pamela Youde Nethersole Eastern Hospital, Prince of Wales Hospital, Queen Elizabeth Hospital, Queen Mary Hospital, Tseung Kwan O Hospital, Tuen Mun Hospital, United Christian Hospital, and Yan Chai Hospital.

Note 2 This project involves the setting up of a total of five clinics at Fanling Health Centre, Pamela Youde Nethersole Eastern Hospital, Buddhist Hospital, Cheung Sha Wan Government Offices, and Shatin Clinic.

(c) The above list does not include the North Lantau Hospital project and the Tin Shui Wai Hospital project for which funding approval has to be sought from the Legislative Council (LegCo) and no expenditure will be incurred in 2009-10. For the North Lantau Hospital project, it is being implemented by two phases with the construction of a public hospital under phase one and exploration of the introduction of public-private-partnership (PPP) for phase two. Following consultation with the Islands District Council (DC) in April 2008 and with the support of the Islands DC, we have embarked on the preparatory work for phase one and has applied for the rezoning of the reserved site in Tung Chung for hospital use, the process for which will complete before mid 2009. Following the timetable provided earlier to Islands DC, we will seek funding approval from LegCo in December 2009 with a view to commencing the project for phase one in early 2010 and completing it before end 2012. A design-and-build approach will be adopted for the project and the first few months of the works contract will be for preparation and design and hence no expenditure is expected in 2009-10.

For the Tin Shui Wai Hospital project, we have consulted the Yuen Long DC on the proposed project scope and the proposed site for the hospital on 3 March 2009. We will conduct detailed technical feasibility study for the project and further consult the Yuen Long DC after completion of the relevant assessments. It is our aim to seek funding approval from LegCo in 2010 with a view to commencing the project in 2011-12 and completing it in 2014-15.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)051**

Question Serial No.

0481

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:

It is mentioned under Matters Requiring Special Attention in 2009-10 that health care services in New Territories West Cluster will be enhanced through opening of additional beds in Pok Oi Hospital and Tuen Mun Hospital. Please inform this Committee of the following:

- a) What are the details of the plan? How many additional beds are there?
- b) What is the estimate of the expenditure required?
- c) Apart from the opening of additional beds in Pok Oi Hospital and Tuen Mun Hospital, are there any other resources employed and measures taken to enhance health care services in New Territories West Cluster?

Asked by: Hon. WONG Kwok-hing

Reply:

To cater for the projected increase in service demand arising from population growth and demographic changes, an additional allocation of about \$99 million has been earmarked in 2009-10 for the New Territories West (NTW) Cluster to implement a number of initiatives to expand its service capacity and improve the quality of service. The major initiatives and the allocation involved are set out below:

- (a) \$55.8 million for the opening of 85 new beds in the Pok Oi Hospital (POH) and 37 new rehabilitation beds in the Tuen Mun Hospital (TMH) Rehabilitation Block and enhance the service of the cluster;
- (b) \$1.3 million to enhance the ambulatory cancer care in TMH;
- (c) \$2.4 million to enhance the haemodialysis service in TMH;
- (d) \$12.1 million to enhance the psychiatric services in the cluster; and
- (e) other service improvements in the cluster to cater for the growth in local demand.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

Examination of Estimates of Expenditure 2009-10

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)052**

Head: 37 Department of Health      Subhead (No. & title): 000 Operational expenses

Question Serial No.

0530

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration please advise the number of doses of vaccines given to children under the Childhood Immunisation Programme in 2008-09 and the expenditure involved? What is the estimated expenditure of the Programme in 2009-10?

Asked by: Hon. HO Chung-tai, Raymond

Reply:

Some 594 000 doses of vaccines were given under the Childhood Immunisation Programme (CIP) in 2008. The vaccine cost for the CIP in 2008-09 was \$30.2 million and the estimated vaccine cost for 2009-10 is \$250.5 million (including an estimated cost of \$215 million for pneumococcal conjugate vaccine to be introduced in the CIP starting from 1 September 2009).

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)053**

Question Serial No.

0570

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the attendances at Maternal and Child Health Centres (MCHCs) in Hong Kong by new born babies, please provide the respective figures in 2007, 2008 and 2009 (estimate) using the following table:

	Number of local new born babies		
	2007	2008	2009 (estimate)
Local pregnant women			
Babies who stay in Hong Kong after birth and have attended MCHCs			
Babies who stay in Hong Kong after birth but have not attended MCHCs			
Babies who left Hong Kong after birth and have not attended MCHCs			

	Number of local new born babies		
	2007	2008	2009 (estimate)
Non-local pregnant women			
Babies who stay in Hong Kong after birth and have attended MCHCs			
Babies who stay in Hong Kong after birth but have not attended MCHCs			
Babies who left Hong Kong after birth and have not attended MCHCs			

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

	Number of local new born babies		
	2007	2008	2009 (estimate)
Local pregnant women	43 421	45 094	45 000
Babies who have attended MCHCs after birth	39 275	40 719	40 500
Babies who have not attended MCHCs after birth	4 146	4 375	4 500

	Number of local new born babies		
	2007	2008	2009 (estimate)
Non-local pregnant women	27 085	33 458	See below
Babies who have attended MCHCs after birth	17 999	19 321	
Babies who have not attended MCHCs after birth	9 086	14 137	

We have no information on whether those children who have not attended MCHCs stay in Hong Kong or not.

It is estimated that the number of local women giving birth in 2009 would be about the same as that in 2008, and the proportion of new born babies attending MCHCs would be about 90%. However, there is no reliable way of predicting the number of non-local women giving birth in Hong Kong or the proportion of their new born babies attending or not attending MCHCs.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)054**

Question Serial No.

0571

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the doses of vaccines given to school children, the estimated number in 2009 is 210 000 doses, which is a decrease of 28.6% as compared with 294 000 doses in 2008. What are the reasons? Please provide the actual and estimated target population and coverage rate for school children receiving vaccines in 2008 and 2009 respectively.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The reduction in the number of doses of vaccines given to school children is largely due to the introduction of the new combination vaccine "Diphtheria, Tetanus, acellular Pertussis (reduced dose) and Inactivated Poliovirus Vaccine" (dT<sub>ap</sub>-IPV) for Primary Six students in the 2008-09 school year. The new dT<sub>ap</sub>-IPV vaccine replaces the previous "Diphtheria and Tetanus Vaccine (reduced dose)" (dT) and "Oral Poliovirus Vaccine" (OPV) which were given as separate doses in previous years.

The actual number of school children covered by the school immunisation programme in 2008 was 127 000, and the estimated number of school children covered in 2009 is expected to be similar. The actual immunisation coverage rate of school children was 99% in 2008, and the estimated coverage rate in 2009 is more than 95%.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)055**

Question Serial No.

0572

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

In 2009-10, the Administration will continue to enhance the preparedness for influenza pandemic. What are the details and expenditures involved?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Administration has taken a multi-pronged approach to prepare for possible influenza pandemic. Various health-related strategies have been adopted by the Department of Health (DH).

To reduce the risk of human infection, DH will enhance publicity and public education on influenza prevention and pandemic preparedness, and keep health professionals, institutions, and the community informed of the latest influenza situation through various channels. Infection control training for healthcare and healthcare-related workers will be strengthened.

DH will continue to refine influenza surveillance systems and public health interventions in line with international developments. Pandemic preparedness plans will be reviewed regularly. Exercises and drills will be conducted to update and enhance operational aspects of pandemic preparedness plans. DH will continue to maintain an adequate antiviral stockpile as part of its pandemic preparedness measures.

On collaboration with regional and international partners, DH will seek closer communication and cooperation with the Mainland and overseas health authorities to ensure expeditious and effective exchange of information for monitoring and control of influenza outbreaks.

The resource requirement for these activities is absorbed within the allocation for this Programme, which will be \$1,944 million in 2009-10. Resource requirement for pandemic influenza preparedness activities is not separately identifiable.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)057**

Head: 37 Department of Health      Subhead (No. & title):

Question Serial No.

0574

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In the 2008-09 Estimates, the Administration pointed out that due to heightened public awareness and demand for HIV testing, there had been an increase in the number of reported HIV cases over recent years, and therefore both the utilisation of AIDS telephone enquiry service and AIDS counseling attendances were anticipated to increase in demand. However, a decreasing trend is shown actually in the figures of both indicators in 2008. What are the reasons? What are the criteria adopted by the Administration for determining the estimated figures for 2009?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

There has been an increase in the number of reported HIV cases over recent years. As a result, the Department of Health (DH) experienced an upsurge on the utilisation of HIV/AIDS voluntary counseling and testing services through its AIDS telephone enquiry service and AIDS counseling attendances in 2007. In response to the HIV epidemic, the Council for the AIDS Trust Fund provided extra funding to non-governmental organisations (NGOs) to scale up provision of HIV counseling and testing services in 2008 with DH providing training and technical support to the concerned NGOs. The respective indicators in 2008 reflected a changing distribution in service demand from various providers.

The 2009 estimated figure is based on a review of the service demand in 2008 and the level of provision of counseling and testing services by NGOs.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Dr P Y LAM

Post Title \_\_\_\_\_ Director of Health

Date \_\_\_\_\_ 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)058**

Question Serial No.

0575

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

What were the education and publicity measures on the harmful effect of smoking and secondhand smoke conducted by the Government in 2008-09? Were those measures effective? Did any projects fail to achieve the target? Will the above measures be strengthened in 2009-10? If yes, what are the expenditure and manpower involved? Will the Administration allocate additional resources to improve those projects that failed to achieve the target?

Asked by:    Hon. EU Yuet-mee, Audrey

Reply:

Both the Tobacco Control Office (TCO) of the Department of Health (DH) and the Hong Kong Council on Smoking and Health (COSH) carry out publicity, health education and promotional activities on tobacco control including that on smoking prevention and cessation. A senior representative of DH is appointed as a member of COSH and serves the purpose of facilitating communication and coordination between DH and COSH on tobacco control efforts.

In 2008-09, DH conducted programmes as TV and radio announcements in public interest, seminars and health education materials to enhance public awareness on the harmful effect of smoking and secondhand smoke, and solicit their support for a smoke-free environment and law compliance. DH also collaborated with Non-Government Organisations to promote smoking cessation services. Updated smoking cessation kits were distributed to doctors, dentists and pharmacists for promotion to their clients. In parallel, COSH also organised media publicity campaign, community involvement programmes and health education programmes to promote the hazards of smoking and secondhand smoke amongst different sectors of the community, particularly to children and teenagers at kindergartens and schools.

DH regularly evaluates its tobacco control efforts by monitoring various performance indicators. After the enactment of the amended Smoking (Public Health) Ordinance on 1 January 2007, DH conducted a series of evaluation which revealed that over 90% of citizens support smoke-free workplaces and restaurants while patrons in over 95% of the restaurants complied with the statutory requirements. In 2008, the Smoking Cessation Hotline of DH received more than 4 300 calls. The smoking cessation rate at one year after receiving smoking cessation service in DH was 38.7%, which was comparable to the performance in overseas countries. The 2008 Thematic Household Survey revealed that the prevalence of daily cigarette smokers aged 15 or above in Hong Kong was 11.8%, compared to 14% in the immediate past survey carried out in 2005. In the same survey, around 57% of respondents reported that they were exposed to less secondhand smoke after the implementation of the smoking ban in 2007. All these indicators reflected the effectiveness of the enforcement, publicity and education programmes on smoking prevention and cessation.

To strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. The annual provision for the TWGHs programme is \$5 million.

The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for healthcare professionals and research projects. Four smoking cessation centres are established throughout the territory to provide free smoking cessation service. A team of 20 staff, including doctors, nurses, clinical psychologists, counsellors and social workers, work together to help smokers to quit smoking. The operation hours of the centres include evenings and weekends to improve accessibility for the users. There is also a hotline to provide professional advice and counselling for smokers.

To instill a smoke-free culture among the youth and young smokers, smoke-free educational programmes will also be organised in collaboration with primary and secondary school principals and parents. There will also be tailor-made smoking cessation programmes for young smokers.

Apart from DH and TWGHs, the Hospital Authority (HA) has also been providing smoking cessation services to the public through its hotline and smoking cessation clinics.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)060**

Question Serial No.

0577

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:

While the target under “appointment time for new dermatology cases within 12 weeks (% of cases)” is over 90%, the actual percentages in 2006, 2007 and 2008 were at least 17% below the target. Were the persistently low percentages the result of high wastage of doctors? If yes, are there any improvement measures? What are the reasons for the estimation that the target cannot be achieved in 2009-10? Will the Administration allocate additional resources to achieve the target? If yes, what are the details and expenditure involved?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The main reason for not meeting the target was the high wastage of doctors, which was probably due to high demand for dermatology service in the private sector. The turnover rate of the doctors at social hygiene service was 20% in 2008. The Department of Health (DH) will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment of new doctors and internal deployment within the DH. The 2008-09 revised estimate for social hygiene service under this Programme is \$102.8 million and the provision for 2009-10 will be \$109.6 million.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)061**

Question Serial No.

0746

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:

- (a) The revised estimate for 2008-09 is \$2.9 billion higher than the actual provision for 2007-08. Which areas were the increased provision mainly used for? Please list the provision by areas. How many staff of supervisory ranks equivalent to the pay scale of government directorate posts were added by the Hospital Authority? Please list the figures by hospital clusters.
- (b) Would the Administration inform this Committee of the reserves of our public health care services, operating costs, financial provisions from the government, medical fees paid by patients, costs of medicines and other expenses paid by patients, donations, and the percentage share of public subsidy in the costs of public health care services in 2007-08 and 2008-09 ?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply

- (a) For 2008-09, the Government's appropriation to the Hospital Authority (HA) is \$32.68 billion, an increase of about \$2.9 billion as compared with that of the actual provision in 2007-08. The additional provision comprises the following major items:
- (i) an allocation of additional recurrent funds of \$298 million;
- (ii) additional recurrent funds of about \$340 million for HA to further enhance its healthcare services and to implement the following initiatives:-
- enhancing health care services in New Territories West and Kowloon East Clusters;
  - building up surge capacity for neonatal intensive care services;
  - strengthening mental health programmes including enhancing post-discharge community support to frequent re-admitters and psychiatric consultation liaison service at Accident & Emergency Departments in public hospitals;
  - extending the psychogeriatric outreach programme to cover private residential care homes for the elderly;
  - extending treatments for life-threatening diseases;
  - launching a pilot scheme for accreditation in public hospitals to improve patient safety; and
  - controlling the surging HIV epidemic by expanding the capacity of inpatient service for HIV patients;
- (iii) an additional provision of \$1,433 million to cater for the 2008 annual pay adjustments and the 2006 starting salaries change; and
- (iv) a one-off injection of \$1,000 million for the Samaritan Fund.

The net increase to the number of posts which are remunerated on a pay scale equivalent to that of civil service directorate posts in 2008-09 are set out below:

HA Head Office / Cluster	Net increase in 2008-09 (as at 31 December 2008) over 2007-08
Head Office	+1
Hong Kong East	+3
Hong Kong West	+5
Kowloon Central	+1
Kowloon East	+1
Kowloon West	+4
New Territories East	+9
New Territories West	+4
Total	<u>+28</u>

(b) The requested information in regard to HA is set out in the table below:

	2007-08 (Actual) \$ billion	2008-09 (full-year projection) \$ billion
Hospital Authority (HA) reserve	(0.093)	The actual amount of reserve balance will be available only after finalization of HA's accounts for 2008-09
Operating expenditure of HA	31.30	33.75
Provision for HA from Government (including capital account items)	29.78	32.68
Medical fee paid by patients for public medical services (excluding fees paid by patients for private medical services, self-financed drugs and privately purchased medical items)	1.52	1.60
Patients' payment on self-financed drugs which are purchased through HA <sup>(Note)</sup>	0.49	0.59
Patients' payment on privately purchased medical items which are purchased through HA <sup>(Note)</sup>	0.28	0.27
Donation to HA	0.21	0.22
Subsidy rate of public funds for public health services	95.1%	95.2%

Note: Patients may purchase the self-financed drugs and privately purchased medical items (PPMIs) from sources other than HA. The figures in the table only refer to the amount paid by patients on the relevant drugs and medical items purchased through HA.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)062**

Question Serial No.

0747

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 2007-08 and 2008-09, what is the respective percentage of General Drugs, Special Drugs and Self-financed Drugs prescribed to patients in the Hospital Authority's (HA's) overall prescription drugs? What is the amount of expenditure on General Drugs and Special Drugs by the HA as a whole and hospital clusters respectively, and their respective percentage in the overall expenditure on drugs? What is the amount of expenditure by patients on self-purchased drugs based on the prices of drugs purchased through HA in each hospital cluster?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The table below sets out the respective percentage of general drugs items, special drugs items and self-financed drugs items of the total prescribed drug items in the Hospital Authority (HA) in 2007-08 and 2008-09.

	<b>2007-08</b>	<b>2008-09 (full-year projection)</b>
General drugs	93.8%	93.0%
Special drugs	5.0%	5.5%
Self-financed drugs	1.2%	1.5%

The expenditure of HA on general drugs and special drugs in 2007-08 and 2008-09 (full-year projection) is given below:-

	<b>2007-08</b>	<b>2008-09 (full-year projection)</b>
General drugs	\$1,453 million	\$1,465 million
% of total drug costs	63.8%	61.5%
Special drugs	\$825 million	\$917 million
% of total drug costs	36.2%	38.5%
Total drug costs	\$ 2,278 million	\$2,382 million

<b>2007-08</b>	<b>Expenditure on general drugs (\$ million)</b>	<b>% of overall expenditure on drugs</b>	<b>Expenditure on special drugs (\$ million)</b>	<b>% of overall expenditure on drugs</b>	<b>Total expenditure (\$ million)</b>	<b>% of overall expenditure on drugs</b>
Hong Kong East	148.71	6.5%	83.19	3.7%	231.9	10.2%
Hong Kong West	164.65	7.2%	135.15	5.9%	299.8	13.1%
Kowloon Central	226.54	10%	101.01	4.4%	327.55	14.4%
Kowloon East	212.32	9.3%	86.76	3.8%	299.08	13.1%
Kowloon West	300.16	13.2%	163.74	7.2%	463.9	20.4%
New Territories East	244.58	10.7%	151.94	6.7%	396.52	17.4%
New Territories West	156.03	6.9%	103.53	4.5%	259.56	11.4%
<b>Total</b>	<b>1,452.99</b>	<b>63.8%</b>	<b>825.32</b>	<b>36.2%</b>	<b>2,278.31</b>	<b>100.0%</b>

<b>2008-09 (full-year projection)</b>	<b>Expenditure on general drugs (projection) (\$ million)</b>	<b>% of overall expenditure on drugs</b>	<b>Expenditure on special drugs (projection) (\$ million)</b>	<b>% of overall expenditure on drugs</b>	<b>Total expenditure (projection) (\$ million)</b>	<b>% of overall expenditure on drugs</b>
Hong Kong East	147.79	6.2%	92.18	3.9%	239.97	10.1%
Hong Kong West	167.89	7.0%	149.63	6.3%	317.52	13.3%
Kowloon Central	223.53	9.4%	110.58	4.6%	334.11	14.0%
Kowloon East	227.28	9.5%	98.62	4.1%	325.9	13.6%
Kowloon West	298.96	12.6%	190.32	8.0%	489.28	20.6%
New Territories East	237.99	10.0%	160.4	6.7%	398.39	16.7%
New Territories West	161.23	6.8%	115.58	4.9%	276.81	11.7%
<b>Total</b>	<b>1,464.67</b>	<b>61.5%</b>	<b>917.31</b>	<b>38.5%</b>	<b>2,381.98</b>	<b>100.0%</b>

The expenditures incurred by patients on purchasing self-financed drugs through HA in 2007-08 and 2008-09 by hospital cluster are given in the table below:

	<b>2007-08 (\$ million)</b>	<b>2008-09 (full-year projection) (\$ million)</b>
Hong Kong East	65.5	79.0
Hong Kong West	142.8	163.9
Kowloon Central	89.9	106.9
Kowloon East	12.9	19.3
Kowloon West	50.9	68.6
New Territories East	98.5	110.4
New Territories West	33.6	44.5
<b>Total</b>	<b>494.1</b>	<b>592.6</b>

Note: Patients may purchase the self-financed drugs from sources other than HA. The figures in the table only cover the expenditure incurred by patients on the relevant drugs purchased through HA.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)063**

Question Serial No.

0748

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:

- (a) In respect of specialist outpatient (SOP) services, please provide the numbers of patients triaged respectively as first priority and second priority patients from 2006-07 to 2008-09, and their respective percentages in the total number of specialist outpatient new attendances. Please also specify the median waiting times by specialty and hospital cluster.
- (b) Please set out by age the attendances for accident and emergency (A&E) service categorized under Triage I, Triage II and Triage III from 2006-07 to 2008-09, as well as the number of A&E patients granted medical fee waivers and the amount of fees waived. Please also provide a breakdown of the A&E attendances by recipients and non-recipient of Comprehensive Social Security Assistance (CSSA).

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

(a)

The tables below provide the number and percentage of new cases for specialist outpatient service triaged as Priority 1 (urgent) and Priority 2 (semi-urgent), and their respective median waiting time by cluster and specialty for 2006-07, 2007-08 and 2008-09 (up to 31 December 2008).

**2006-07**

Cluster	Specialty	Priority 1			Priority 2		
		Number of new cases	% of new cases	Median waiting time (week)	Number of new cases	% of new cases	Median waiting time (week)
HKE	ENT	1 382	19%	<1	2 175	30%	4
	MED	1 342	13%	1	2 655	26%	4
	GYN	1 119	24%	<1	717	15%	5
	OPH	5 003	40%	<1	1 398	11%	7
	ORT	692	10%	1	2 392	33%	5
	PAE	1 912	59%	<1	1 037	32%	6
	PSY	653	16%	<1	477	11%	2
HKW	SUR	1 545	12%	1	3 717	29%	6
	ENT	343	7%	<1	392	8%	3
	MED	288	3%	<1	558	6%	4
	GYN	811	10%	<1	408	5%	3
	OPH	2 605	43%	<1	1 005	16%	8

Cluster	Specialty	Priority 1			Priority 2		
		Number of new cases	% of new cases	Median waiting time (week)	Number of new cases	% of new cases	Median waiting time (week)
	ORT	732	9%	1	1 209	14%	3
	PAE	634	20%	<1	1 467	45%	5
	PSY	286	10%	1	635	23%	5
	SUR	1 828	15%	<1	2 114	17%	6
KC	ENT	897	6%	<1	690	5%	<1
	MED	1 353	13%	<1	1 323	13%	5
	GYN	126	3%	1	1 259	27%	5
	OPH	10 736	46%	<1	2 941	13%	1
	ORT	544	8%	1	596	9%	4
	PAE	178	10%	<1	1 029	60%	4
	PSY	197	7%	1	644	24%	4
	SUR	3 764	25%	1	3 042	20%	4
KE	ENT	1 577	23%	<1	1 578	23%	7
	MED	2 665	19%	1	4 318	30%	7
	GYN	1 840	27%	1	1 707	25%	7
	OPH	4 822	38%	<1	3 099	24%	7
	ORT	3 922	31%	<1	2 253	18%	5
	PAE	1 233	31%	<1	618	15%	4
	PSY	557	11%	1	1 017	20%	5
	SUR	2 163	11%	1	4 663	24%	7
KW	ENT	3 783	26%	<1	3 687	26%	8
	MED	1 227	5%	1	5 217	22%	7
	GYN	1 366	10%	1	2 008	15%	5
	OPH	6 195	39%	<1	44	0.3%	3
	ORT	3 148	17%	<1	3 127	17%	6
	PAE	693	13%	<1	520	9%	6
	PSY	254	3%	<1	1 233	15%	6
	SUR	2 226	6%	1	6 928	19%	6
NTE	ENT	6 147	45%	1	2 176	16%	4
	MED	1 295	7%	<1	2 296	13%	5
	GYN	565	6%	1	393	4%	5
	OPH	6 325	38%	<1	1 506	9%	4
	ORT	4 583	23%	<1	1 691	9%	5
	PAE	408	9%	1	590	14%	4
	PSY	723	10%	<1	1 213	17%	4
	SUR	2 238	9%	1	1 663	7%	5
NTW	ENT	531	5%	1	377	4%	4
	MED	903	13%	1	1 611	23%	7
	GYN	936	17%	<1	1 032	19%	5
	OPH	6 991	40%	<1	4 436	26%	3
	ORT	763	8%	1	842	9%	4
	PAE	107	5%	1	424	20%	3
	PSY	497	10%	<1	1 486	29%	6
	SUR	1 147	7%	1	2 343	15%	5

Cluster	Specialty	Priority 1			Priority 2		
		Number of new cases	% of new cases	Median waiting time (week)	Number of new cases	% of new cases	Median waiting time (week)
HKE	ENT	1 297	17%	<1	2 104	28%	4
	MED	1 433	14%	1	3 029	30%	4
	GYN	1 115	22%	<1	467	9%	4
	OPH	4 758	44%	<1	1 205	11%	7
	ORT	942	13%	1	2 312	31%	6
	PAE	1 961	64%	<1	860	28%	6
	PSY	636	16%	<1	537	14%	<1
	SUR	1 469	12%	1	3 475	28%	7
HKW	ENT	276	5%	<1	504	9%	2
	MED	243	3%	<1	491	6%	4
	GYN	753	10%	1	766	10%	5
	OPH	2 694	40%	<1	1 032	15%	8
	ORT	586	7%	1	1 574	19%	3
	PAE	510	16%	<1	1 534	49%	5
	PSY	314	12%	1	477	18%	6
	SUR	1 932	16%	1	1 963	16%	5
KC	ENT	1 062	7%	<1	1 879	12%	<1
	MED	1 172	12%	<1	1 089	11%	5
	GYN	209	5%	1	1 055	23%	4
	OPH	8 847	40%	<1	3 206	15%	2
	ORT	562	9%	1	618	10%	4
	PAE	180	12%	<1	910	59%	4
	PSY	113	4%	<1	652	25%	1
	SUR	2 973	20%	1	2 485	17%	4
KE	ENT	1 240	24%	<1	991	19%	6
	MED	2 258	16%	1	4 766	33%	7
	GYN	1 765	26%	1	1 176	17%	7
	OPH	4 418	34%	<1	2 998	23%	7
	ORT	4 026	32%	<1	2 320	18%	5
	PAE	919	27%	<1	612	18%	6
	PSY	614	12%	1	918	18%	6
	SUR	1 657	9%	1	4 697	24%	7
KW	ENT	3 587	26%	<1	3 668	26%	7
	MED	1 246	5%	1	5 812	25%	6
	GYN	810	6%	1	1 992	16%	6
	OPH	5 879	36%	<1	2 764	17%	3
	ORT	3 516	19%	<1	3 833	21%	6
	PAE	784	15%	<1	592	11%	4
	PSY	144	2%	<1	1 095	13%	4
	SUR	2 561	7%	1	7 992	22%	6
NTE	ENT	4 480	34%	1	1 745	13%	5
	MED	1 304	8%	<1	2 191	13%	5
	GYN	1 059	10%	1	642	6%	5
	OPH	5 910	38%	<1	1 750	11%	4
	ORT	4 472	25%	<1	1 846	10%	5
	PAE	422	12%	1	544	15%	4
	PSY	815	10%	<1	1 435	18%	4
	SUR	2 276	10%	1	1 918	8%	5



Cluster	Specialty	Priority 1			Priority 2		
		Number of new cases	% of new cases	Median waiting time (week)	Number of new cases	% of new cases	Median waiting time (week)
NTW	ENT	387	4%	1	506	5%	4
	MED	1 004	9%	1	2 397	22%	7
	GYN	1 237	18%	1	1 550	22%	4
	OPH	6 139	38%	<1	5 433	34%	4
	ORT	1 106	13%	1	1 610	18%	4
	PAE	118	6%	1	498	24%	4
	PSY	526	10%	<1	1 506	29%	4
SUR	1 445	9%	1	1 920	12%	4	

**2008-09 (up to 31 December 2008)**

Cluster	Specialty	Priority 1			Priority 2		
		Number of new cases	% of new cases	Median waiting time (week)	Number of new cases	% of new cases	Median waiting time (week)
HKE	ENT	1 020	17%	<1	1 985	33%	4
	MED	1 445	18%	1	2 649	32%	5
	GYN	1 000	25%	<1	354	9%	4
	OPH	3 876	45%	<1	947	11%	6
	ORT	964	15%	<1	1 689	27%	6
	PAE	1 748	64%	<1	710	26%	6
	PSY	556	17%	<1	430	13%	2
SUR	1 328	14%	1	2 847	29%	7	
HKW	ENT	176	4%	<1	730	17%	2
	MED	198	3%	<1	466	7%	6
	GYN	557	9%	1	770	13%	4
	OPH	1 942	37%	<1	954	18%	8
	ORT	280	4%	<1	1 266	19%	2
	PAE	305	12%	<1	947	36%	6
	PSY	142	7%	<1	308	14%	2
SUR	1 548	16%	<1	1 717	17%	4	
KC	ENT	1 267	11%	<1	1 604	14%	1
	MED	1 075	14%	<1	875	11%	4
	GYN	253	8%	<1	797	24%	4
	OPH	6 465	39%	<1	3 146	19%	5
	ORT	377	8%	1	519	11%	4
	PAE	223	14%	<1	771	48%	7
	PSY	248	11%	<1	628	29%	3
SUR	1 656	14%	1	1 951	17%	5	
KE	ENT	1 330	24%	<1	1 426	25%	3
	MED	1 798	15%	1	4 036	33%	7
	GYN	1 203	21%	1	993	18%	7
	OPH	3 385	31%	<1	2 682	25%	7
	ORT	3 150	30%	<1	2 189	21%	5
	PAE	618	23%	<1	580	21%	6
	PSY	970	24%	<1	1 124	28%	5
SUR	1 395	9%	1	4 362	28%	7	

Cluster	Specialty	Priority 1			Priority 2		
		Number of new cases	% of new cases	Median waiting time (week)	Number of new cases	% of new cases	Median waiting time (week)
KW	ENT	3 134	29%	<1	2 488	23%	6
	MED	1 793	10%	<1	4 338	24%	6
	GYN	497	5%	1	1 705	18%	6
	OPH	4 775	36%	<1	2 440	19%	3
	ORT	3 371	23%	<1	2 997	21%	6
	PAE	1 041	17%	<1	694	11%	5
	PSY	207	3%	<1	1 127	17%	4
	SUR	3 209	11%	1	7 422	25%	6
NTE	ENT	2 555	24%	<1	1 915	18%	4
	MED	1 095	9%	<1	1 599	12%	5
	GYN	833	11%	1	740	10%	4
	OPH	5 074	40%	<1	1 585	12%	4
	ORT	3 644	26%	<1	1 410	10%	4
	PAE	324	10%	1	696	22%	4
	PSY	820	15%	<1	1 021	18%	3
	SUR	1 540	9%	1	1 565	9%	5
NTW	ENT	1 918	23%	<1	580	7%	4
	MED	941	12%	1	1 989	26%	7
	GYN	1 241	23%	1	1 782	32%	3
	OPH	4 923	39%	<1	2 837	22%	4
	ORT	1 201	15%	<1	1 132	14%	4
	PAE	67	4%	1	428	24%	4
	PSY	725	18%	<1	1 252	31%	3
	SUR	959	6%	1	2 432	16%	5

**Notes:**

Cluster: HKE – Hong Kong East Cluster  
 HKW – Hong Kong West Cluster  
 KC – Kowloon Central Cluster  
 KE – Kowloon East Cluster  
 KW – Kowloon West Cluster  
 NTE – New Territories East Cluster  
 NTW – New Territories West Cluster

Specialty: ENT – Ear, Nose and Throat  
 MED – Medicine  
 GYN – Gynaecology  
 OPH – Ophthalmology  
 ORT – Orthopaedics and Traumatology  
 PAE – Paediatrics and Adolescent Medicine  
 PSY – Psychiatry  
 SUR – Surgery

(b)

The table below sets out the respective numbers of first attendance in Accident & Emergency (A&E) service under Triage 1 (critical), Triage 2 (emergency) and Triage 3 (urgent) categories, broken down by different age groups in 2006-07, 2007-08 and 2008-09 (up to 31 December 2008).

<b>Age Group</b>	<b>Triage 1</b>	<b>Triage 2</b>	<b>Triage 3</b>
<b>2006-07</b>			
0-14	707	2 013	61 161
15-64	6 001	16 258	256 513
65 and above	10 207	18 227	243 906
Unknown	150	15	72
<b>Total</b>	<b>17 065</b>	<b>36 513</b>	<b>561 652</b>
<b>2007-08</b>			
0-14	681	1 962	61 896
15-64	6 375	15 101	256 379
65 and above	11 645	19 647	264 392
Unknown	146	31	164
<b>Total</b>	<b>18 847</b>	<b>36 741</b>	<b>582 831</b>
<b>2008-09 (up to 31 December 2008)</b>			
0-14	523	1 295	47 090
15-64	4 625	10 937	197 334
65 and above	7 907	13 231	195 669
Unknown	99	18	166
<b>Total</b>	<b>13 154</b>	<b>25 481</b>	<b>440 259</b>

The table below provides the number of A&E attendances for which fee waivers were granted for 2006-07, 2007-08 and 2008-09 (up to 31 December 2008), with breakdown by recipients and non-recipients of Comprehensive Social Security Assistance (CSSA).

<b>No. of A&amp;E attendances with fee waiver granted</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09 (up to 31 December 2008)</b>
<b>CSSA recipients</b>	428 661	443 682	319 744
<b>Non-CSSA recipients</b>	25 984	24 611	18 528
<b>Total</b>	<b>454 645</b>	<b>468 293</b>	<b>338 272</b>

The table below provides the respective amounts of fees waived for A&E attendances by CSSA recipients and non-CSSA recipients.

	<b>2006-07</b>  (\$ million)	<b>2007-08</b>  (\$ million)	<b>2008-09</b> <b>(up to 31 December 2008)</b>  (\$ million)
<b>Amount of fees waived for A&amp;E attendances by CSSA recipients</b>	42.9	44.0	31.7
<b>Amount of fees waived for A&amp;E attendances by non-CSSA recipients</b>	2.9	3.2	2.9
<b>Total</b>	45.8	47.2	34.6

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)064**

Question Serial No.

0749

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:

- (a) Please list out the salaries of the five highest paid staff members, the number of Hospital Authority (HA) staff whose salary level is higher than the starting salary point of directorate civil servants in the years 2006-07, 2007-08 and 2008-09, and the hospitals and departments with an increase in such staff in 2008-2009.
- (b) What are the recurrent and non-recurrent expenditures on drugs, salaries, allowances, medical equipment, etc by HA in 2006-07, 2007-08 and 2008-09, and the respective percentages against the annual operating expenditure of HA?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

- (a) The remunerations of the five highest paid Hospital Authority (HA) staff in 2006-07 and 2007-08 are as follows, while relevant information for 2008-09 is not yet available :

<b>Position</b>	<b>2006-07 (\$ million)</b>	<b>2007-08 (\$ million)</b>
Chief Executive	\$4.102	\$4.250
Cluster Chief Executive (New Territories East)	\$3.530	\$3.719
Director (Cluster Services)	\$3.413	\$3.673
Cluster Chief Executive (Hong Kong West)	\$3.479	\$3.651
Cluster Chief Executive (Hong Kong East)	\$3.479	\$3.651

The numbers of HA staff who are remunerated at a pay point equivalent to D1 or above on the directorate pay scale of the civil service in the years of 2006-07, 2007-08 and 2008-09 (as at end December 2008) are 574, 596 and 624 respectively.

The changes in the headcount for directorate ranks or above in 2008-09 as compared with 2007-08 by hospitals and departments are as follows :

<b>Cluster / Hospital</b>	<b>Net changes in 2008-09 over 2007-08</b>	<b>Department</b>
Head Office	-1	Capital Planning
	-1	Primary & Community Services
	-1	Infection Control Branch
	-1	Patient Relations & Engagement
	-1	Quality & Standards
	+1	Allied Health Grade
	+1	Corporate Services Mgt
	+2	Information Technology (Management)
	+1	Service Transformation
	+1	Statistics and Workforce Planning
<b>Hong Kong East Cluster</b>		
Hong Kong East Cluster Office	-1	Cluster Management
Pamela Youde Nethersole Eastern Hospital	-1	Paediatrics
	+1	Clinical Oncology
	+1	Clinical Services – General Out-patient Clinic
	+1	Surgery
	+1	Diagnostic Radiology
Tung Wah Eastern Hospital	+1	Ophthalmology
<b>Hong Kong West Cluster</b>		
Hong Kong West Cluster Office	+1	Hospital Management
Grantham Hospital	-4	Cardiac Thoracic
	-2	Paediatrics
	-2	Anaesthesia
	+1	Medicine
Queen Mary Hospital	-1	Microbiology
	+2	Anaesthesia
	+3	Cardiac Thoracic
	+2	Paediatrics
	+1	Risk Management & Patient Relations
	+2	Medicine
Tung Wah Hospital	-1	Surgery
	+1	Anaesthesia
	+1	Diagnostic Radiology
	+1	Medicine

<b>Cluster / Hospital</b>	<b>Net changes in 2008-09 over 2007-08</b>	<b>Department</b>
<b>Kowloon Central Cluster</b>		
Kowloon Hospital	+1	Psychiatry
<b>Kowloon East Cluster</b>		
Kowloon East Cluster Office	+1	Cluster Management
Haven of Hope Hospital	-1	Geriatric
Tseung Kwan O Hospital	-1	Medicine
United Christian Hospital	+1	Pathology
	+1	Surgery
<b>Kowloon West Cluster</b>		
Kowloon West Cluster Office	+1	Cluster Management
Caritas Medical Centre	-1	Ophthalmology
Kwong Wah Hospital	+1	Anaesthesia
	+2	Diagnostic Radiology
Princess Margaret Hospital	-1	Neurosurgery
	+1	Anaesthesia
Yan Chai Hospital	+1	Anaesthesia
<b>New Territories East Cluster</b>		
Alice Ho Miu Ling Nethersole Hospital	+1	Ear, nose and throat
	+1	Ophthalmology
North District Hospital	+1	Orthopaedics & Traumatology
Prince of Wales Hospital	-1	Accident & Emergency
	+2	Diagnostic Radiology
	+1	Obstetrics & Gynaecology
	+1	Ophthalmology
	+2	Paediatrics
	+1	Surgery
<b>New Territories West Cluster</b>		
Tuen Mun Hospital	-1	Paediatrics
	-1	Accident & Emergency
	+1	Anaesthesia
	+1	Diagnostic Radiology
	+1	Medicine
	+2	Ophthalmology
	+1	Surgery

**Net Increase: 28**

- (b) The expenditure of HA on drugs, staff basic salary and on-costs, job-related allowances and medical equipment by HA, and its percentage against the total operating expenditure of HA from 2006-07 to 2008-09 are set out below:

	Drugs		Staff Basic Salary and On-costs		Job-related Allowances		Medical Equipment	
	Expenditure (\$ billion)	% against total operating expenditure of HA	Expenditure (\$ billion)	% against total operating expenditure of HA	Expenditure (\$ billion)	% against total operating expenditure of HA	Expenditure (\$ billion)	% against total operating expenditure of HA
2006-07	2.36	8.0	22.75	76.5	0.25	0.8	0.30	1.0
2007-08	2.68	8.4	23.91	74.8	0.27	0.8	0.61	1.9
2008-09 (full-year projection)	2.69	7.8	25.80	74.9	0.36	1.0	0.67	2.0

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB (H)065**

Question Serial No.

0750

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

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

The estimated total public expenditure for health policy in 2009-10 is \$38,420 million. After deducting the recurrent government expenditure of \$35,690 million, the non-recurrent expenditure for health policy is \$2,730 million. Please list out these non-recurrent expenditure items, with a breakdown by expenditure and the department or subvented organisation involved.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

Major items contributing to the non-recurrent/capital expenditure of \$2,730 million on health for 2009-10 are set out below:

<b><u>Major Non-recurrent/Capital Items</u></b>	<b><u>Estimated Expenditure for 2009-10 (\$ million)</u></b>
(a) Capital works projects on hospitals and clinics of the Hospital Authority (HA)	1,383
(b) Acquisition of equipment and development of information systems by HA	702
(c) Health care voucher pilot scheme, antiviral stockpile for influenza pandemic, conduct of studies on Chinese medicine herbs, acquisition of equipment and development of information system, and an office relocation project by the Department of Health	267
(d) Conduct of studies under the research funds managed by the Food and Health Bureau (Health Branch)	46
(e) Acquisition of equipment and maintenance of facilities of the Prince Philip Dental Hospital and Government Laboratory	21

**Major Non-recurrent/Capital Items**

**Estimated  
Expenditure  
for 2009-10  
(\$ million)**

- |   |     |
|---|-----|
| (f) Earmarked funding for development of a territory-wide Electronic Health Record System | 141 |
| (g) Contingent health prevention or relief measures                                       | 170 |

**Total: 2,730**

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB (H)066**

Question Serial No.

0751

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

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

The estimated recurrent government expenditure of \$35,692 million for health policy in 2009-10 is \$1,809 million more than the revised estimate of \$33,883 million in 2008-09. Please set out the government departments or subvented organisations whose recurrent expenditures have been increased under the health policy, the amount of subvention increased for each organisation, and the relevant items subvented.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The increase of \$1,809 million\* for recurrent government expenditure on health in 2009-10 as compared with the 2008-09 revised estimate is mainly attributable to the additional provision to the following subvented organisations and government departments in 2009-10: \$1,371 million to the Hospital Authority (HA), \$398 million to the Department of Health (DH), \$40 million to the Food and Health Bureau (Health Branch) [FHB(Health Branch)] and \$2 million to the Prince Philip Dental Hospital (PPDH).

The additional provision to HA mainly covers additional recurrent funds to meet new and increasing demands for medical care. Services to be enhanced include: (a) enhance health care services in New Territories West Cluster through opening of additional beds in Pok Oi Hospital and Tuen Mun Hospital; (b) improve services in Kowloon East Cluster by opening of additional beds and provision of additional surgical operations and specialist outpatient clinic attendances in Tseung Kwan O Hospital; (c) enhance service provision for life-threatening diseases; (d) strengthen mental health services through new initiatives such as recovery support programme for psychiatric patients in the community and triage clinics in psychiatric specialist outpatient clinics; (e) enhance support to discharged elderly patients by extending the Community Geriatric Assessment Service to additional residential care homes for the elderly; (f) launch a pilot scheme for accreditation in public hospitals to improve patient safety and quality of care; and (g) extend the psychogeriatric outreach programme to additional residential care homes for the elderly to provide support to elderly psychiatric patients. Besides, additional funding has been earmarked for implementation of the following healthcare service reform initiatives: (a) enhance primary care specifically healthcare services and support for chronic disease patients; (b) launch pilot projects to purchase healthcare services from the private sector for targeted group of patients through Public-Private-Partnership; (c) enhance family medicine training in support of the healthcare reform direction of promoting the family doctor concept for primary care; and (d) provide technical support service for developing a territory-wide electronic health record sharing system as the infrastructure platform for healthcare reform.

The additional provision to DH will be to continue its comprehensive public health programmes. Major initiatives include: (a) incorporate pneumococcal vaccination in the Childhood Immunisation Programme; (b) subsidise influenza vaccination to children between the age of six months and less than six years; (c) set up an electronic health record (eHR) management team to support the Government's initiative to develop an eHR infrastructure for Hong Kong; (d) step up tobacco control through a multi-pronged approach; and (e) meet the additional HIV drug expenditure. Besides, full-year provision has also been earmarked for civil service posts created in 2008-09.

The additional funding to FHB(Health Branch) in 2009-10 is mainly attributable to the operating expenses of the Electronic Health Record Office and creation of 26 new civil service posts to coordinate the development of a territory-wide electronic health record sharing system, and to provide support to tobacco control policy matters, establishment of the two centres of excellence in paediatrics and neuroscience, implementation of the service reform initiatives set out in the 2008-09 Policy Agenda and conducting of researches/ studies on medical and health policy related issues.

The additional funding to PPDH in 2009-10 is mainly attributable to the increased requirement for replacement and maintenance of facilities.

\* This represents the net increase in recurrent government expenditure on health in 2009-10 as compared with the 2008-09 revised estimate, including the decrease in funding to the Government Laboratory in 2009-10 by \$1 million. The sum of individual items may be different from the total due to rounding effect.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)067**

Question Serial No.

0888

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 targets of the activities of the Hospital Authority, the number of beds for mentally ill as at 31 March 2010 (Target & Plan) will drop to 3 607 from 4 000 in 2008. Could the Administration explain why there is such a plan?

Asked by: Hon. CHEUNG Kwok-che

Reply:

In the light of the international trend to divert the focus of treatment for mental illness from inpatient care to community and ambulatory services, the Hospital Authority (HA) has been reviewing its inpatient psychiatric services in recent years and has launched a number of new programmes to enhance its community psychiatric services. These programmes, such as the "Early Assessment Service for Young persons with Psychoses (EASY)" and the "Extended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping Stone (EXITERS) Project", progressively allow more suitable psychiatric patients to receive treatment in the community, thereby enhancing their prospect of re-integration into the community after rehabilitation. As a result, the demand for inpatient services has decreased in recent years and the inpatient bed occupancy rate was at 73% in 2008-09 (up to end December 2008). Notably, the EXITERS Project has successfully facilitated the discharge of more than 757 long stay mentally ill persons back into the community during the period from 2002-03 to 2007-08. In addition, the opening of a new long stay care home in Tuen Mun in 2006 further facilitated the discharge of around 400 long stay patients in HA.

Given the above and its service direction of further enhancing ambulatory and community care for psychiatric services, HA considers that the demand for psychiatric in-patient services will continue to drop and it therefore plans to close down 393 unused psychiatric beds in 2009-10. HA will not reduce its services or manpower with the reduction of beds. The resources originally earmarked for the relevant services will be fully redeployed for enhancement of rehabilitation and community psychiatric service.

To further strengthen its mental health services, HA will conduct two community-based programmes in 2009-10, which will provide recovery support service for psychiatric patients in the community with an additional allocation of about \$23.6 million and further enhance the psychogeriatric outreach service to private residential care homes for the elderly with an additional allocation of about \$8.26 million. Furthermore, HA will set up five triage clinics to provide timely consultation service for new patients with the support of an additional allocation of \$6.8 million.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 15.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB (H)068**

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

Question Serial No.

1325

Programme: All Programmes

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding studies conducted or to be conducted for the purpose of policy formulation and evaluation (including in-house studies and consultancy studies), please provide the relevant information in the following format:

(1) Consultancy studies for which funds have been reserved in 2008-09:

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

(2) Consultancy studies for which funds are reserved in 2009-10:

Name of Consultant (if available)	Description	Expenditure (\$)	Progress of study (under planning / in progress / completed)	If the study is scheduled for completion in the 2009-10 financial year, will the study report be released to the public? If yes, through what channels? If no, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The information required is provided below :

(1) Consultancy studies for which funds have been reserved in 2008-09:

Name of Consultant (if available)	Description	Revised Estimate (\$)	Progress of study (under planning / in progress / completed)	Administration's follow-up action on the study report and progress made (if any)	If the study is completed, has the study report been released to the public? If yes, through what channels? If no, what are the reasons?
The Hong Kong Polytechnic University and the Chinese University of Hong Kong	Opinion Poll on Healthcare Reform and Financing: to collect the public's views on healthcare reform, in particular the supplementary financing options, via telephone interviews.*	307,050	Completed	Findings of these studies have been incorporated in the Report on First Stage Public Consultation on Healthcare Reform.	The Report on First Stage Public Consultation on Healthcare Reform has been published in Dec 2008. Study reports have been released through the website of Food and Health Bureau.
The Hong Kong Polytechnic University	Focus Group Research - Public Views on Healthcare Reform and Supplementary Financing Options: to solicit more in-depth qualitative views of different segments of the population towards the proposed healthcare reform initiatives and supplementary financing options.	414,050	Completed		
The University of Hong Kong	Survey on Healthcare Service Reform 2008: to canvass the general public's views on healthcare reform, in particular the service reform, via telephone interviews.	157,000	Completed		



Name of Consultant (if available)	Description	Revised Estimate (\$)	Progress of study (under planning / in progress / completed)	Administration's follow-up action on the study report and progress made (if any)	If the study is completed, has the study report been released to the public? If yes, through what channels? If no, what are the reasons?
The Nielsen Company (Hong Kong) Limited	Focus Group Research on Supplementary Financing for Healthcare: to understand the public's opinion towards different supplementary healthcare financing options after the first stage public consultation exercise.	246,000	Completed	Findings of this study have been incorporated in the Report on First Stage Public Consultation on Healthcare Reform.	The Report on First Stage Public Consultation on Healthcare Reform has been published in Dec 2008. Study reports have been released through the website of Food and Health Bureau.
The University of Hong Kong	Public Opinion Research on Health Sector Reform in Hong Kong: to canvass the opinion of the general public and healthcare professionals on healthcare reform before, during and after the consultation.	1,095,575	Completed	Findings of this study have been considered by the Food and Health Bureau for the overall planning of the healthcare reform public consultation.	This study is conducted for internal planning of healthcare reform consultation and not released for general consumption.
Karl Research Limited	Opinion Poll on Health Care Financing: to gauge the views of the general public on supplementary financing for healthcare in late 2008/early 2009, via telephone interviews.	70,000	Completed	Findings of this study have been considered by the Food and Health Bureau for the overall planning of healthcare reform public consultation.	This study is conducted for internal planning of healthcare reform consultation and not released for general consumption.

Name of Consultant (if available)	Description	Revised Estimate (\$)	Progress of study (under planning / in progress / completed)	Administration's follow-up action on the study report and progress made (if any)	If the study is completed, has the study report been released to the public? If yes, through what channels? If no, what are the reasons?
Karl Research Limited	Opinion Survey on Smoking Room: to canvass the opinion of the general public on the idea of introducing purpose-built smoking room for smokers to smoke.	35,000	Completed	Results of this study have been considered by the Food and Health Bureau for the planning of tobacco control.	This study is conducted for internal planning of tobacco control and not released for general consumption.
Electrical and Mechanical Services Department	Consultancy study on the technical feasibility of smoking room: to examine the engineering feasibility of smoking room in eliminating or minimizing leakage of environmental tobacco smoke.	2,100,000	Completed	Results of this study are being considered by the Food and Health Bureau for the planning of tobacco control.	The findings of the study will be reported to the Health Services Panel in due course.
The University of Hong Kong	Survey on Supplementary Financing for Healthcare: to canvass the views of the general public on values and preference in relation to supplementary financing for healthcare, via telephone interviews.	157,000	In progress	Report for the study is being prepared.	The study is still ongoing.
The University of Hong Kong	Studies in Health Services - Impact of anti-smoking legislation on youth smoking: to study changes in smoking and quitting behaviour among young smokers before and after the new anti-smoking legislation was implemented.*	438,433.05	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The studies are still ongoing.

Name of Consultant (if available)	Description	Revised Estimate (\$)	Progress of study (under planning / in progress / completed)	Administration's follow-up action on the study report and progress made (if any)	If the study is completed, has the study report been released to the public? If yes, through what channels? If no, what are the reasons?
The University of Hong Kong	Studies in Health Services - Impact of the anti-smoking legislation on children's secondhand smoke exposure at home: to evaluate the effect of the new anti-smoking legislation on second-hand smoke exposure of children under 12 living with smokers.*	357,974.1	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The studies are still ongoing.
The Chinese University of Hong Kong	Studies in Health Services: Incentives and barriers to adopting the family doctor model: to study the incentives and barriers to adopting the family doctor model in Hong Kong from the viewpoint of patients with chronic disease.*	168,641	In progress		
The University of Hong Kong	Studies in Health Services - Utilization pattern of primary health care services: to study the effect of having family doctors on utilization pattern and outcome of primary care services.*	312,183.3	In progress		
The University of Hong Kong	Studies in Health Services - Morbidity and management patterns of community-based primary health care services: to study the patterns of morbidity, prescription, investigation, referral and screening rates of primary health care providers.*	247,500	In progress		

Name of Consultant (if available)	Description	Revised Estimate (\$)	Progress of study (under planning / in progress / completed)	Administration's follow-up action on the study report and progress made (if any)	If the study is completed, has the study report been released to the public? If yes, through what channels? If no, what are the reasons?
The University of Hong Kong	Studies in Health Services - Cervical cancer prevention through cytologic and HPV DNA screening: to assess the outcomes and clinical effectiveness of the Cervical Screening Programme and evaluate the cost-effectiveness of HPV DNA testing as an adjunct to the programme.*	438,570	In progress	When completed, the results of these studies will be considered by an Assessment Board comprising experts from the health sector and the Government.	The studies are still ongoing.
The Chinese University of Hong Kong	Studies in Health Services - Self management and the role of pharmacists in developing an effective primary care system: to develop a framework for self-management of chronic non-communicable diseases in primary care.*	277,476.8	In progress		

\* This study spanned over more than one financial year and payments are made in instalments. The estimate here reflects the payments made in 2008-09.

(2) Consultancy studies for which funds are reserved in 2009-10:

Name of Consultant (if available)	Description	Expenditure (\$)	Progress of study (under planning / in progress / completed)	If the study is scheduled for completion in the 2009-10 financial year, will the study report be released to the public? If yes, through what channels? If no, what are the reasons?
The University of Hong Kong	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2005/06 and 2006/07: to further update the estimates of Hong Kong's domestic health expenditure based on the OECD standardization of health accounts, "A System of Health Accounts", and to appraise the applications of domestic health accounts.**	996,000	In progress	When the study is completed, results will be released to public through the website of Food and Health Bureau.
The University of Hong Kong	Studies in Health Services - Impact of anti-smoking legislation on youth smoking: to study changes in smoking and quitting behaviour among young smokers before and after the new anti-smoking legislation was implemented.**	159,430.2	Completed	The research team has the right to use the results for non-commercial academic purpose including publications.
The University of Hong Kong	Studies in Health Services - Impact of the anti-smoking legislation on children's secondhand smoke exposure at home: to evaluate the effect of the new anti-smoking legislation on second-hand smoke exposure of children under 12 living with smokers.**	130,172.4	Completed	

Name of Consultant (if available)	Description	Expenditure (\$)	Progress of study (under planning / in progress / completed)	If the study is scheduled for completion in the 2009-10 financial year, will the study report be released to the public? If yes, through what channels? If no, what are the reasons?
The Chinese University of Hong Kong	Studies in Health Services - Incentives and barriers to adopting the family doctor model: to study the incentives and barriers to adopting the family doctor model in Hong Kong from the viewpoint of patients with chronic disease.**	61,324	Completed	The research team has the right to use the results for non-commercial academic purpose including publications.
The University of Hong Kong	Studies in Health Services - Utilization pattern of primary health care services: to study the effect of having family doctors on utilization pattern and outcome of primary care services.**	113,521.2	Completed	
The University of Hong Kong	Studies in Health Services - Morbidity and management patterns of community-based primary health care services: to study the patterns of morbidity, prescription, investigation, referral and screening rates of primary health care providers. **	90,000	Completed	
The University of Hong Kong	Studies in Health Services - Cervical cancer prevention through cytologic and HPV DNA screening: to assess the outcomes and clinical effectiveness of the Cervical Screening Programme and evaluate the cost- effectiveness of HPV DNA testing as an adjunct to the programme. **	159,480	Completed	

Name of Consultant (if available)	Description	Expenditure (\$)	Progress of study (under planning / in progress / completed)	If the study is scheduled for completion in the 2009-10 financial year, will the study report be released to the public? If yes, through what channels? If no, what are the reasons?
The Chinese University of Hong Kong	Studies in Health Services - Self management and the role of pharmacists in developing an effective primary care system: to develop a framework for self-management of chronic non-communicable diseases in primary care.**	242,792.2	Completed	The research team has the right to use the results for non-commercial academic purpose including publications.

\*\* This study spanned over more than one financial year and payments are made in instalments. The estimate here reflects the payments made in 2009-10.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 13.3.2009







**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)071**

Question Serial No.

1228

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (1) Statutory Functions

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

What is the current staff establishment of public mortuaries? What are the numbers of mortuary compartments currently in use and planned to be constructed in each public mortuary respectively?

Asked by:    Hon. CHAN Hak-kan

Reply:

The current staff establishment of public mortuaries is as follows –

<b>Rank</b>	<b>Number of Posts</b>
Consultants	2
Senior Medical & Health Officer	5
Medical & Health Officer	9
Senior Medical Technologist	1
Medical Technologist	3
Medical Laboratory Technician II	3
Laboratory Attendant	3
Hospital Administrator II	1
Mortuary Officer	7
Mortuary Technician	3
Mortuary Attendant	28
Workman I	2
Workman II	2
Total	69

The existing body storage capacities in various operating mortuaries are as follows -

Fu Shan Public Mortuary:	168
Kwai Chung Public Mortuary:	220
Victoria Public Mortuary:	70

The Kowloon Public Mortuary which will only be open to cope with overflow of bodies from the above operating mortuaries has a capacity of 72.

The following are the additional body storage capacities to be built in 2009-10 -

Fu Shan Public Mortuary: 48

Kowloon Public Mortuary: 64

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)072**

Question Serial No.

1229

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

- (a) The target set by the Government for new born babies attending Maternal and Child Health Centres (MCHCs) is over 90%. However, the actual percentages for 2007 and 2008 and even the planned percentage for 2009 are lower than the target set. The explanation of the Government is that babies born in Hong Kong whose parents were not local residents have returned to the Mainland after birth. Why does the Government keep setting such a high target? What measures does the Government have to follow up on the health, growth and development of these babies?
- (b) What are the expenditure and staff establishment allocated by the Government for providing services in MCHCs in 2009-10?

Asked by: Hon. CHAN Hak-kan

Reply:

- (a) High coverage of new born babies by the MCHCs' child health programme is important for protecting the health of our younger generations. The drop in the participation rate in the past few years was due to an increase in the number of non-local mothers giving birth in Hong Kong. The participation rate of babies delivered by local mothers remained at about 90% in 2007 and 2008.

To provide timely health information to the new mothers, the Family Health Service (FHS) of the Department of Health has produced postnatal information folders containing essential health advice related to newborn care, including information on the MCHCs. The information is accessible to all mothers in postnatal wards of both public and private hospitals.

- (b) Provision in 2009-10 for the FHS amounts to \$500.2 million. The staff establishment as at 31 March 2010 will be 773.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      20.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)073**

Question Serial No.

1230

Head: 37 Department of Health      Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of participants in the newly launched Influenza Vaccination Subsidy Scheme by the following age groups: aged six months to one year, one to two years, two to three years, three to four years, four to five years and five to six years. What are the respective percentages of participants against the total number of babies/young children of the corresponding age group?

Asked by: Hon. CHAN Hak-kan

Reply:

The Department of Health (DH) introduced the Influenza Vaccination Subsidy Scheme (IVSS) in November 2008 to provide subsidy to encourage young children to receive influenza vaccinations from private doctors. The estimated number of eligible children between the age of six months to less than six years is approximately 300 000. As at the end of February 2009, the DH has received applications for reimbursement of subsidy for nearly 120 000 injections of influenza vaccine, including both first and second injections. The IVSS will last till the end of March 2009. The final number of children who get vaccinated against influenza under IVSS and their age breakdown will be available after the programme is completed.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Dr P Y LAM

Post Title \_\_\_\_\_ Director of Health

Date \_\_\_\_\_ 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)074**

Question Serial No.

1231

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

- (a) Please list out the number of various health care professionals who have participated in the Elderly Health Care Voucher Pilot Scheme (the Scheme) by 18 districts.
- (b) Please list out the respective numbers of health care professionals who have joined or withdrawn from the Scheme since its implementation, and the number of current health care professionals participating in the Scheme as compared with the number of participants at the start of the Scheme.
- (c) Please advise the number of elderly who have used the vouchers and their percentage against the total population of that age group.

Asked by:    Hon. CHAN Hak-kan

Reply:

- (a) As at 5 March 2009, a total of 2 494 practices have enrolled in the Scheme, including 1 219 of Western medicine, 678 of Chinese medicine, 213 of dentistry, 14 of occupational therapy, 236 of physiotherapy, 21 of medical laboratory technology, 23 of radiography, 22 of chiropractic and 68 of nursing. A breakdown of the locations of these practices by 18 districts is provided at the Appendix.
- (b) As at 1 January 2009 when the Scheme was launched, 2 116 practices have enrolled in the Scheme. Since 1 January up to 5 March 2009, an additional 440 practices have enrolled in the Scheme. Meanwhile, 62 practices have withdrawn during the same period, including 38 of Western medicine, six of Chinese medicine, 17 of dentistry and one of physiotherapy.
- (c) Eligible elders do not need to pre-register. They can use vouchers when in need by going to a health care practice displaying the Scheme logo. Unused vouchers can be accumulated over the three-year pilot period of the Scheme from 1 January 2009 to 31 December 2011. As at 5 March 2009, 42 749 eligible elders have used health care vouchers, representing about 6.5% of the estimated population of the age group of 70 years old or above in 2009.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme**  
**(as at 5 March 2009)**

<b>Profession District</b>	<b>Western Medicine Doctor</b>	<b>Chinese Medicine Practitioner</b>	<b>Dentist</b>	<b>Occupational Therapist</b>	<b>Physiotherapist</b>	<b>Medical Laboratory Technologist</b>	<b>Radiographer</b>	<b>Chiropractor</b>	<b>Enrolled Nurse</b>	<b>Registered Nurse</b>	<b>Total</b>
Central & Western	88	69	21	2	31	0	0	11	1	2	<b>225</b>
Eastern	96	22	13	3	13	0	0	0	0	0	<b>147</b>
Southern	33	23	6	0	1	0	0	0	0	0	<b>63</b>
Wan Chai	48	59	24	2	25	0	0	0	0	3	<b>161</b>
Kowloon City	85	24	4	0	11	0	0	0	0	0	<b>124</b>
Kwun Tong	88	54	25	2	7	8	11	3	3	14	<b>215</b>
Sham Shui Po	58	34	3	0	7	3	1	0	1	1	<b>108</b>
Wong Tai Sin	54	42	8	0	3	0	0	0	0	0	<b>107</b>
Yau Tsim Mong	151	117	43	3	76	5	4	5	2	21	<b>427</b>
North	31	18	5	0	1	0	0	0	0	0	<b>55</b>
Sai Kung	65	20	6	0	4	2	4	1	0	0	<b>102</b>
Sha Tin	69	23	19	0	20	0	0	1	1	2	<b>135</b>
Tai Po	47	43	8	0	2	2	2	0	2	9	<b>115</b>
Kwai Tsing	70	24	4	0	6	0	0	0	1	1	<b>106</b>
Tsuen Wan	81	35	6	2	17	1	1	1	1	2	<b>147</b>
Tuen Mun	73	46	8	0	1	0	0	0	0	0	<b>128</b>
Yuen Long	67	23	8	0	6	0	0	0	0	1	<b>105</b>
Islands	15	2	2	0	5	0	0	0	0	0	<b>24</b>
<b>Total</b>	<b>1,219</b>	<b>678</b>	<b>213</b>	<b>14</b>	<b>236</b>	<b>21</b>	<b>23</b>	<b>22</b>	<b>12</b>	<b>56</b>	<b>2,494</b>

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)075**

Question Serial No.

1232

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

- (a) With respect to the School Dental Care Service, what is the average unit cost of consultation and examination service for each participating school child in 2008?
- (b) Has the Government compiled any statistics on the oral health conditions of school children?

Asked by:      Hon. CHAN Hak-kan

Reply:

- (a) In 2008-09, the unit cost of dental service for each school child participating in School Dental Care Service is \$676.
- (b) The Government regularly assesses the effectiveness of School Dental Care Service by monitoring the percentage of participating school children who are rendered dentally fit each year. In the 2007-08 school year, the figure was 84%.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)076**

Question Serial No.

1233

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

- (a) Please compare the average utilisation rate of the smoking cessation hotline in the previous year (i.e. 2008) with the rate after the Government announced an increase in tobacco taxation with immediate effect.
- (b) What are the attendances at smoking cessation activities and services delivered by the Government in 2008? What new and enhanced smoking cessation counselling services for smokers will be provided by the Government in 2009-10? What is the expenditure involved?

Asked by:    Hon. CHAN Hak-kan

Reply:

- (a) In 2008, the Department of Health (DH) Smoking Cessation Hotline received an average of 12 calls per day. In the first week after the tobacco tax was increased, the number rose to 328 per day.
- (b) In 2008, DH launched various publicity and education programmes on smoking prevention and cessation including TV and Radio Announcements in Public Interest, TV programmes and health education materials. Seminars and smoking cessation classes were conducted and more than 2 800 participants were recorded. In parallel, the Hong Kong Council on Smoking and Health (COSH) also organised media publicity campaign, community involvement programmes and health education programmes to promote in different spectrums of the community, particularly kindergartens and schools, the hazards of smoking and secondhand smoke. A total of 68 000 persons participated in COSH programmes.

To strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. The annual provision for the TWGHs programme is \$5 million.

The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for healthcare professionals and research projects. Four smoking cessation centres are established throughout the territory to provide free smoking cessation service. A team of 20 staff, including doctors, nurses, clinical psychologists, counsellors and social workers, work together to help smokers to quit smoking. The operation hours of the centres include evenings and weekends to improve accessibility for the users. There is also a hotline to provide professional advice and counselling for smokers.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)077**

Head: 37 Department of Health      Subhead (No. & title):

Question Serial No.

1234

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

- (a) What are the number of new tuberculosis patients seeking medical care and their age distribution for the past three years (i.e. 2006 to 2008)?
- (b) Among these cases, how many of them are cases of drug-resistant tuberculosis?

Asked by: Hon. CHAN Hak-kan

Reply:

- (a) The number of new tuberculosis patients and their age distribution in the past three years (2006 to 2008) are as follows:

Age group	2006	2007	2008 (provisional figures)
0-9	15	12	10
10-19	188	192	175
20-29	645	572	605
30-39	699	622	636
40-49	768	700	735
50-59	822	805	843
60-69	765	692	688
70-79	1 025	1 003	1 036
80+	839	865	1 002
Total	5 766	5 463	5 730

- (b) The number of cases of multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB) are as follows:

	2006	2007	2008 (provisional figures)
MDR-TB	34	26	28
XDR-TB	1	2	2

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)078**

Question Serial No.

1235

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (5) Rehabilitation

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

- (a) In recent years, there are no lack of children born in Hong Kong of parents not being Hong Kong residents who would reside in the Mainland, and these children will not be receiving Government's child assessment services in Hong Kong. Has the Government compiled any statistics on the number of children who have not received these services? How will the Government assess the development of these children?
- (b) Does the Government have any special plan to provide comprehensive assessment to the development of these children when they return to reside in Hong Kong?

Asked by:      Hon. CHAN Hak-kan

Reply:

Child assessment is being provided to children under 12 by the Child Assessment Service (CAS) of the Department of Health. We do not provide assessment to children without signs of problems. Only children screened by doctors or psychologists and suspected to have developmental problems will be referred to the CAS for multidisciplinary assessment. Given this, we have no statistics on children who have not received child assessment services provided by the CAS.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)079**

Question Serial No.

1253

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (1) Statutory Functions

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

What are the expenditures/provision and staff establishment for enforcing the smoking ban in 2007-08, 2008-09 and 2009-10 respectively?

Asked by:    Hon. CHEUNG Yu-yan, Tommy

Reply:

Please refer to the Annex for details of expenditures/provision and staffing of the Tobacco Control Office (TCO) of the Department of Health which is responsible for tobacco control including enforcing the Smoking (Public Health) Ordinance in 2007-08, 2008-09 and 2009-10. The expenditures/provision of TCO for taking enforcement duties in 2007-08, 2008-09 and 2009-10 are \$20.3 million, \$24.9 million and \$28.0 million respectively.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

Tobacco Control Office staffing

<b>Rank</b>	<b>2007-08</b>	<b>2008-09 Revised Estimate</b>	<b>2009-10 Estimate</b>
Principal Medical & Health Officer	1	1	1
Senior Medical & Health Officer	2	2	2
Medical & Health Officer/Contract Doctor	3	3	3
Superintendent of Police / Police Sergeant	7	7	7
Tobacco Control Inspector	78	85	67
Nursing Officer/Registered Nurse	2	2	3
Research Officer/ Scientific Officer (Medical)	1	1	1
Health Promotion Officer / Hospital Administrator II	4	4	4
Senior Executive Officer / Executive Officer / Administrative Assistant	4	5	11
Senior Foreman/ Foreman	0	0	26
Clerical Officer / Clerical Assistant / Project Assistant / General Worker	13	13	14
Motor Driver	1	1	1
<b>Total no. of staff:</b>	<b>116</b>	<b>124</b>	<b>140</b>

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)080**

Question Serial No.

1254

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (1) Statutory Functions

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

What are the number of complaints received, and operations and prosecutions conducted by the Tobacco Control Office respectively in 2007-08 and 2008-09? What is the average time used to complete follow-up actions upon receipt of complaints? What is the longest and shortest completion time respectively?

Asked by:    Hon. CHEUNG Yu-yan, Tommy

Reply:

Enforcement figures are kept by calendar year instead of financial year. The numbers of complaints received, inspections conducted and summons issued by the Tobacco Control Office in 2007 and 2008 are as follows:

	<b>2007</b>	<b>2008</b>
Complaints received	17 981	15 321
Inspections conducted	13 691	13 302
Summons issued	3 834	7 428

In accordance with established practice, Tobacco Control Inspectors will normally initiate investigations within five to ten days of receipt of complaints. Some straight-forward cases could be resolved within one or two days while investigations of more complex complaints might take several weeks. The average time taken for completing investigation for a case is about ten working days.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)081**

Question Serial No.

1255

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (1) Statutory Functions

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

What are the staff establishment and turnover rates of the Tobacco Control Office in 2007-08 and 2008-09 respectively?

Asked by:    Hon. CHEUNG Yu-yan, Tommy

Reply:

Please refer to the Annex for details of staffing of the Tobacco Control Office (TCO) of the Department of Health in 2007-08 and 2008-09. The turnover rates of non-civil service contract staff in TCO was 23.9% and 31.8% in 2007-08 and 2008-09 (up to 28 February 2009) respectively.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



Tobacco Control Office

<b>Rank</b>	<b>2007-08</b>	<b>2008-09</b>
Principal Medical & Health Officer	1	1
Senior Medical & Health Officer	2	2
Medical & Health Officer/Contract Doctor	3	3
Superintendent of Police / Police Sergeant	7	7
Tobacco Control Inspector	78	85
Registered Nurse	2	2
Research Officer	1	1
Health Promotion Officer / Hospital Administrator II	4	4
Senior Executive Officer / Executive Officer / Administrative Assistant	4	5
Clerical Officer / Clerical Assistant / Project Assistant / General Worker	13	13
Motor Driver	1	1
<b>Total no. of staff:</b>	<b>116</b>	<b>124</b>



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)083**

Question Serial No.

1318

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      All Programmes

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the studies (including in-house or those entrusted to consultants) conducted for the purposes of formulating and assessing policies, please provide the relevant information in the following format -

(a) Projects on which funds have been reserved for conducting consultancy studies in 2008-09

Name of Consultant (if any)	Content	Revised Estimate (\$)	Progress of Studies (under planning/ in progress/ completed)	The follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have the studies been released to the public? If yes, through which channels? If not, what are the reasons?

(b) Projects on which funds will be reserved for conducting consultancy studies in 2009-10

Name of Consultant (if any)	Content	Provision (\$)	Progress of Studies (under planning/ in progress/ completed)	Will the studies be released to the public if they are expected to be completed in the 2009-10 financial year? If yes, through which channels? If not, what are the reasons?

Asked by:    Hon. EU Yuet-mee, Audrey

Reply:

(a) No funding has been reserved for conducting consultancy studies for formulating and assessing policies in 2008-09.

(b) Details of the consultancy study for which funds had been reserved in 2009-10 are set out as follows -

Name of Consultant (if any)	Content	Provision (\$)	Progress of Studies (under planning/ in progress/ completed)	Will the studies be released to the public if they are expected to be completed in the 2009-10 financial year? If yes, through which channels? If not, what are the reasons?
Has yet to identify a consultant	Engagement of consultancy service for the enhancement of regulation of pharmaceutical products in Hong Kong	\$1.5 million has been earmarked for the consultancy	Under planning	The Government plans to inform the Legislative Council Panel on Health Services of the study results.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)084**

Question Serial No.

1320

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (4) Curative Care

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Please provide the number of attendances of patients with special dental needs, and the ratio of number of the attendances of such patients to the number of dental personnel at public hospitals and government dental clinics in 2005-06, 2006-07, 2007-08, 2008-09 and 2009-10 respectively.

Asked by:      Hon. EU Yuet-mee, Audrey

Reply:

Currently, only the Oral Maxillofacial Surgery & Dental Units (OMS&DU) in seven public hospitals provide specialist dental treatment to patients with special dental needs. The OMS&DUs also provide dental service to hospital in-patients and patients of emergency cases.

In the financial years of 2005-06, 2006-07, 2007-08, 2008-09 and 2009-10, the ratio of number of dental personnel involved in OMS&DUs to the number of attendances of patients with special dental needs are set out below:

	<u>2005-06</u> (Actual)	<u>2006-07</u> (Actual)	<u>2007-08</u> (Actual)	<u>2008-09</u> (Estimate)	<u>2009-10</u> (Estimate)
No. of attendances of patients with special dental needs	23 321	19 937	20 106	20 110	20 110
No. of dental personnel involved (dentists & dental surgery assistants)	50	52	52	52	52
Ratio of no. of dental personnel to the no. of attendances of patients with special dental needs	1: 466	1: 383	1: 387	1: 387	1: 387

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)085**

Question Serial No.

1321

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:

The Government plans to provide dental service to groups with special oral care needs and emergency cases in 2009-10. Will the Administration allocate additional resources to recruit dental personnel and prevent wastage? If yes, what are the rank and remuneration of the new posts?

Asked by:    Hon. EU Yuet-mee, Audrey

Reply:

The Department of Health (DH) currently provides free emergency dental services to the public at 11 government dental clinics. The DH also operates Oral Maxillofacial Surgery and Dental Units in seven public hospitals to provide dental service to hospital in-patients and groups with special oral care needs. At present, there is no plan to allocate additional resources to recruit dental personnel.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)086**

Question Serial No.

1322

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 estimated that the number of school children participating in the Student Health Service will be reduced by 5.4% from the 2008 actual of 371 000 to the 2009 estimate of 351 000. What are the reasons?

Asked by:      Hon. EU Yuet-mee, Audrey

Reply:

The 2009 estimate of the number of primary school children who will participate in Student Health Service is lower than the actual number in 2008 because of the decrease in the total number of primary school students.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)087**

Question Serial No.

1323

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Please provide information on School Dental Care Service (SDCS) in the following format:

	2007-08	2008-09	2009-10 Estimate
Annual expenditure (\$)			
Unit cost per participating school child (\$)			
Total no. of target school children			
No. of participating school children			
Total no. of healthcare personnel under SDCS			
Ratio of dental healthcare personnel to participating school children			
No. of school children requiring follow-up after oral examination			
Overall percentage of school children with healthy teeth (%)			

Asked by:      Hon. EU Yuet-mee, Audrey



Reply:

The annual expenditure of School Dental Care Service (SDCS) and the unit cost of service for each participating school child in the financial years of 2007-08, 2008-09 and 2009-10 are as follows -

<u>Financial Year</u>	<u>2007-08</u>	<u>2008-09</u> (Revised Estimate)	<u>2009-10</u> (Estimate)
Annual expenditure	\$177.5 million	\$175.9 million	\$207.7 million
Unit cost per participating school child	\$620	\$676	\$745

Other information of SDCS in the service years of 2007-08, 2008-09 and 2009-10 are as follows -

<u>Service Year</u> <sup>Note 1</sup>	<u>2007-08</u>	<u>2008-09</u>	<u>2009-10</u> (Estimate)
Total no. of target school children	384 837	367 584	353 000*
No. of participating school children	365 643	346 672	335 000*
Total no. of healthcare personnel under SDCS (dentists, dental therapists & dental surgery assistants)	340	340	340*
Ratio of dental healthcare personnel to participating school children	1 : 1 075	1 : 1 020	1 : 985*
No. of school children requiring follow-up after oral examination	83 643	79 000*	77 000*
Overall percentage of school children with healthy teeth	84%	85%*	85%*

*Note 1: Service year refers to the period from 1 November of the current year to 31 October of the following year.*

\* *estimated figures*

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)088**

Question Serial No.

1324

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

The number of primary school children participating in the School Dental Care Service (SDCS) has decreased from the 2007 actual of 387 000 to the 2008 actual of 366 000, and will be reduced to the 2009 estimate of 346 000, representing an average annual decrease of 5.5%. What are the reasons? Will the Administration allocate additional resources to encourage the school children to participate in the SDSCS?

Asked by:      Hon. EU Yuet-mee, Audrey

Reply:

The reduction in the actual and estimated number of primary school children participating in the School Dental Care Service (SDCS) from 2007 to 2008 and from 2008 to 2009 respectively was mainly due to the decrease in the number of primary school children. In fact, the participation rate of the SDSCS has increased from 94% in 2007 to 95% in 2008. The Department of Health will continue to encourage participation of primary school children in the SDSCS within the overall provision.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)089**

Question Serial No.

0949

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

The Department of Health will set up an Electronic Health Record (eHR) Management Team in 2009-10. Please advise on the estimated expenditure, staffing establishment and concrete work plan of the Management Team.

Asked by:    Hon. CHAN Kin-por

Reply:

The Government has earmarked recurrent resources of \$67 million for the three financial years from 2009-10 to 2011-12 (of which \$21 million will be allocated in 2009-10) for setting up the electronic health record (eHR) Management Team in Department of Health (DH). We propose the eHR Management Team to have an initial setup of 20 staff, including one Senior Medical and Health Officer, one Senior Executive Officer, one Senior Project Manager, three Project Managers, four System Analysts, eight Analyst Programmers and two Computer Operators. With the support of the eHR Management Team, DH plans to develop a departmental electronic health record repository incorporating essential health data such as immunisation records, a common interfacing gateway for sharing information with healthcare providers outside DH, and pilot clinic management systems for three clinical services including families clinics, social hygiene service and clinical genetic service by 2013-14.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)090**

Question Serial No.

0950

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:

Since the implementation of the Elderly Health Care Voucher Pilot Scheme (the Scheme) of the Department of Health (DH), it was alleged that voucher value is insufficient and administrative procedures are complicated. Please advise on the condition of the Scheme since implementation and whether the Administration has considered making any adjustments to the Scheme. If yes, what are the details of these adjustments and the estimated expenditure involved?

Asked by:      Hon. CHAN Kin-por

Reply:

The Elderly Health Care Voucher Pilot Scheme was launched on 1 January 2009. As at 5 March 2009, a total of 2 494 practices have enrolled in the Scheme, including 1 219 practices of western medicine, 678 of Chinese medicine, 213 of dentistry, 14 of occupational therapy, 236 of physiotherapy, 21 of medical laboratory technology, 23 of radiography, 22 of chiropractic and 68 of nursing. A total of 42 749 eligible elders have used health care vouchers, representing about 6.5% of the estimated population of the age group of 70 years old or above in 2009. Eligible elders do not need to pre-register. They can use vouchers when in need by going to a health care practice displaying the Scheme logo. Unused vouchers can be accumulated over the three-year pilot period.

The Department of Health (DH) has been publicizing the Scheme through announcement of public interest on television and radio, pamphlets, posters, website and VCDs. DH has also arranged briefing sessions for health care service providers, organisations providing elderly services and District Councils. DH will monitor the participation of health care service providers and elderly persons and adjust the publicity programme as and when needed. The Government will also closely monitor the feedback on the Scheme and further streamline the operation of the Scheme as necessary.

The Scheme runs from 1 January 2009 to 31 December 2011. The Government will conduct an interim review one year after the launch and a full review after the three-year pilot period has ended. The reviews will cover, inter alia, the effectiveness of the pilot and the appropriateness of its scope and coverage. The resources involved for the review will be absorbed in the overall provision for the pilot scheme and we do not have a separate estimate.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

Examination of Estimates of Expenditure 2009-10

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)091**

Question Serial No.

0951

Head: 37 Department of Health      Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The figures of AIDS counselling attendances and utilisation of the AIDS telephone enquiry service of the Department of Health decreased significantly in 2008 as compared with those in 2007. What are the reasons for that?

Asked by: Hon. CHAN Kin-por

Reply:

There has been an increase in the number of reported HIV cases in recent years. As a result, the Department of Health (DH) experienced an upsurge on the utilisation of HIV/AIDS voluntary counseling and testing services through its AIDS telephone enquiry service and AIDS counseling attendances in 2007. In response to the HIV epidemic, the Council for the AIDS Trust Fund provided extra funding to non-governmental organisations (NGOs) to scale up provision of HIV counseling and testing services in 2008 with DH providing training and technical support to the concerned NGOs. The respective indicators in 2008 reflected a changing distribution in service demand from various providers.

The 2009 estimated figures are based on a review of the service demand in 2008 and the level of provision of counseling and testing services by NGOs.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

<b>FHB(H)092</b>
------------------

Question Serial No.

1102
------

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Administration inform this Committee of the numbers of patients triaged respectively as first priority and second priority in 2008-09 and their respective percentages in the total number of specialist outpatient new attendances? Please specify also the median waiting times by specialty and hospital cluster.

Asked by: Hon LEUNG Ka-lau

Reply:

The tables below provide the number and percentage of new cases triaged as Priority 1 (urgent) and Priority 2 (semi-urgent), and their respective median waiting time by cluster and specialty for 2008-09 (up to 31 December 2008).

**2008-09 (up to 31 December 2008)**

Cluster	Specialty	Priority 1			Priority 2		
		Number of new cases	% of new cases	Median waiting time (week)	Number of new cases	% of new cases	Median waiting time (week)
HKE	ENT	1 020	17%	<1	1 985	33%	4
	MED	1 445	18%	1	2 649	32%	5
	GYN	1 000	25%	<1	354	9%	4
	OPH	3 876	45%	<1	947	11%	6
	ORT	964	15%	<1	1 689	27%	6
	PAE	1 748	64%	<1	710	26%	6
	PSY	556	17%	<1	430	13%	2
HKW	SUR	1 328	14%	1	2 847	29%	7
	ENT	176	4%	<1	730	17%	2
	MED	198	3%	<1	466	7%	6
	GYN	557	9%	1	770	13%	4
	OPH	1 942	37%	<1	954	18%	8
	ORT	280	4%	<1	1 266	19%	2
	PAE	305	12%	<1	947	36%	6
	PSY	142	7%	<1	308	14%	2
KC	SUR	1 548	16%	<1	1 717	17%	4
	ENT	1 267	11%	<1	1 604	14%	1
	MED	1 075	14%	<1	875	11%	4
	GYN	253	8%	<1	797	24%	4

Cluster	Specialty	Priority 1			Priority 2		
		Number of new cases	% of new cases	Median waiting time (week)	Number of new cases	% of new cases	Median waiting time (week)
	OPH	6 465	39%	<1	3 146	19%	5
	ORT	377	8%	1	519	11%	4
	PAE	223	14%	<1	771	48%	7
	PSY	248	11%	<1	628	29%	3
	SUR	1 656	14%	1	1 951	17%	5
KE	ENT	1 330	24%	<1	1 426	25%	3
	MED	1 798	15%	1	4 036	33%	7
	GYN	1 203	21%	1	993	18%	7
	OPH	3 385	31%	<1	2 682	25%	7
	ORT	3 150	30%	<1	2 189	21%	5
	PAE	618	23%	<1	580	21%	6
	PSY	970	24%	<1	1 124	28%	5
	SUR	1 395	9%	1	4 362	28%	7
KW	ENT	3 134	29%	<1	2 488	23%	6
	MED	1 793	10%	<1	4 338	24%	6
	GYN	497	5%	1	1 705	18%	6
	OPH	4 775	36%	<1	2 440	19%	3
	ORT	3 371	23%	<1	2 997	21%	6
	PAE	1 041	17%	<1	694	11%	5
	PSY	207	3%	<1	1 127	17%	4
	SUR	3 209	11%	1	7 422	25%	6
NTE	ENT	2 555	24%	<1	1 915	18%	4
	MED	1 095	9%	<1	1 599	12%	5
	GYN	833	11%	1	740	10%	4
	OPH	5 074	40%	<1	1 585	12%	4
	ORT	3 644	26%	<1	1 410	10%	4
	PAE	324	10%	1	696	22%	4
	PSY	820	15%	<1	1 021	18%	3
	SUR	1 540	9%	1	1 565	9%	5
NTW	ENT	1 918	23%	<1	580	7%	4
	MED	941	12%	1	1 989	26%	7
	GYN	1 241	23%	1	1 782	32%	3
	OPH	4 923	39%	<1	2 837	22%	4
	ORT	1 201	15%	<1	1 132	14%	4
	PAE	67	4%	1	428	24%	4
	PSY	725	18%	<1	1 252	31%	3
	SUR	959	6%	1	2 432	16%	5

**Notes:**

Cluster: HKE – Hong Kong East Cluster  
 HKW – Hong Kong West Cluster  
 KC – Kowloon Central Cluster  
 KE – Kowloon East Cluster  
 KW – Kowloon West Cluster  
 NTE – New Territories East Cluster  
 NTW – New Territories West Cluster

Specialty: ENT – Ear, Nose and Throat  
MED – Medicine  
GYN – Gynaecology  
OPH – Ophthalmology  
ORT – Orthopaedics and Traumatology  
PAE – Paediatrics and Adolescent Medicine  
PSY – Psychiatry  
SUR – Surgery

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 12.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)093**

Question Serial No.

0952

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:

One of the items under this programme is to implement pilot projects in 2009-10 to strengthen health care support for chronic diseases through enhancing primary care and promoting public-private partnership. Please advise the details of these projects and the estimated expenditure involved.

Asked by: Hon. CHAN Kin-por

Reply:

In line with the direction of healthcare reform to enhance primary care, promote public-private partnership and put emphasis on disease prevention, the Government has earmarked a total of about \$509 million for the period 2009-10 to 2011-12 (of which \$170 million will be allocated in 2009-10) to implement a series of healthcare service reform initiatives on a pilot basis to enhance primary healthcare services and support for chronic disease patients, and to strengthen family medicine training. A number of the initiatives will involve public-private partnership.

The pilot initiatives present an integrated chronic disease management model comprising four elements, including protocol-based risk assessment, multi-disciplinary care, patient empowerment and shared-care of patients by the public and private sectors. The model aims to transform the current fragmented care provided to chronic patients by individual healthcare providers into an integrated healthcare process delivering holistic care with multidisciplinary input. It will enhance secondary prevention and improve patients' health outcome. It will also strengthen the existing support for chronic disease patients being taken care of by private family doctors.

The earmarked funding from 2009-10 to 2011-12 for these pilot initiatives includes –

(1) About \$265 million for launching three pilot programmes to enhance the care of chronic disease patients under the care of doctors in both the public and private sectors, including a Multidisciplinary Risk Factor Assessment and Management Programme (RAMP) to perform protocol-based risk assessments of chronic patients through multi-disciplinary teams in Hospital Authority (HA), establishing Nurse and Allied Health Clinics (NAHC) alongside General Out-Patient Clinics (GOPC) of HA to provide intervention of specific risk factors of chronic patients, and a Patient Empowerment Programme (PEP) to provide education to and enhance self-care of chronic disease patients in collaboration with non-government organizations.

(2) About \$200 million for implementing a number of pilot projects for shared-care of chronic disease patients by both the public and private healthcare sectors. Specifically, stable chronic disease patients currently under the care of Specialist Out-patient Clinics and GOPCs of HA would be given the alternative choice to receive healthcare from private medical practitioners of their choice based on specified service models and protocols for effective care of their chronic diseases with subsidies provided by the Government. We would also contract centres managed by the private sector to provide additional haemodialysis service for end-stage renal disease patients currently under the care of public hospitals.

Each of these pilot initiatives will set objectives aiming at enhancing primary care and strengthening support for chronic disease patients based on specific service models and clinical guidelines for primary care and chronic disease care. We will develop mechanism for assessing and evaluating these projects having regard to the set objectives, with particular attention to the effectiveness and quality of care based on clinical outcomes.

In addition, about \$44 million has been earmarked from 2009-10 to 2011-12 for enhancing family medicine training in support of the direction of healthcare reform of promoting the family doctor concept in primary care. Evaluation of this initiative will cover objective assessment of knowledge and skill acquisition by participants.

We are working out the implementation details of the pilot projects, including their scale, manpower requirement, and participation arrangements.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)094**

Question Serial No.

0953

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:

One of the items under this programme is to designate public transport interchanges as no smoking areas. Please advise details of the measure, the timetable for implementation and whether no smoking areas would be further expanded. Upon the expiry of grace period for places of entertainment and bars in July, would additional resources be required for implementing the smoking ban? What are the details and resources involved?

Asked by: Hon. CHAN Kin-por

Reply:

The Administration will proceed to designate Public Transport Interchanges (PTIs) as statutory no smoking areas after the fixed penalty system for smoking offences comes into operation in the second quarter of 2009. The plan is to designate those PTIs with superstructure first, followed by open-air PTIs. The designation of PTIs with superstructure is expected to be completed within 2009.

Under the Smoking (Public Health) Ordinance, the application of the smoking ban to qualified establishments (namely qualified bars, clubs, nightclubs, bathhouses, mahjong-tin kau premises and designated mahjong rooms in qualified clubs) is deferred until 1 July 2009. The Tobacco Control Office (TCO) of the Department of Health is planning for the implementation of the smoking ban to these qualified establishments with effect from 1 July 2009.

To cope with the additional workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 15 civil service posts will be created and 18 non-civil service contract positions will be converted to civil service posts in 2009-10. The provision for carrying out enforcement duties by TCO in 2009-10 will be increased to \$28 million, from a revised estimate of \$24.9 million in 2008-09.

Signature

Name in block letters

Ms Sandra LEE

Post Title

Permanent Secretary for Food  
and Health (Health)

Date

16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)095**

Question Serial No.

1029

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:

- (a) Please provide a breakdown of the cost of health care service by age groups, namely below 15, 15-64, 65-74 and over 75, and also the cost of health care services per 1000 population for the overall population.
- (b) What are the respective costs of inpatient services for each inpatient attendance in 2006-07, 2007-08 and 2008-09? Please list by age groups the average length of stay for cases of death of inpatients.

Asked by: Hon. HO Chun-yan, Albert

Reply:

- (a) The costs of health care services provided by the Hospital Authority (HA) per 1000 population of the overall population and by respective age groups for 2006-07, 2007-08 and 2008-09 are shown in the table below. The ratio of HA's costs of health care services to the population figure however does not reflect the total public health expenditure on each Hong Kong citizen on average since not every Hong Kong citizen uses health care services provided by HA.

	<b>Cost of HA's health care services per 1000 population <sup>(note)</sup></b>		
	2006-07 (\$million)	2007-08 (\$million)	2008-09 (Revised Estimate) (\$million)
Age below 15	2.8	3.0	3.2
Age 15-64	2.7	2.8	3.0
Age 65-74	10.4	10.8	11.3
Age 75 & above	23.4	24.7	25.8
Overall	4.4	4.6	5.0

Note – Mid-year population figures of respective years as published by the Census & Statistics Department are adopted as the basis of calculation. Population figures of 2008 are provisional figures.

- (b) The table below sets out the average cost per inpatient discharged in respect of general beds, infirmary beds, beds for mentally ill and beds for the mentally handicapped in HA for 2006-07, 2007-08 and 2008-09.

Types of Beds	2006-07 (\$)	2007-08 (\$)	2008-09 (Revised Estimate) (\$)
General (acute & convalescent)	19 170	19 550	20 710
Infirmary	140 620	138 990	178 370
Mentally ill	108 880	113 400	122 100
Mentally handicapped	639 210	830 650	826 780

The average length of stay for cases of death of inpatients by age groups for 2006-07, 2007-08 and 2008-09 (up to end December 2008) are provided in the table below.

	2006-07 (Days)	2007-08 (Days)	2008-09 (up to 31 December 2008) (Days)
Age below 15	54.4	51.1	98.7*
Age 15-64	17.4	15.8	18.0
Age 65-74	14.8	14.6	14.8
Age 75 and above	12.9	12.5	13.4

- \* The exceptionally long average length of stay was due to the inclusion of 3 long-stay patients with each staying over 2 600 days before death.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)096**

Question Serial No.

1030

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:

Please specify the number of Comprehensive Social Security Assistance (CSSA) recipients and non-CSSA recipients who were granted waiver of medical fee as well as the respective amount waived. For non-CSSA recipients, please also give a breakdown of the number of those who were granted waiver of medical fee and the total amount waived by age and by eligible persons/non-eligible persons.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The tables below provide the number of Comprehensive Social Security Assistance (CSSA) recipients and non-CSSA recipients who were granted waiver and the amount waived for each of the years from 2006-07 to 2008-09, with breakdown of the relevant information by age and eligible persons/non-eligible persons in respect of the non-CSSA recipients.

(a) The number of CSSA and non-CSSA recipients who were granted waiver and the amount waived

	2006-07		2007-08		2008-09 (up to 31 December 2008)	
	Number of patients granted waiver	Amount waived (\$ Million)	Number of patients granted waiver	Amount waived (\$ Million)	Number of patients granted waiver	Amount waived (\$ Million)
CSSA recipients	486 100	434.6	475 292	428.7	417 753	307.0
Non-CSSA recipients	52 414	78.0	54 797	74.1	43 806	49.6
<b>Total</b>	<b>538 514</b>	<b>512.6</b>	<b>530 089</b>	<b>502.8</b>	<b>461 559</b>	<b>356.6</b>

(b) Breakdown of non-CSSA recipients by age

	2006-07		2007-08		2008-09 (up to 31 December 2008)	
	Number of patients granted waiver	Amount waived (\$ Million)	Number of patients granted waiver	Amount waived (\$ Million)	Number of patients granted waiver	Amount waived (\$ Million)
Less than 65 years old	34 494	54.4	36 986	54.0	29 723	37.0
65 years old and above	17 920	23.6	17 811	20.1	14 083	12.6
<b>Total</b>	<b>52 414</b>	<b>78.0</b>	<b>54 797</b>	<b>74.1</b>	<b>43 806</b>	<b>49.6</b>

(c) Breakdown of non-CSSA recipients by eligible persons/non-eligible persons

	2006-07		2007-08		2008-09 (up to 31 December 2008)	
	Number of patients granted waiver	Amount waived (\$ Million)	Number of patients granted waiver	Amount waived (\$ Million)	Number of patients granted waiver	Amount waived (\$ Million)
Eligible persons	51 053	64.3	52 629	57.2	41 500	36.4
Non-eligible persons	1 361	13.7	2 168	16.9	2 306	13.2
<b>Total</b>	<b>52 414</b>	<b>78.0</b>	<b>54 797</b>	<b>74.1</b>	<b>43 806</b>	<b>49.6</b>

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)097**

Question Serial No.

1031

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:

- (a) Please set out the expense of the Samaritan Fund in subsidizing patients' drugs and the number of cases involved, and the average percentage of subsidy in the drug expenditure of patients in each of the years from 2006-07 to 2008-09.
- (b) Please set out the provision for each cluster, the numbers of doctors, nurses and general hospital beds per 1 000 individuals in each cluster, and the total number for 2008-09.

Asked by: Hon. HO Chun-yan, Albert

Reply:

- (a) The table below sets out the number of approved applications under the Samaritan Fund (the Fund), the total amount of subsidies granted, and the average subsidy as a percentage of the drug expenditure of patients in 2006-07, 2007-08 and 2008-09.

<b>Year</b>	<b>Number of application approved for subsidy to drug expenses</b>	<b>Total amount of subsidies granted (\$ million)</b>	<b>Average drug subsidy level for patients receiving assistance from the Fund</b>
2006-07	353	39.3	90.8%
2007-08	690	55.5	90.8%
2008-09 (up to 31 December 2008)	601	56.3	91.5%



- (b) The table below sets out the allocation, number of doctors, nurses, general hospital beds and their ratio to each 1 000 population in respect of each cluster under the Hospital Authority (HA) in 2008-09.

Cluster	Budget allocation (Revised estimate) (\$ billion)	Number of healthcare professionals as at 31 December 2008				Number of general beds (Revised estimate)	
		Doctors		Nurses			
		Number	Ratio per 1 000 populatio n	Number	Ratio per 1 000 populatio n	Number	Ratio per 1 000 populatio n
Hong Kong East	3.36	543	0.67	2 006	2.48	1 942	2.4
Hong Kong West	3.59	540	1.03	2 358	4.48	2 881	5.5
Kowloon Central	4.18	618	1.28	2 744	5.70	3 002	6.2
Kowloon East	3.03	554	0.59	1 973	2.09	2 039	2.2
Kowloon West	7.04	1 177	0.63	4 659	2.49	5 204	2.8
New Territories East	5.00	811	0.64	3 178	2.49	3 473	2.7
New Territories West	3.89	636	0.60	2 525	2.38	1 875	1.8
<b>Total</b>	<b>30.09</b>	<b>4 879</b>	<b>0.70</b>	<b>19 443</b>	<b>2.79</b>	<b>20 416</b>	<b>2.9</b>

Notes:

1. The manpower figures are calculated on full-time equivalent basis, including all staff on permanent, contract and temporary terms.
2. The number of doctors includes all doctors at the rank of Medical Officers / Residents and above.
3. The number of nurses includes all nurses at the rank of Registered Nurses and above, Enrolled Nurses and Trainees.
4. It should be noted that the ratio of doctors, nurses and general hospital beds to each 1 000 population varies among clusters and the variances do not necessarily correspond to the difference in the population among clusters because:
  - (a) patients can receive care in hospitals other than those in their own residential districts and cross-cluster utilization of services is rather common;
  - (b) some specialized services are mainly provided by a number of hospitals in certain clusters and these hospitals are also providing services for patients in other clusters; and
  - (c) the demographic profiles and disease episodes of local population varies among the clusters.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

<b>FHB(H)098</b>
------------------

Question Serial No.

1032
------

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:

- (a) Please list by cluster the occupancy rate of general inpatient bed, the waiting time for accident and emergency services and for specialist outpatient services of first priority patients in 2008-09.
- (b) Please list, by individual hospital cluster, the cost per patient day of general inpatient bed, the cost per accident and emergency attendance, the cost per specialist outpatient attendance and the cost per general outpatient attendance in 2008-09.

Asked by: Hon. HO Chun-yan, Albert

Reply:

- (a) The table below sets out the occupancy rate of general inpatient beds, the average waiting time for Accident and Emergency (A&E) services of patients in various triage categories, and the median waiting time for Specialist Outpatient (SOP) new cases triaged as first priority (urgent) cases in each hospital cluster for 2008-09 (up to end December 2008).

Hospital Cluster	Occupancy Rate of General Beds	Average Waiting Time for A&E Services (Minute)					Median Waiting Time of SOP Attendance of patients in 1 <sup>st</sup> Priority( urgent) cases (Week)
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)	
HKE	83%	0	5	15	54	102	<1
HKW	71%	0	4	18	72	126	<1
KC	83%	0	6	16	63	99	<1
KE	84%	0	8	16	78	126	<1
KW	81%	0	6	21	86	108	<1
NTE	86%	0	7	14	52	53	<1
NTW	91%	0	3	13	48	49	<1
<b>Overall</b>	82%	0	6	17	65	88	<1

- (b) The table below sets out the cost per patient day for general bed, the cost per accident and emergency attendance, the cost per specialist outpatient attendance and the cost per general outpatient attendance for 2008-09. The variation in unit costs among clusters was due to various reasons such as the differences in the mix of patients, fixed costs involved in the provision of services, complexity of cases and length of stay of patients, etc across different clusters.

	2008-09 (Revised estimate)							Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
Cost per patient day of General Bed (\$)	3 720	4 260	3 390	3 770	3 550	3,570	3 750	<b>3 680</b>
Cost per Accident and Emergency Attendance (\$)	810	820	800	890	770	860	750	<b>810</b>
Cost per Specialist Outpatient Attendance (\$)	780	850	840	780	790	860	860	<b>820</b>
Cost per General Outpatient Attendance (\$)	330	290	280	260	300	290	260	<b>290</b>

Note :

HKE – Hong Kong East Cluster

HKW – Hong Kong West Cluster

KC – Kowloon Central Cluster

KE – Kowloon East Cluster

KW – Kowloon West Cluster

NTE – New Territories East Cluster

NTW- New Territories West Cluster

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)099**

Question Serial No.

1088

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:

To support the Government's policy of creating employment opportunities, the Hospital Authority has indicated that it would open over 1 000 extra posts for medical and nursing, allied health, administrative, support services and construction workers in 2009. Would the Administration advise on the rank, remuneration and duties of the posts created, and the number of staff filling these posts in each hospital cluster in years 2009-10, 2010-11 and 2011-12?

Asked by: Hon. LEUNG Ka-lau

Reply:

The number of additional posts to be created in each staff group in the Hospital Authority (HA) in 2009-10 is given below.

<b>Staff Group</b>	<b>Number of additional posts to be created in 2009-10</b>
Medical staff <sup>1</sup>	134
Nursing staff <sup>2</sup>	318
Allied health staff <sup>3</sup>	128
Management staff / other profession <sup>4</sup>	52
Supporting staff <sup>5</sup>	644
Total	1 276

Notes:

1. Medical staff includes doctors at the ranks of Associate Consultant and Resident. Their monthly mid point salaries range from \$63 335 to \$122 700.
2. Nursing staff includes nurses at the ranks of Enrolled Nurse, Registered Nurse, Advanced Practice Nurse and Chief Nursing Officer. Their monthly mid point salaries range from \$20 835 to \$71 880.

3. Examples of allied health staff to be recruited include Physiotherapist, Occupational Therapist, Pharmacist, Dispenser, Radiographer, Radiation Therapist, Medical Technologists, etc. The monthly mid point salaries of all ranks to be covered range from \$20 835 to \$57 875.
4. Examples of Management staff / Other Profession to be recruited include Accountant, Executive Officer, Hospital Administrator, Architect / Engineer, etc. The monthly mid point salaries of all ranks to be covered range from \$19 835 to \$106 880.
5. Examples of Supporting Staff include Administrative Assistant, Clerk, Technical Service Assistant and General Service Assistant. The monthly mid point salaries of all ranks to be covered range from \$8 300 to \$33 520.

The additional manpower will be involved in providing enhanced medical services to patients under various programmes, such as the risk factor assessment and management programme, patient empowerment programme, public private partnership programme for better disease management of chronic disease patients in the community; as well as other programmes to meet increased service demand arising from population growth, demographic changes and technology advancement, such as enhanced services for treatment of life-threatening diseases, including acute cardiac care, ambulatory cancer service, oncology service, renal service and liver transplant services. All the additional posts set out in the table above are planned for creation within 2009-10. The detailed distribution of the additional manpower among clusters is being worked out within HA. The service plans and additional manpower requirement for 2010-11 and 2011-12 will be drawn up in due course.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)100**

Question Serial No.

1089

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

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

According to the Hospital Authority, a total of around 150 additional beds will be provided in New Territories West Cluster (NTWC) and Kowloon East Cluster (KEC). The new beds will be opened at Pok Oi Hospital, Tuen Mun Hospital and Tseung Kwan O Hospital. Around \$56 million and \$35 million will be allocated to NTWC and KEC respectively for this purpose. What is the number of beds, details of the expenditure and the manpower and ranks concerned for the respective hospitals in 2009-10, 2010-11 and 2011-12?

Asked by: Hon. LEUNG Ka-lau

Reply:

For the New Territories West (NTW) Cluster, an additional allocation of \$56 million has been earmarked in 2009-10 to open 85 and 37 additional beds in Pok Oi Hospital and Tuen Mun Hospital respectively and to enhance its services.

As for the Kowloon East (KE) Cluster, an additional allocation of \$35 million and \$1.3 million has been earmarked in 2009-10 to open 36 surgical beds in the Tseung Kwan O Hospital and to enhance its services, and to open one additional coronary care bed in the United Christian Hospital respectively.

The manpower requirements for the above enhancement measures are being worked out. The service plans and detailed resources requirements for 2010-11 and 2011-12 will be worked out in due course.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)101**

Question Serial No.

1090

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 2009-10, the Hospital Authority will provide additional surgical operations and specialist outpatient clinic attendances in Tseung Kwan O Hospital. Please advise on the number of these operations and attendances, as well as the expenditure, manpower and ranks involved in 2009-10, 2010-11 and 2011-12.

Asked by: Hon. LEUNG Ka-lau

Reply:

An additional allocation of \$35 million has been earmarked in 2009-10 for the Kowloon East (KE) Cluster to open 36 surgical beds in the Tseung Kwan O Hospital and to enhance its services. It is estimated that the 36 surgical beds could provide an additional 360 surgical operations and 2 800 surgical specialist outpatient clinic attendances in 2009-10.

The manpower requirements for the above enhancement measure are being worked out. The service plans and detailed resources requirements for 2010-11 and 2011-12 will be worked out in due course.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)102**

Question Serial No.

1091

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:

The Hospital Authority has said that it will enhance its services in primary care and chronic disease management, which include establishing multi-disciplinary teams to provide risk assessment and targeted management to diabetic and hypertensive patients. Would the Administration advise us of the details of these services and the expenditure, manpower and ranks involved in 2009-10, 2010-11 and 2011-12?

Asked by: Hon. LEUNG Ka-lau

Reply:

In line with the direction of healthcare reform to enhance primary care, promote public-private partnership and put emphasis on disease prevention, the Government has earmarked a total of about \$509 million for the period 2009-10 to 2011-12 (of which \$170 million will be allocated in 2009-10) to implement a series of healthcare service reform initiatives on a pilot basis to enhance primary healthcare services and support for chronic disease patients, and to strengthen family medicine training. A number of the initiatives will involve public-private partnership.

The pilot initiatives present an integrated chronic disease management model comprising four elements, including protocol-based risk assessment, multi-disciplinary care, patient empowerment and shared-care of patients by the public and private sectors. The model aims to transform the current fragmented care provided to chronic patients by individual healthcare providers into an integrated healthcare process delivering holistic care with multidisciplinary input. It will enhance secondary prevention and improve patients' health outcome. It will also strengthen the existing support for chronic disease patients being taken care of by private family doctors.

The earmarked funding from 2009-10 to 2011-12 for these pilot initiatives includes –

(1) About \$265 million for launching three pilot programmes to enhance the care of chronic disease patients under the care of doctors in both the public and private sectors, including a Multidisciplinary Risk Factor Assessment and Management Programme (RAMP) to perform protocol-based risk assessments of chronic patients through multi-disciplinary teams in Hospital Authority (HA), establishing Nurse and Allied Health Clinics (NAHC) alongside General Out-Patient Clinics (GOPC) of HA to provide intervention of specific risk factors of chronic patients, and a Patient Empowerment Programme (PEP) to provide education to and enhance self-care of chronic disease patients in collaboration with non-government organizations.

(2) About \$200 million for implementing a number of pilot projects for shared-care of chronic disease patients by both the public and private healthcare sectors. Specifically, stable chronic disease patients currently under the care of Specialist Out-patient Clinics and GOPCs of HA would be given the alternative choice to receive healthcare from private medical practitioners of their choice based on specified service models and protocols for effective care of their chronic diseases with subsidies provided by the Government.

We would also contract centres managed by the private sector to provide additional haemodialysis service for end-stage renal disease patients currently under the care of public hospitals.

Each of these pilot initiatives will set objectives aiming at enhancing primary care and strengthening support for chronic disease patients based on specific service models and clinical guidelines for primary care and chronic disease care. We will develop mechanism for assessing and evaluating these projects having regard to the set objectives, with particular attention to the effectiveness and quality of care based on clinical outcomes.

In addition, about \$44 million has been earmarked from 2009-10 to 2011-12 for enhancing family medicine training in support of the direction of healthcare reform of promoting the family doctor concept in primary care. Evaluation of this initiative will cover objective assessment of knowledge and skill acquisition by participants.

We are working out the implementation details of the pilot projects, including their scale, manpower requirement, and participation arrangements.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)103**

Question Serial No.

1092

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:

To strengthen its mental health outreach service, the Hospital Authority has said that it will provide 14 400 outreach visits to psychiatric patients in the community. Would the Administration advise us of the relevant manpower arrangement, expenditure and ranks as well as the number of patients involved in 2009-10, 2010-11 and 2011-12?

Asked by: Hon. LEUNG Ka-lau

Reply:

To further enhance its community psychiatric service, the Hospital Authority (HA) will implement in all seven hospital clusters a recovery support programme, which will provide a total of 14 400 outreach attendances to 2 800 discharged patients with complex needs each year. The programme will adopt a case management approach to provide appropriate support for discharged patients to facilitate their recovery and integration into the community. An additional 28 nurses and allied health professionals will be recruited to provide the service and the annual expenditure of the programme is estimated at about \$23.6 million.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)104**

Question Serial No.

1093

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 order to strengthen mental health services, the Hospital Authority has announced that triage clinics will be set up at psychiatric Specialist Outpatient Clinics to provide 10 500 attendances for newly referred psychiatric patients. Would the Administration advise the Committee of the manpower arrangement, expenditure and ranks of the staff involved, the distribution of attendances in the various clinics, the service nature of the triage clinics and the number of patients benefited in 2009-10, 2010-11 and 2011-12 respectively? What is the target average waiting time for psychiatric specialist out-patient service in 2009-10, 2010-11 and 2011-12?

Asked by: Hon. LEUNG Ka-lau

Reply:

To further enhance its mental health services, the Hospital Authority (HA) will set up five triage clinics at the psychiatric specialist outpatient clinics (SOPCs) in Hong Kong East, Kowloon East, Kowloon West, New Territories East, and New Territories West clusters in 2009-10 to provide timely consultation services for new patients. It is estimated that each clinic will provide consultation services to around 700 patients with 2 100 attendances per year. A total of five additional doctors will be recruited to provide the service and the annual expenditure of the programme is estimated at about \$6.8 million.

In 2008-09 (up to 31 December 2008), the median waiting time for first appointment of first priority (i.e. urgent) cases and second priority (i.e. semi-urgent) cases at psychiatric SOPCs were around one week and three weeks respectively. It has been the targets of HA to keep the median waiting time for the first appointment of first priority and second priority cases at SOPCs to within 2 weeks and 8 weeks respectively. The target median waiting time remains the same in 2009-10.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)105**

Question Serial No.

1094

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:

The Financial Secretary proposed to increase tobacco duty by 50% and expected that the revenue from such duty will subsequently increase from \$3 billion in 2008-09 to around \$3.8 billion in 2009-10. Will the Administration use the revenue to procure smoking cessation drugs? If so, what are the details and the expenditure involved? If not, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

Under the Government's long-standing principles of public finance management, the revenues from tobacco duty, similar to other tax revenues, will be credited to the General Revenue. The Government will then make appropriate allocation of resources based on actual requirements for expenditure to ensure fair and reasonable allocation of resources among various policy areas.

The Government has been increasing the resources devoted to tobacco control including smoking cessation over the years. The funding allocation for the Tobacco Control Office (TCO) under the Department of Health (DH) and the Hong Kong Council on Smoking and Health (COSH) has increased from \$18.5 million in 2003-04 to \$61.7 million in 2009-10.

On the provision of smoking cessation services, both DH and the Hospital Authority have stepped up their efforts by setting up smoking cessation clinics, establishing the Smoking Cessation Hotline and enhancing their counseling and referral services. DH has also launched a new three-year pilot community-based smoking cessation programme in collaboration with the Tung Wah Group of Hospitals since February 2009, under which free medical treatment and counseling services are made available to smokers. The Administration will continue to monitor the smoking pattern and smoking cessation rate of our population and step up our efforts on tobacco control including smoking cessation.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 11.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)106**

Question Serial No.

1095

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 2007-2008, 2008-2009 and 2009-2010 (estimate), how much provision has been allocated to hospitals under the Hospital Authority to cover expenses on General Drugs and Special Drugs? Has any provision been earmarked to purchase drugs for rare genetic diseases? If yes, what are the details and the expenditures involved? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

The expenditure of the Hospital Authority (HA) on general drugs and special drugs in 2007-08 and 2008-09 (full-year projection) are given in the table below. The relevant figures for 2009-10 are not available.

	2007-2008		2008-2009 (full-year projection)	
	Expenditures on general drugs (\$ million)	Expenditures on special drugs (\$ million)	Expenditure on general drugs (\$ million)	Expenditure on special drugs (\$ million)
Hong Kong East	148.71	83.19	147.79	92.18
Hong Kong West	164.65	135.15	167.89	149.63
Kowloon Central	226.54	101.01	223.53	110.58
Kowloon East	212.32	86.76	227.28	98.62
Kowloon West	300.16	163.74	298.96	190.32
New Territories East	244.58	151.94	237.99	160.4
New Territories West	156.03	103.53	161.23	115.58
<b>Total</b>	<b>1,452.99</b>	<b>825.32</b>	<b>1,464.67</b>	<b>917.31</b>

The expenditure of HA on drugs for enzyme replacement therapy for patients with rare metabolic disease in 2007-08 and 2008-09 (full-year projection) were \$3.18 million and \$3.12 million respectively. In 2009-10, HA has earmarked \$10 million to purchase drugs for enzyme replacement therapy for these patients.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

<b>FHB(H)107</b>
------------------

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

Question Serial No.
---------------------

1096
------

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please give a breakdown of the amount of provision and the number of doctors, nurses, allied health staff and general inpatient beds by hospital cluster in 2008-09. What is the percentage of these figures of the total?

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the allocation, number of doctors, nurses, allied health staff and general hospital beds in respect of each cluster of the Hospital Authority (HA) and their respective percentages of the total in 2008-09.

Cluster	Budget Allocation (Revised estimate)		Number of Healthcare Professionals <sup>1</sup> as at 31 December 2008						Number of General Beds (Revised estimate)	
			Doctors <sup>2</sup>		Nurses <sup>3</sup>		Allied Health			
	Amount (\$ billion)	%	Number	%	Number	%	Number	%	Number	%
<b>Hong Kong East</b>	3.36	11.2	543	11.1	2 006	10.3	592	11.5	1 942	9.5
<b>Hong Kong West</b>	3.59	11.9	540	11.1	2 358	12.1	708	13.7	2 881	14.1
<b>Kowloon Central</b>	4.18	13.9	618	12.7	2 744	14.1	744	14.4	3 002	14.7
<b>Kowloon East</b>	3.03	10.1	554	11.4	1 973	10.1	521	10.1	2 039	10.0
<b>Kowloon West</b>	7.04	23.4	1 177	24.1	4 659	24.0	1 127	21.8	5 204	25.5
<b>New Territories East</b>	5.00	16.6	811	16.6	3 178	16.3	869	16.8	3 473	17.0
<b>New Territories West</b>	3.89	12.9	636	13.0	2 525	13.0	598	11.6	1 875	9.2
<b>Total</b>	30.09	100.0	4 879	100.0	19 443	100.0	5 159	100.0	20 416	100.0



Notes:

1. The number refers to the manpower calculated on full-time equivalent basis, including all staff on permanent, contract and temporary terms.
2. The number includes all doctors at the rank of Medical Officers / Residents and above.
3. The number includes all nurses at the rank of Registered Nurses and above, Enrolled Nurses and Trainees.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

<b>FHB(H)108</b>
------------------

Question Serial No.

1097
------

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:

Please list out the respective occupancy rates of general beds and beds of various specialties in each hospital of the Hospital Authority, as well as the average length of stay of the patients for 2008-09.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the bed occupancy rate for all general beds and those of the major specialties in each hospital cluster under the Hospital Authority and the average length of stay (ALOS) of inpatients in 2008-09 (up to end December 2008).

	Cluster							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
<b><u>Overall for general beds</u></b>								
Bed occupancy rate	83%	71%	83%	84%	81%	86%	91%	<b>82%</b>
In-patient ALOS (days)	5.5	6.8	6.8	5.7	5.7	6.3	5.3	<b>6.0</b>
<b><u>Major specialties</u></b>								
<b>Gynaecology</b>								
Bed occupancy rate	84%	68%	95%	72%	91%	59%	77%	<b>76%</b>
In-patient ALOS (days)	2.6	2.9	2.8	3.1	2.4	2.6	2.0	<b>2.6</b>
<b>Medicine</b>								
Bed occupancy rate	89%	82%	92%	89%	91%	95%	101%	<b>91%</b>
In-patient ALOS (days)	5.6	6.3	7.2	6.1	6.5	6.7	6.9	<b>6.5</b>
<b>Obstetrics</b>								
Bed occupancy rate	80%	75%	65%	77%	65%	81%	75%	<b>72%</b>
In-patient ALOS (days)	3.2	3.1	3.2	3.2	2.9	3.2	2.7	<b>3.1</b>
<b>Orthopaedics and Traumatology</b>								
Bed occupancy rate	84%	69%	82%	89%	85%	85%	90%	<b>83%</b>
In-patient ALOS (days)	7.0	9.7	10.1	7.9	7.5	10.1	9.0	<b>8.7</b>
<b>Paediatrics and Adolescent Medicine</b>								
Bed occupancy rate	81%	67%	83%	66%	63%	83%	83%	<b>73%</b>

	Cluster							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
In-patient ALOS (days)	3.7	6.5	7.6	3.5	3.5	3.7	3.9	<b>4.2</b>
<b>Surgery</b>								
Bed occupancy rate	71%	75%	85%	75%	73%	88%	90%	<b>78%</b>
In-patient ALOS (days)	4.0	5.8	5.0	4.2	4.2	5.7	3.8	<b>4.7</b>

**Notes:**

Cluster: HKE – Hong Kong East Cluster  
 HKW – Hong Kong West Cluster  
 KC – Kowloon Central Cluster  
 KE – Kowloon East Cluster  
 KW – Kowloon West Cluster  
 NTE – New Territories East Cluster  
 NTW – New Territories West Cluster

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)109**

Question Serial No.

1098

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:

It is mentioned in the Matters Requiring Special Attention in 2009-10 that the Hospital Authority will “enhance service provision for life-threatening diseases including chemotherapy, oncology service, cytogenetic service, haemodialysis, liver transplant, blood collection and transfusion service and acute cardiac care”. In this connection, would the Administration advise on the details of such measures, the expenditure, the manpower and the ranks of staff involved for 2009-10, 2010-11 and 2011-12 respectively?

Asked by: Hon. LEUNG Ka-lau

Reply

The table below sets out the details of the programmes which the Hospital Authority (HA) will implement in 2009-10 to enhance the service provision for life- threatening diseases.

<b>Programme</b>	<b>Description</b>	<b>Estimated expenditure and manpower requirements in 2009-10</b>
Enhancement of cancer care services	This programme mainly includes: (a) expansion of the capacity of the existing six chemotherapy centres; (b) provision of oncology out-patient and chemotherapy services in the Kowloon East Cluster; and (c) provision of two additional linear accelerators in Princess Margaret Hospital and Prince of Wales Hospital to reduce the waiting time for radiotherapy treatment.	<u>Estimated expenditure:</u> \$15 million.  <u>Estimated manpower:</u> 1 doctor, 7 nurses and about 24 allied health staff
Enhancement of cytogenetic services	This programme mainly includes upgrading of medical equipment and recruitment of three medical technologists.	<u>Estimated expenditure:</u> \$1.35 million  <u>Estimated manpower:</u> 3 medical technologists

<b>Programme</b>	<b>Description</b>	<b>Estimated expenditure and manpower requirements in 2009-10</b>
Enhancement of haemodialysis services	This programme aims to provide 30 additional hospital haemodialysis and 10 home haemodialysis places for patients with end stage renal disease.	<u>Estimated expenditure:</u> \$10 million  <u>Estimated manpower:</u> 2 doctors, 12 nurses and 7 supporting staff
Enhancement of liver transplant services	This programme aims to increase the manpower of the liver transplant team so as to enhance the liver transplant services to cope with the increasing number of surviving liver transplant patients who require pre- and post-operation care.	<u>Estimated expenditure:</u> \$9.7 million  <u>Estimated manpower:</u> 2 doctors and 2 nurses
Enhancement of blood services	This programme mainly includes the establishment of a new blood donor centre in Kwun Tong and expansion of blood collection capacity.	<u>Estimated expenditure:</u> \$8.9 million  <u>Estimated manpower:</u> 6 nurses, 3 allied health professionals and 10 supporting staff
Enhancement of cardiac services	This programme aims to enhance cardiac services through the provision of five additional critical care unit (CCU) beds to enhance the access of patients with acute myocardial infarction/acute coronary syndrome to CCU care.	<u>Estimated expenditure:</u> \$4.5 million  <u>Estimated manpower :</u> 10 nurses

The estimated expenditure and manpower requirements for the support to the above services in 2010-11 and 2011-12 are not yet available.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)110**

Question Serial No.

1099

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:

As stated in Matters Requiring Special Attention in 2009-10, the Hospital Authority will “enhance support to discharged elderly patients by extending the Community Geriatric Assessment Service to additional residential care homes for the elderly”. Will the Administration provide the details of the programme, and the expenditure, manpower and ranks involved in 2009-10, 2010-11 and 2011-12?

Asked by: Hon. LEUNG Ka-lau

Reply:

In 2009-10, the Hospital Authority will extend the Community Geriatric Assessment Service to cover about 50 additional residential care homes for the elderly (RCHEs) in Sham Shui Po, Kwai Tsing, Tsuen Wan, Wong Tai Sin and Yau Tsim Mong districts and provide 44 000 additional outreach attendances per year. The services to be provided include outreach medical and nursing consultation, community rehabilitation and carer training for staff of RCHEs. A total of \$9.55 million has been earmarked in 2009-10 for the above enhancement of service, which will require the support of about 17 clinical staff including doctors, nurses, physiotherapists, etc. The relevant figures for 2010-11 and 2011-12 are not yet available.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)111**

Question Serial No.

1100

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 the Matters Requiring Special Attention in 2008-09, the Hospital Authority indicated that it "would extend the psychogeriatric outreach programme to all residential care homes for the elderly". Now the Hospital Authority is saying again that it "will extend the psychogeriatric outreach programme to additional residential care homes for the elderly" in 2009-10. In this connection, has the Administration evaluated the effectiveness of the programme last year (i.e. 2008-09)? If yes, how effective it was; and what are the details of the expenditures and the staffing involved with ranks in 2009-10, 2010-11, and 2011-12 in comparison with those of last year (i.e. 2008-09)?

Asked by: Hon. LEUNG Ka-lau

Reply:

In 2008-09, the Hospital Authority (HA) has enhanced the psychogeriatric outreach services to cover 50 private residential care homes for the elderly (RCHEs), providing about 10 000 estimated additional psychogeriatric outreach attendances. The enhanced service involves an annual expenditure of about \$8 million and an additional 7 doctors were recruited to provide the service. To strengthen its mental health services, the Hospital Authority (HA) plans to further enhance the psychogeriatric outreach service in 2009-10. The service will cover an additional 50 private residential care homes for the elderly to provide an additional 10 000 psychogeriatric outreach attendances in 2009-10. An additional 7 doctors will be recruited to provide the service and the annual expenditure of the enhanced service is estimated at about \$8.26 million.

The psychogeriatric outreach service under the programme could enhance the quality of life of elders in several ways. Firstly, the provision of service at residential care homes of the elders would enable the healthcare professionals to have more accurate understanding on the clinical conditions, life style and treatment compliance of the elders, thereby improving the management of mental health problems of the elders. Secondly, the health care professionals could take the opportunity of outreach attendance to provide training to carers and staff of residential care homes. This could in turn enhance the quality of care of the elders. Finally, it would be more convenient for the elders as they would not have to travel to HA's psychiatric specialist outpatient clinics for follow up consultations.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)112**

Question Serial No.

1101

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:

The revised estimate for 2008-09 is \$2.219 billion higher than the original estimate. Would the Administration advise the major items which account for the increase in financial provision? Please set out in details of the additional funding and staffing requirements for each of these items.

Asked by: Hon. LEUNG Ka-lau

Reply:

The increase of \$2.219 billion in the 2008-09 revised estimate over the original estimate is mainly due to the additional recurrent provision of \$1.387 billion to cater for the 2008 annual pay adjustment and the one-off injection of \$1 billion from the Government to the Samaritan Fund, offset by return of \$0.128 billion of Government's share of additional medical income from the Hospital Authority to the Government. There is no additional staffing requirement for the above items.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)113**

Question Serial No.

1039

Head: 48 Government Laboratory      Subhead (No. & title):

Programme:                    (1) Statutory Testing

Controlling Officer:      Government Chemist

Director of Bureau:      Secretary for Food and Health

Question:

Under this Programme, the tests performed on pharmaceuticals (quality control), pharmaceuticals (registration) and Chinese medicines in 2009 will be fewer than the actual figures in 2008. Please account for the decrease and set out the drug safety measures in detail.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The actual number of the three kinds of tests performed in 2008 exceeds the original estimates for 2008 due to the need for extra tests. The estimates for 2009 were made with reference to the original estimates for 2008.

The extra tests performed in 2008 under pharmaceuticals (quality control) were mainly related to the testing of undeclared western drugs in slimming products. The 2009 estimate of 23 000 tests is on a par with the 2008 original estimate.

Regarding pharmaceuticals (registration), the 2009 estimate of 20 000 tests is higher than the 2008 original estimate of 19 000 tests. It is projected based on the general rising trend in recent years.

For Chinese medicines, the extra tests performed in 2008 were mainly related to the testing of proprietary Chinese medicines for undeclared western drugs and herbal ingredients. The 2009 estimate of 60 000 tests is on a par with the 2008 original estimate.

Government Laboratory will continue to provide drug testing services to Department of Health in support of the latter's regulatory work on Chinese and western medicines.

Signature \_\_\_\_\_

Name in block letters      Dr T L TING

Post Title      Government Chemist

Date      17.3.2009

Examination of Estimates of Expenditure 2009-10

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)114**

Question Serial No.

1488

Head: 48 Government Laboratory      Subhead (No. & title):

Programme:                    (1) Statutory Testing

Controlling Officer:      Government Chemist

Director of Bureau:      Secretary for Food and Health

Question:

The number of statutory testing on pharmaceuticals (quality control), pharmaceuticals (registration) and Chinese medicines in 2008 showed a remarkable increase over 2007. What are the reasons?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The increases in actual tests performed in 2008 under pharmaceuticals (quality control), pharmaceuticals (registration) and Chinese Medicines are mainly due to increase in (1) the ad hoc submission of samples requiring analysis of pharmaceutical ingredients in relation to suspected cases of possession of unregistered pharmaceutical products; (2) cases arisen from investigations conducted by client departments on products for slimming or erectile dysfunction; and (3) the ad hoc samples of proprietary Chinese medicines submitted for testing of western drugs and herbal ingredients.

Signature \_\_\_\_\_

Name in block letters      Dr T L TING

Post Title      Government Chemist

Date      17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)115**

Question Serial No.

1489

Head: 48 Government Laboratory      Subhead (No. & title):

Programme:                    (1) Statutory Testing

Controlling Officer:      Government Chemist

Director of Bureau:      Secretary for Food and Health

Question:

Though it is stated in the Estimates 2009-10 that the regulatory system for Chinese medicines will be further strengthened, the estimated number of statutory tests is even smaller than the actual figure in 2008, whereas the tests performed for Chinese medicines are estimated to be 10 260 fewer when compared with the 2008 actual figure. What are the reasons?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The actual number of tests performed on Chinese medicines in 2008 exceeds the original estimate for 2008 due to an increase in ad hoc samples submitted for chemical testing. Such extra samples were proprietary Chinese medicines suspected to contain undeclared western drugs and herbal ingredients.

The estimated number of tests to be performed on Chinese medicines in 2009 is projected based on the forecast of service need which includes the tests required for strengthening the control of Chinese medicines in 2009.

Signature \_\_\_\_\_

Name in block letters      Dr T L TING

Post Title      Government Chemist

Date      17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)116**

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

Question Serial No.

1807

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by items of the numbers of applications approved and the expenditures incurred in 2007-08 and 2008-09 respectively under the Samaritan Fund.

Asked by: Hon. LEE Cheuk-yan

Reply:

The number of approved applications and the corresponding amount of subsidy granted by the Samaritan Fund in 2007-08 and 2008-09 are set out in the following table.

Items	2007-08		2008-09 (up to 31 December 2008)	
	Number of approved applications	Total amount of subsidies granted (\$ million)	Number of approved applications	Total amount of subsidies granted (\$ million)
Cardiac Pacemakers	483	21.2	339	14.8
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 458	49.5	1 187	41.8
Intraocular Lens	1 433	2.2	1 075	1.7
Home use equipment, appliances and consumables	83	0.8	56	0.4
Drugs	690	55.5	601	56.3
Gamma knife surgeries in private hospital	42	3.1	30	1.9
Cost for harvesting bone marrow in foreign countries	13	1.4	6	0.7

Items	2007-08		2008-09 (up to 31 December 2008)	
	Number of approved applications	Total amount of subsidies granted (\$ million)	Number of approved applications	Total amount of subsidies granted (\$ million)
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	115	1.1	66	1.0
<b>Total</b>	<b>4 317</b>	<b>134.8</b>	<b>3 360</b>	<b>118.6</b>

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)117**

Question Serial No.

1732

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 Rehabilitation Services as mentioned in paragraph 121 of the speech by the Financial Secretary, will the Government inform this Committee the numbers of psychiatric outpatients and medical social workers at present? What is the average waiting time for these patients and their families to be provided with rehabilitation and oncology services?

Asked by: Hon. SHEK Lai-him, Abraham

Reply:

For the period from April to December 2008, around 143 700 patients attended psychiatric specialist outpatient clinics (SOPCs) in the Hospital Authority (HA).

Medical Social Workers (MSWs) station in public hospitals and some SOPCs provide psycho-social intervention to patients and their families and help them cope with problems arising from illness, trauma or disability. Currently, medical social services in public hospitals are provided by the MSWs from HA and the Social Welfare Department (SWD). As at February 2009, there were 533 MSWs in HA, including 365 from SWD. In 2009-10, 10 additional MSW posts will be created in SWD to strengthen the support to the medical social services units following the enhancement of psychiatric outpatient, rehabilitation and oncology services in HA.

The rehabilitation service for outpatients in HA is mainly delivered by MSWs, occupational therapists and physiotherapists. Patients in need of medical social service are readily referred to the medical social services units and hence there is no recorded waiting time for such service. For the occupational therapy and physiotherapy services in HA, the median waiting time for first appointment at SOPCs involving occupational therapy and physiotherapy treatment in 2008-09 (up to December 2008) is 1 week and 2 weeks respectively.

Regarding oncology services, HA operates six oncology centers at Pamela Youde Nethersole Eastern Hospital, Queen Mary Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital, Prince of Wales Hospital and Tuen Mun Hospital. The median waiting time for first specialist outpatient appointment at the oncology centers in 2008-09 (up to December 2008) is 1 week.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB (H)118**

Question Serial No.

1789

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:

Please list the change in the number of directorate and non-directorate posts in 2008-09 and 2009-10. Please provide the ranks, remunerations and duties of the newly created posts in 2009-10 and explain the reasons for an increase of 26 posts in the Food and Health Bureau (Health Branch) in 2009-10.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The changes in the number of directorate and non-directorate posts in 2008-09 and 2009-10 are:

<u>Financial Year</u>	<u>Rank</u>	<u>Change in no. of posts</u>
2008-09	Directorate post	-
	Non-directorate post	+ 3
2009-10	Directorate post	+ 4
	Non-directorate post	+ 22

The 26 additional posts to be created in 2009-10 subject to the applicable approval mechanisms comprise –

- a) Twenty posts for the establishment of an Electronic Health Record Office, including six time-limited posts for four years and 14 permanent posts as follows-

<u>Rank</u>	<u>No. of Post</u>	<u>Annual Salary (Notional annual mid-point salary)(\$)</u>
Administrative Officer Staff Grade B (D3)*	1	1,763,400
Administrative Officer Staff Grade C (D2)*	1	1,518,000
Administrative Officer*	2	1,389,000
Personal Secretary I*	2	607,680
Principal Executive Officer (D1)	1	1,276,800
Chief Systems Manager (D1)	1	1,276,800
Chief Executive Officer	1	1,036,740
Senior Executive Officer	1	760,020
Executive Officer II	3	1,052,460



<u>Rank</u>	<u>No. of Post</u>	<u>Annual Salary (Notional annual mid-point salary)(\$)</u>
Senior Management Services Officer	1	760,020
Systems Manager	2	1,520,040
Clerical Officer	1	303,840
Assistant Clerical Officer	3	568,260
Subtotal:	20	13,833,060

\* denotes four-year time-limited post

- (b) Two time-limited Administrative Officer (AO) posts, one for four years for strengthening support to tobacco control policy matters plus the development and establishment of the two centres of excellence in paediatrics and neuroscience, and the other for two years for strengthening support to implement the service reform initiatives set out in the 2008-09 Policy Agenda as part of the health care reform. The annual mid-point salary for these two AO posts is \$1.39 million; and
- (c) Four Scientific Officer (Medical) posts for conducting researches and studies on medical and health policy related issues. The annual mid-point salary for these four posts is \$2.78 million.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)119**

Question Serial No.

1790

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

Regarding the updating of Childhood Immunisation Programme by including the Pneumococcal Conjugate Vaccine in 2009-10, please list the expenditure involved, cost for each dose of vaccine, administrative expenses and the number of people benefited.

Asked by:    Hon. CHENG Kar-foo, Andrew

Reply:

The Administration will introduce Pneumococcal Conjugate Vaccine (PCV) in the Childhood Immunisation Programme (CIP) starting from 1 September 2009. All infants born on or after 1 July 2009 will receive free pneumococcal vaccinations under the CIP, covering an estimated number of 70 000 newborns per year. Furthermore, approximately 128 000 children born between 1 September 2007 and 30 June 2009 inclusive will be eligible to receive free PCV under a one-off Catch-Up Programme. The allocation in 2009-10 for Pneumococcal Vaccination Programme is \$228.8 million, and the estimated cost per dose of vaccine is \$530. Any additional expenses of the programme will be absorbed by the provision for the Department.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)120**

Question Serial No.

1791

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 2009-10, what is the amount earmarked by the Hospital Authority for the opening of additional beds and provision of additional surgical operations and specialist outpatient clinic attendances in Tseung Kwan O Hospital so as to improve health care services in Kowloon East Cluster? Please list the respective numbers of additional beds, surgical operations and specialist outpatient clinic attendances, as well as the corresponding increase in the number of doctors, nurses and other staff for the opening of additional beds and provision of additional operations and attendances, and the expenditure involved.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

An additional allocation of \$35 million has been earmarked in 2009-10 for the Kowloon East Cluster to open 36 surgical beds in the Tseung Kwan O Hospital and enhance service to meet general growth of demand. It is estimated that the 36 surgical beds could provide an additional 360 surgical operations and 2 800 surgical specialist outpatient clinic attendances in 2009-10. The manpower requirements for the above enhancement measure are being worked out.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)121**

Question Serial No.

1802

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:

With reference to the specialist outpatient services at various hospitals under the Hospital Authority (HA) (including ear, nose and throat; gynaecology; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery and psychiatry), will the Administration advise on the numbers of new cases triaged respectively as first priority, second priority and routine categories in 2007-08 and 2008-09 and their respective percentages. Among the above cases of different priorities, what are the lower quartile, median and upper quartile of the waiting time, and the longest waiting time for consultation appointments at HA hospitals?

Asked by: Hon. LEE Cheuk-yan

Reply:

The tables below set out the numbers and percentages of new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and routine cases; and their respective lower quartile (25<sup>th</sup> percentile), median (50<sup>th</sup> percentile), upper percentile (75<sup>th</sup> percentile) and 99<sup>th</sup> percentile by cluster for 2007-08 and 2008-09 (up to end December 2008).

**2007-08**

Cluster	Specialty	Priority 1				Priority 2				Routine						
		Number and percentage of new cases	Waiting Time (weeks)				Number and percentage of new cases	Waiting Time (weeks)				Number and percentage of new cases	Waiting Time (weeks)			
			25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>
percentile				percentile				percentile								
HKE	ENT	1 297 (17%)	<1	<1	<1	5	2 104 (28%)	2	4	6	12	4 014 (54%)	13	17	19	26
	MED	1 433 (14%)	<1	1	1	6	3 029 (30%)	3	4	7	10	4 543 (45%)	4	10	32	76
	GYN	1 115 (22%)	<1	<1	1	5	467 (9%)	3	4	6	10	3 289 (66%)	11	16	27	37
	OPH	4 758 (44%)	<1	<1	1	6	1 205 (11%)	4	7	8	13	4 797 (44%)	11	13	26	34
	ORT	942 (13%)	<1	1	1	7	2 312 (31%)	4	6	7	18	3 449 (46%)	7	11	15	22
	PAE	1 961 (64%)	<1	<1	<1	2	860 (28%)	4	6	7	23	225 (7%)	11	23	31	39
	PSY	636 (16%)	<1	<1	1	5	537 (14%)	<1	<1	4	14	2 071 (53%)	<1	17	50	60
	SUR	1 469 (12%)	1	1	2	8	3 475 (28%)	4	7	7	11	7 006 (57%)	8	17	35	176

Cluster	Specialty	Priority 1				Priority 2				Routine						
		Number and percentage of new cases	Waiting Time (weeks)				Number and percentage of new cases	Waiting Time (weeks)				Number and percentage of new cases	Waiting Time (weeks)			
			25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>
			percentile					percentile					percentile			
HKW	ENT	276 (5%)	<1	<1	1	10	504 (9%)	1	2	5	20	4 813 (85%)	2	9	19	38
	MED	243 (3%)	<1	<1	1	10	491 (6%)	2	4	7	17	7 541 (89%)	2	5	13	60
	GYN	753 (10%)	<1	1	1	6	766 (10%)	3	5	6	13	5 502 (73%)	2	12	20	61
	OPH	2 694 (40%)	<1	<1	1	7	1 032 (15%)	7	8	8	78	2 960 (44%)	34	71	83	85
	ORT	586 (7%)	<1	1	1	8	1 574 (19%)	2	3	5	20	6 102 (73%)	9	21	53	74
	PAE	510 (16%)	<1	<1	1	6	1 534 (49%)	2	5	7	11	1 075 (34%)	1	6	9	39
	PSY	314 (12%)	<1	1	2	8	477 (18%)	1	6	9	18	1 847 (69%)	2	10	67	106
	SUR	1 932 (16%)	<1	1	1	15	1 963 (16%)	3	5	7	33	7 869 (66%)	3	22	111	197
KC	ENT	1 062 (7%)	<1	<1	<1	2	1 879 (12%)	<1	<1	1	4	11 500 (76%)	2	4	7	12
	MED	1 172 (12%)	<1	<1	1	3	1 089 (11%)	4	5	6	12	6 861 (71%)	12	23	30	66
	GYN	209 (5%)	<1	1	1	7	1 055 (23%)	3	4	6	11	2 689 (59%)	11	13	16	32
	OPH	8 847 (40%)	<1	<1	<1	8	3 206 (15%)	1	2	4	27	7 907 (36%)	27	29	31	32
	ORT	562 (9%)	1	1	2	7	618 (10%)	3	4	6	128	4 316 (70%)	16	41	75	130
	PAE	180 (12%)	<1	<1	1	5	910 (59%)	3	4	4	6	350 (23%)	<1	1	3	9
	PSY	113 (4%)	<1	<1	1	16	652 (25%)	<1	1	3	16	929 (35%)	6	11	18	37
	SUR	2 973 (20%)	<1	1	2	17	2 485 (17%)	3	4	6	34	8 564 (58%)	17	33	34	52
KE	ENT	1 240 (24%)	<1	<1	1	6	991 (19%)	4	6	7	11	2 903 (57%)	29	60	63	65
	MED	2 258 (16%)	<1	1	1	7	4 766 (33%)	4	7	7	8	6 837 (48%)	14	57	91	94
	GYN	1 765 (26%)	<1	1	1	4	1 176 (17%)	6	7	8	14	3 950 (57%)	19	45	50	64
	OPH	4 418 (34%)	<1	<1	1	4	2 998 (23%)	7	7	7	8	5 459 (42%)	85	93	102	108
	ORT	4 026 (32%)	<1	<1	1	2	2 320 (18%)	4	5	7	15	6 306 (50%)	47	49	62	64
	PAE	919 (27%)	<1	<1	<1	3	612 (18%)	3	6	7	13	1 920 (56%)	11	14	36	96
	PSY	614 (12%)	<1	1	2	8	918 (18%)	4	6	8	37	1 648 (32%)	9	24	39	68
	SUR	1 657 (9%)	<1	1	1	7	4 697 (24%)	6	7	8	9	12 939 (67%)	40	74	90	125
KW	ENT	3 587 (26%)	<1	<1	1	10	3 668 (26%)	5	7	8	15	5 634 (41%)	22	81	99	133
	MED	1 246 (5%)	<1	1	1	8	5 812 (25%)	4	6	7	16	13 466 (59%)	27	36	42	83
	GYN	810 (6%)	<1	1	1	8	1 992 (16%)	4	6	7	44	9 428 (74%)	6	28	33	60
	OPH	5 879 (36%)	<1	<1	<1	<1	2 764 (17%)	1	3	5	12	7 730 (47%)	4	27	33	68
	ORT	3 516 (19%)	<1	<1	1	3	3 833 (21%)	4	6	7	10	9 044 (50%)	12	55	64	88
	PAE	784 (15%)	<1	<1	1	3	592 (11%)	3	4	6	9	2 883 (53%)	6	8	13	24
	PSY	144 (2%)	<1	<1	1	7	1 095 (13%)	1	4	6	30	4 374 (53%)	7	24	52	64
	SUR	2 561 (7%)	1	1	2	8	7 992 (22%)	4	6	7	24	23 466 (66%)	16	70	141	210
NTE	ENT	4 480 (34%)	<1	1	2	38	1 745 (13%)	3	5	7	38	4 599 (34%)	37	39	48	71
	MED	1 304 (8%)	<1	<1	1	7	2 191 (13%)	4	5	7	16	9 832 (58%)	36	43	74	92
	GYN	1 059 (10%)	<1	1	1	40	642 (6%)	3	5	8	112	8 010 (79%)	14	21	45	122
	OPH	5 910 (38%)	<1	<1	<1	4	1 750 (11%)	3	4	4	11	6 958 (45%)	41	52	62	74
	ORT	4 472 (25%)	<1	<1	<1	3	1 846 (10%)	3	5	7	15	9 915 (56%)	44	52	68	80
	PAE	422 (12%)	<1	1	2	8	544 (15%)	2	4	5	39	2 359 (64%)	5	10	25	74
	PSY	815 (10%)	<1	<1	1	5	1 435 (18%)	2	4	6	35	2 653 (34%)	3	28	51	174
	SUR	2 276 (10%)	<1	1	2	12	1 918 (8%)	3	5	7	113	15 368 (66%)	19	56	79	231

Cluster	Specialty	Priority 1				Priority 2				Routine						
		Number and percentage of new cases	Waiting Time (weeks)				Number and percentage of new cases	Waiting Time (weeks)				Number and percentage of new cases	Waiting Time (weeks)			
			25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>
			percentile					percentile					percentile			
NTW	ENT	387 (4%)	<1	1	2	7	506 (5%)	3	4	7	14	2 864 (29%)	83	85	87	91
	MED	1 004 (9%)	<1	1	2	8	2 397 (22%)	6	7	7	15	6 189 (57%)	22	25	31	35
	GYN	1 237 (18%)	<1	1	1	7	1 550 (22%)	3	4	6	10	1 817 (26%)	9	16	50	54
	OPH	6 139 (38%)	<1	<1	<1	4	5 433 (34%)	2	4	5	75	4 510 (28%)	5	71	83	93
	ORT	1 106 (13%)	<1	1	1	4	1 610 (18%)	3	4	6	16	3 758 (43%)	45	46	50	51
	PAE	118 (6%)	<1	1	1	5	498 (24%)	3	4	5	8	1 382 (67%)	20	20	20	25
	PSY	526 (10%)	<1	<1	1	8	1 506 (29%)	2	4	7	17	1 965 (38%)	13	38	80	111
	SUR	1 445 (9%)	<1	1	1	6	1 920 (12%)	3	4	6	12	10 880 (65%)	30	32	36	222

### 2008-09 (up to end December 2008)

Cluster	Specialty	Priority 1				Priority 2				Routine						
		Number and percentage of new cases	Waiting Time (weeks)				Number and percentage of new cases	Waiting Time (weeks)				Number and percentage of new cases	Waiting Time (weeks)			
			25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>
			percentile					percentile					percentile			
HKE	ENT	1 020 (17%)	<1	<1	<1	6	1 985 (33%)	2	4	5	9	2 959 (49%)	20	20	20	23
	MED	1 445 (18%)	<1	1	1	6	2 649 (32%)	3	5	7	11	3 710 (45%)	4	10	32	66
	GYN	1 000 (25%)	<1	<1	1	4	354 (9%)	3	4	6	11	2 590 (65%)	11	15	25	41
	OPH	3 876 (45%)	<1	<1	1	5	947 (11%)	4	6	7	16	3 730 (43%)	9	12	19	26
	ORT	964 (15%)	<1	<1	1	6	1 689 (27%)	4	6	7	17	3 367 (54%)	12	19	28	43
	PAE	1 748 (64%)	<1	<1	<1	2	710 (26%)	4	6	7	15	286 (10%)	12	20	23	39
	PSY	556 (17%)	<1	<1	1	5	430 (13%)	<1	2	4	12	2 107 (66%)	<1	17	29	54
	SUR	1 328 (14%)	<1	1	1	6	2 847 (29%)	5	7	7	12	5 350 (55%)	13	24	38	172
HKW	ENT	176 (4%)	<1	<1	2	9	730 (17%)	1	2	4	16	3 439 (79%)	3	8	13	42
	MED	198 (3%)	<1	<1	1	8	466 (7%)	3	6	8	15	6 262 (89%)	2	7	11	51
	GYN	557 (9%)	<1	1	1	5	770 (13%)	3	4	4	11	4 167 (71%)	1	11	24	69
	OPH	1 942 (37%)	<1	<1	1	10	954 (18%)	7	8	8	61	2 311 (44%)	49	61	80	87
	ORT	280 (4%)	<1	<1	1	4	1 266 (19%)	2	2	5	19	5 112 (77%)	7	17	44	64
	PAE	305 (12%)	<1	<1	1	8	947 (36%)	2	6	8	13	1 392 (53%)	8	9	14	37
	PSY	142 (7%)	<1	<1	1	13	308 (14%)	1	2	3	41	1 704 (79%)	1	5	24	61
	SUR	1 548 (16%)	<1	<1	1	12	1 717 (17%)	3	4	6	18	6 498 (66%)	4	17	107	230
KC	ENT	1 267 (11%)	<1	<1	<1	2	1 604 (14%)	<1	1	2	6	8 086 (72%)	4	5	9	15
	MED	1 075 (14%)	<1	<1	1	4	875 (11%)	4	4	6	9	5 621 (71%)	14	21	27	54
	GYN	253 (8%)	<1	<1	1	9	797 (24%)	3	4	6	12	1 901 (57%)	12	13	14	39
	OPH	6 465 (39%)	<1	<1	<1	2	3 146 (19%)	1	5	7	32	5 913 (36%)	31	32	33	35
	ORT	377 (8%)	1	1	2	4	519 (11%)	3	4	6	25	3 446 (71%)	18	43	76	123
	PAE	223 (14%)	<1	<1	1	13	771 (48%)	5	7	7	13	496 (31%)	2	9	13	15
	PSY	248 (11%)	<1	<1	1	4	628 (29%)	1	3	5	9	953 (44%)	3	9	18	42
	SUR	1 656 (14%)	<1	1	2	9	1 951 (17%)	3	5	6	31	7 535 (66%)	20	33	35	67

Cluster	Specialty	Priority 1				Priority 2				Routine						
		Number and percentage of new cases	Waiting Time (weeks)				Number and percentage of new cases	Waiting Time (weeks)				Number and percentage of new cases	Waiting Time (weeks)			
			25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>
			percentile					percentile					percentile			
KE	ENT	1 330 (24%)	<1	<1	1	4	1 426 (25%)	3	3	6	8	2 857 (51%)	13	23	28	62
	MED	1 798 (15%)	<1	1	1	8	4 036 (33%)	6	7	7	8	6 177 (51%)	14	56	76	80
	GYN	1 203 (21%)	<1	1	1	4	993 (18%)	6	7	8	14	3 413 (61%)	14	48	53	77
	OPH	3 385 (31%)	<1	<1	1	2	2 682 (25%)	7	7	7	8	4 788 (44%)	104	110	115	127
	ORT	3 150 (30%)	<1	<1	1	3	2 189 (21%)	4	5	7	13	5 158 (49%)	47	57	82	104
	PAE	618 (23%)	<1	<1	<1	6	580 (21%)	4	6	7	8	1 545 (56%)	7	14	37	113
	PSY	970 (24%)	<1	<1	1	8	1 124 (28%)	3	5	7	47	1 430 (36%)	14	34	60	95
	SUR	1 395 (9%)	<1	1	1	5	4 362 (28%)	6	7	8	8	10 072 (64%)	32	90	98	139
KW	ENT	3 134 (29%)	<1	<1	1	6	2 488 (23%)	4	6	7	15	5 061 (46%)	14	24	79	100
	MED	1 793 (10%)	<1	<1	1	7	4 338 (24%)	4	6	7	12	11 229 (61%)	25	37	44	66
	GYN	497 (5%)	<1	1	1	7	1 705 (18%)	3	6	7	30	7 100 (75%)	5	21	29	71
	OPH	4 775 (36%)	<1	<1	<1	<1	2 440 (19%)	2	3	4	11	5 954 (45%)	4	22	39	52
	ORT	3 371 (23%)	<1	<1	<1	3	2 997 (21%)	5	6	7	11	7 424 (52%)	13	58	65	71
	PAE	1 041 (17%)	<1	<1	1	4	694 (11%)	3	5	6	10	2 777 (45%)	6	8	10	23
	PSY	207 (3%)	<1	<1	1	11	1 127 (17%)	2	4	6	59	3 977 (61%)	1	17	40	65
	SUR	3 209 (11%)	<1	1	1	7	7 422 (25%)	4	6	7	18	18 061 (62%)	16	48	102	258
NTE	ENT	2 555 (24%)	<1	<1	1	60	1 915 (18%)	2	4	6	12	3 644 (34%)	40	50	64	70
	MED	1 095 (9%)	<1	<1	1	7	1 599 (12%)	4	5	6	22	7 547 (59%)	24	39	75	92
	GYN	833 (11%)	<1	1	1	13	740 (10%)	3	4	7	25	5 607 (75%)	13	20	32	126
	OPH	5 074 (40%)	<1	<1	<1	6	1 585 (12%)	3	4	4	8	5 354 (42%)	29	45	47	62
	ORT	3 644 (26%)	<1	<1	<1	2	1 410 (10%)	3	4	6	14	7 223 (52%)	48	58	74	93
	PAE	324 (10%)	<1	1	1	25	696 (22%)	2	4	6	30	1 852 (59%)	11	24	34	48
	PSY	820 (15%)	<1	<1	1	5	1 021 (18%)	2	3	5	29	2 228 (40%)	9	30	61	202
	SUR	1 540 (9%)	<1	1	2	11	1 565 (9%)	3	5	7	60	11 238 (63%)	26	66	98	288
NTW	ENT	1 918 (23%)	<1	<1	<1	3	580 (7%)	3	4	6	16	4 041 (49%)	24	85	88	91
	MED	941 (12%)	<1	1	2	8	1 989 (26%)	4	7	7	18	4 577 (60%)	15	35	37	40
	GYN	1 241 (23%)	<1	1	1	4	1 782 (32%)	2	3	6	15	1 945 (35%)	10	14	21	53
	OPH	4 923 (39%)	<1	<1	<1	6	2 837 (22%)	2	4	5	28	4 869 (39%)	6	18	33	61
	ORT	1 201 (15%)	<1	<1	1	2	1 132 (14%)	3	4	6	14	5 625 (69%)	13	24	27	64
	PAE	67 (4%)	1	1	2	6	428 (24%)	3	4	5	12	1 301 (72%)	20	21	22	25
	PSY	725 (18%)	<1	<1	1	6	1 252 (31%)	1	3	5	25	1 941 (48%)	8	26	46	102
	SUR	959 (6%)	<1	1	1	9	2 432 (16%)	3	5	8	29	11 629 (74%)	13	27	30	311

**Notes:**

**Specialty:**

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

**Cluster:**

HKE – Hong Kong East Cluster  
HKW – Hong Kong West Cluster  
KC – Kowloon Central Cluster  
KE – Kowloon East Cluster  
KW – Kowloon West Cluster  
NTE – New Territories East Cluster  
NTW – New Territories West Cluster

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)122**

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

Question Serial No.

1803

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the number of new cases, the lower quartile, median and upper quartile of the waiting time and the longest waiting time for obstetric services at specialist outpatient clinics under the Hospital Authority in 2007-08 and 2008-09?

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below shows the number of new cases for obstetric specialist outpatient service, as well as the lower quartile (25<sup>th</sup> percentile), median (50<sup>th</sup> percentile), upper quartile (75<sup>th</sup> percentile) and 99<sup>th</sup> percentile waiting time in each hospital cluster for 2007-08 and 2008-09 (up to end December 2008).

Cluster	2007-08					2008-09 (up to end December 08)				
	Total number of new cases	Waiting Time (weeks)				Total number of new cases	Waiting Time (weeks)			
		Percentile					Percentile			
		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	99 <sup>th</sup>
<b>HKE</b>	4 581	<1	1	2	5	3 513	<1	1	2	4
<b>HKW</b>	4 765	1	2	3	5	3 608	1	1	2	5
<b>KC</b>	5 975	2	6	9	17	5 181	2	9	12	21
<b>KE</b>	5 875	<1	1	2	5	4 847	<1	2	6	12
<b>KW</b>	11 912	3	5	6	13	9 013	4	7	9	16
<b>NTE</b>	9 616	<1	3	5	9	7 886	<1	3	6	9
<b>NTW</b>	4 012	1	2	4	16	2 870	1	2	5	12

Note :

HKE – Hong Kong East Cluster

HKW – Hong Kong West Cluster

KC – Kowloon Central Cluster

KE – Kowloon East Cluster

KW – Kowloon West Cluster

NTE – New Territories East Cluster

NTW- New Territories West Cluster

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

<b>FHB(H)123</b>
------------------

Question Serial No.

1804
------

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:

Please list the average unit costs of out-patient services of each specialty in all Hospital Authority hospitals (including Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine, Surgery and Psychiatry) in 2007-08 and 2008-09.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below provides the average costs per out-patient attendance of the specialty of Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine, Surgery and Psychiatry for 2007-08 by hospital clusters under the Hospital Authority (HA). Since the breakdown of the cost by different specialties for 2008-09 is not yet available, only the projected overall average cost per out-patient attendance is provided.

<u>2007-08</u>	Average cost per out-patient attendance (\$)							
	HKW	HKE	KC	KE	KW	NTE	NTW	HA Overall
Ear, Nose and Throat	710	740	610	800	620	790	680	690
Gynaecology	640	660	830	810	600	560	680	670
Obstetrics	640	660	830	810	600	560	680	670
Medicine	1 250	1 190	1 480	1 370	1 120	1 510	1 480	1 300
Ophthalmology	330	420	460	320	330	480	410	410
Orthopaedics and Traumatology	650	690	720	600	660	750	760	690
Paediatrics and Adolescent Medicine	1 240	860	1 100	760	980	960	1 000	990
Surgery	860	890	820	1 040	830	940	1 220	910
Psychiatry	990	800	960	790	890	910	850	880

<b><u>2008-09</u></b>	<b>Average cost per out-patient attendance</b>							
	<b>(\$)</b>							
	<b>HKW</b>	<b>HKE</b>	<b>KC</b>	<b>KE</b>	<b>KW</b>	<b>NTE</b>	<b>NTW</b>	<b>HA Overall</b>
Projected overall average cost per out-patient attendance	850	780	840	780	790	860	860	820

Note:

HKW – Hong Kong West Cluster

HKE – Hong Kong East Cluster

KC – Kowloon Central Cluster

KE – Kowloon East Cluster

KW – Kowloon West Cluster

NTE – New Territories East Cluster

NTW- New Territories West Cluster

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

<b>FHB(H)124</b>
------------------

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

Question Serial No.

1805
------

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the respective occupancy rates for general beds and beds of 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 2007-2008 and 2008-2009.

Asked by: Hon. LEE Cheuk-yan

Reply:

The tables below set out the bed occupancy rate for all general beds and those of the major specialties in each hospital cluster under the Hospital Authority and the average length of stay (ALOS) of inpatients in 2007-08 and 2008-09 (up to end December 2008).

**2007-08**

	Cluster							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
<b><u>Overall for general beds</u></b>								
Bed occupancy rate	85%	73%	86%	83%	82%	87%	90%	<b>83%</b>
Inpatient ALOS (days)	5.5	6.7	6.9	5.7	5.7	6.4	5.2	<b>6.0</b>
<b><u>Major specialties</u></b>								
<b>Gynaecology</b>								
Bed occupancy rate	87%	71%	102%	67%	83%	68%	81%	<b>77%</b>
Inpatient ALOS (days)	2.5	2.8	2.9	3.1	2.4	2.5	2.2	<b>2.6</b>
<b>Medicine</b>								
Bed occupancy rate	89%	85%	96%	90%	94%	99%	100%	<b>93%</b>
Inpatient ALOS (days)	5.4	6.3	7.3	6.1	6.4	6.7	6.5	<b>6.4</b>
<b>Obstetrics</b>								
Bed occupancy rate	82%	82%	68%	76%	63%	91%	76%	<b>74%</b>
Inpatient ALOS (days)	3.3	3.3	3.4	3.4	2.9	3.2	2.8	<b>3.2</b>
<b>Orthopaedics &amp; Traumatology</b>								
Bed occupancy rate	86%	72%	85%	84%	83%	86%	94%	<b>84%</b>
Inpatient ALOS (days)	6.9	9.3	11.1	7.6	7.4	9.3	8.7	<b>8.5</b>

	Cluster							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
<b>Paediatrics and Adolescent Medicine</b>								
Bed occupancy rate	82%	67%	79%	68%	63%	81%	77%	<b>72%</b>
Inpatient ALOS (days)	3.5	5.1	5.3	3.3	3.4	3.9	3.7	<b>3.8</b>
<b>Surgery</b>								
Bed occupancy rate	72%	78%	83%	74%	76%	87%	94%	<b>79%</b>
Inpatient ALOS (days)	3.9	6.2	4.9	4.2	4.2	5.9	4.0	<b>4.8</b>

**2008-09 (up to end December 2008)**

	Cluster							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
<b><u>Overall for general beds</u></b>								
Bed occupancy rate	83%	71%	83%	84%	81%	86%	91%	<b>82%</b>
Inpatient ALOS (days)	5.5	6.8	6.8	5.7	5.7	6.3	5.3	<b>6.0</b>
<b><u>Major specialties</u></b>								
<b>Gynaecology</b>								
Bed occupancy rate	84%	68%	95%	72%	91%	59%	77%	<b>76%</b>
Inpatient ALOS (days)	2.6	2.9	2.8	3.1	2.4	2.6	2.0	<b>2.6</b>
<b>Medicine</b>								
Bed occupancy rate	89%	82%	92%	89%	91%	95%	101%	<b>91%</b>
Inpatient ALOS (days)	5.6	6.3	7.2	6.1	6.5	6.7	6.9	<b>6.5</b>
<b>Obstetrics</b>								
Bed occupancy rate	80%	75%	65%	77%	65%	81%	75%	<b>72%</b>
Inpatient ALOS (days)	3.2	3.1	3.2	3.2	2.9	3.2	2.7	<b>3.1</b>
<b>Orthopaedics &amp; Traumatology</b>								
Bed occupancy rate	84%	69%	82%	89%	85%	85%	90%	<b>83%</b>
Inpatient ALOS (days)	7.0	9.7	10.1	7.9	7.5	10.1	9.0	<b>8.7</b>
<b>Paediatrics and Adolescent Medicine</b>								
Bed occupancy rate	81%	67%	83%	66%	63%	83%	83%	<b>73%</b>
IP ALOS (days)	3.7	6.5	7.6	3.5	3.5	3.7	3.9	<b>4.2</b>
<b>Surgery</b>								
Bed occupancy rate	71%	75%	85%	75%	73%	88%	90%	<b>78%</b>
IP ALOS (days)	4.0	5.8	5.0	4.2	4.2	5.7	3.8	<b>4.7</b>

**Notes:**

Cluster: HKE – Hong Kong East Cluster  
 HKW – Hong Kong West Cluster  
 KC – Kowloon Central Cluster  
 KE – Kowloon East Cluster

KW – Kowloon West Cluster  
NTE – New Territories East Cluster  
NTW – New Territories West Cluster

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)125**

Question Serial No.

1806

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:

Please provide details of the numbers of doctors, nurses and allied health staff under the Hospital Authority as a whole, their distribution among the various hospital clusters, and their ratio as to the total population and persons aged 65 or above in individual clusters in 2007-08 and 2008-09.

Asked by: Hon. LEE Cheuk-yan

Reply:

The number and ratio of doctors, nurses and allied health staff in the Hospital Authority (HA) per 1 000 population by cluster in 2007-08 and 2008-09 are as follows:

<b>Number of doctors, nurses and allied health staff and ratio per 1 000 population</b>									
<b>Cluster</b>	<b>Doctors</b>	<b>Ratio to overall population</b>	<b>Ratio to people aged 65+</b>	<b>Nurses</b>	<b>Ratio to overall population</b>	<b>Ratio to people aged 65+</b>	<b>Allied health staff</b>	<b>Ratio to overall population</b>	<b>Ratio to people aged 65+</b>
<b>2007-08 (as at 31 March 2008)</b>									
Hong Kong East	532	0.65	4.43	2 007	2.45	16.70	579	0.71	4.82
Hong Kong West	508	0.95	7.38	2 368	4.43	34.40	686	1.28	9.97
Kowloon Central	602	1.25	8.36	2 694	5.60	37.40	731	1.52	10.15
Kowloon East	547	0.58	4.38	1 923	2.06	15.41	498	0.53	3.99
Kowloon West	1 136	0.61	4.28	4 624	2.49	17.41	1 098	0.59	4.13
New Territories East	793	0.63	6.10	3 178	2.52	24.46	845	0.67	6.50
New Territories West	595	0.57	6.61	2 446	2.36	27.18	579	0.56	6.43
<b>Total</b>	<b>4 713</b>	<b>0.68</b>	<b>5.41</b>	<b>19 240</b>	<b>2.78</b>	<b>22.08</b>	<b>5 016</b>	<b>0.72</b>	<b>5.76</b>



<b>Number of doctors, nurses and allied health staff and ratio per 1 000 population</b>									
<b>Cluster</b>	<b>Doctors</b>	<b>Ratio to overall population</b>	<b>Ratio to people aged 65+</b>	<b>Nurses</b>	<b>Ratio to overall population</b>	<b>Ratio to people aged 65+</b>	<b>Allied health staff</b>	<b>Ratio to overall population</b>	<b>Ratio to people aged 65+</b>
<b>2008-09 (as at 31 December 2008)</b>									
Hong Kong East	543	0.67	4.72	2 006	2.48	17.43	592	0.73	5.14
Hong Kong West	540	1.03	7.85	2 358	4.48	34.28	708	1.35	10.29
Kowloon Central	618	1.28	8.99	2 744	5.70	39.92	744	1.55	10.82
Kowloon East	554	0.59	4.48	1 973	2.09	15.96	521	0.55	4.22
Kowloon West	1 177	0.63	4.36	4 659	2.49	17.25	1 127	0.60	4.17
New Territories East	811	0.64	6.24	3 178	2.49	24.45	869	0.68	6.69
New Territories West	636	0.60	6.74	2 525	2.38	26.75	598	0.56	6.34
<b>Total</b>	<b>4 879</b>	<b>0.70</b>	<b>5.60</b>	<b>19 443</b>	<b>2.79</b>	<b>22.33</b>	<b>5 159</b>	<b>0.74</b>	<b>5.93</b>

It should be noted that the ratio of doctors, nurses and allied health staff per 1 000 population varies among clusters and the variances do not necessarily correspond to the difference in the population among clusters because:

- (d) patients can receive care in hospitals other than those in their own residential districts and cross-cluster utilization of services is rather common; and
- (e) some specialized services are available only in a number of hospitals and the doctors, nurses, and allied health staff in these hospitals are also providing services for patients in other clusters.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)126**

Question Serial No.

1601

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 2009-10, additional beds will be opened and additional surgical operations and specialist outpatient clinic attendances will be provided in Tseung Kwan O Hospital. How much patients' waiting time will be reduced in the Kowloon East Cluster upon implementation of the above-mentioned measures? And what is the additional annual operating cost incurred for Tseung Kwan O Hospital as a result?

Asked by: Hon. CHAN Hak-kan

Reply:

An additional allocation of \$35 million has been earmarked in 2009-10 for the Kowloon East (KE) Cluster to open 36 surgical beds in the Tseung Kwan O Hospital and enhance its services. It is estimated that the 36 surgical beds could provide an additional 360 surgical operations and 2 800 surgical specialist outpatient clinic attendances in 2009-10. Upon opening of the above beds, it is expected that the target average waiting time in KE cluster would improve as follows:

<b>Service</b>	<b>Improvement of target average waiting time</b>
Elective surgery	Improve from 12 weeks to 8 weeks
Cancer surgery	Improve from 3 weeks to 2 weeks
New case at the surgery specialist outpatient clinic	Improve from 52 weeks to 44 weeks

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

<b>FHB (H)127</b>
-------------------

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

Question Serial No.
---------------------

1503
------

Programme:Controlling Officer: Permanent Secretary for Food and Health (Health)Director of Bureau: Secretary for Food and HealthQuestion:

Please list out by year the following information from 2006-07 to 2009-10:

- the percentage of actual expenditure on health policy in the Government's recurrent expenditure;
- among departments and institutions granted financial provisions, the amount received by each of the departments that comes under the health portfolio and its percentage in the Government's recurrent expenditure.

Asked by: Hon. CHENG Kar-foo, AndrewReply:

The information requested in (a) and (b) is set out below:

	2006-07		2007-08		2008-09 Revised Estimate		2009-10 Estimate	
	Actual \$million	% <sup>1</sup>	Actual \$million	% <sup>1</sup>	Actual \$million	% <sup>1</sup>	Actual \$million	% <sup>1</sup>
<b>I. Total recurrent government expenditure on health</b>	29,830	15.7 <sup>2</sup>	31,641	15.9 <sup>2</sup>	33,883 <sup>3</sup>	15.7 <sup>2</sup>	35,692	15.7
<b>II. Breakdown of recurrent expenditure on health by department/organization<sup>4</sup>:</b>								
(i) Hospital Authority	27,446	14.5	29,101	14.6	30,968	14.3	32,339	14.2
(ii) Department of Health <sup>5</sup>	2,219	1.2	2,356	1.2	2,642	1.2	3,040	1.3
(iii) Food and Health Bureau (Health Branch)	37	0.02	54	0.03	135	0.06	175	0.08
(iv) Prince Philip Dental Hospital	102	0.05	104	0.05	108	0.05	110	0.05
(v) Government Laboratory <sup>5</sup>	24	0.01	24	0.01	26	0.01	25	0.01
(vi) Innovation and Technology Commission <sup>5</sup>	2	0.001	2	0.001	2	0.001	2	0.001

Note: (1) Represent percentage of recurrent government expenditure.

(2) Under the original estimates for 2006-07, 2007-08 and 2008-09 the percentages of expenditure on health policy in the recurrent government expenditure are 15.0%, 14.8% and 15.2% respectively.

- (3) Exclude the \$1,000 million injected to the Samaritan Fund which is classified as non-recurrent expenditure.
- (4) Sum of individual items may be different from the total due to rounding effect.
- (5) Government departments that report to more than one bureau for different policy programmes.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)128**

Question Serial No.

1520

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:

The target attendance of accident and emergency (A&E) services in 2009-10 is estimated to reach 2 133 000, which is 30 000 more than the revised estimate for 2008-09. While the target waiting time for A&E services remain unchanged, how many additional staff will the Administration engage to cope with the demand? What are the manpower and expenditure involved?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) will recruit additional doctors and nurses to enhance the A&E service in 2009-10 to address the expected increase in service demand. Details of the manpower and expenditure involved are being worked out and are not yet available. HA will also collaborate with other organizations, such as the Auxiliary Medical Service, for these organizations to provide support services at the A&E departments during peak seasons, e.g. escort service.

For A&E cases that are triaged as non-urgent, HA will address the service demand with the following measures -

- (a) to encourage the public to make better use of the services provided by family doctors; and
- (b) to provide information about private practitioners at HA hospitals and on HA's website for patients' reference in seeking private medical consultation.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)129**

Question Serial No.

1521

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:

Under "Matters Requiring Special Attention in 2009-10", it is mentioned that the Hospital Authority will "enhance support to discharged elderly patients by extending the Community Geriatric Assessment Service to additional residential care homes for the elderly". Please advise on the details of the extended service and the expenditure involved.

Asked by: Hon. CHEUNG Kwok-che

Reply:

In 2009-10, the Hospital Authority will extend the Community Geriatric Assessment Service to cover about 50 additional residential care homes for the elderly (RCHEs) in Sham Shui Po, Kwai Tsing, Tsuen Wan, Wong Tai Sin and Yau Tsim Mong districts and provide 44 000 additional outreach attendances per year. The services to be provided include outreach medical and nursing consultation, community rehabilitation and carer training for staff of RCHEs. A total of \$9.55 million has been earmarked in 2009-10 for the above enhancement of service, which will require the support of about 17 clinical staff including doctors, nurses, physiotherapists, etc.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)130**

Question Serial No.

1522

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:

Under the Hospital Authority's Matters Requiring Special Attention in 2009-10, it is mentioned that the Administration will "extend the psychogeriatric outreach programme to additional residential care homes for the elderly to provide support to elderly psychiatric patients". Would the Administration inform this Committee of the details of the implementation and the expenditure involved? I was informed that a number of elderly persons in the residential care homes suffer from dementia. What assistance will be provided by the Hospital Authority to these persons apart from the outreach service?

Asked by: Hon. CHEUNG Kwok-che

Reply:

To strengthen its mental health services, the Hospital Authority (HA) plans to further enhance the psychogeriatric outreach service in 2009-10. The service will cover an additional 50 private residential care homes for the elderly to provide an additional 10 000 psychogeriatric outreach attendances in 2009-10. It aims to provide specialist consultation to elderly patients with mental and behavioural problems, including dementia, and to provide support to carers of RCHes. An additional 7 doctors will be recruited to provide the service and the annual expenditure of the enhanced service is estimated at about \$8.26 million.

The psychogeriatric outreach service under the programme could enhance the quality of life of elders in several ways. Firstly, the provision of service at residential care homes of the elders would enable the healthcare professionals to have more accurate understanding on the clinical conditions, life style and treatment compliance of the elders, thereby improving the management of mental health problems of the elders. Secondly, the healthcare professionals could take the opportunity of outreach attendance to provide training to carers and staff of residential care homes. This could in turn enhance the quality of care of the elders. Finally, it would be more convenient for the elders as they would not have to travel to HA's psychiatric specialist outpatient clinics for follow up consultations.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)131**

Question Serial No.

1589

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:

What are the manpower and expenditure involved in setting up a dedicated office to develop a territory-wide patient-oriented electronic health record system? When can the system be introduced? What data and medical records will be stored in the system? How many private medical services provider are expected to participate in it?

Asked by: Hon. CHAN Hak-kan

Reply:

The Government plans to develop a territory-wide, patient-oriented electronic health record (eHR) sharing system as an essential infrastructure to support the healthcare reform. The eHR sharing system aims at enabling healthcare providers in both the public and private healthcare sectors to, with the patients' consent, access and share their patients' eHR.

We have set out in our submission to the Legislative Council Panel on Health Services on 9 March 2009 (LC Paper No. CB(2)1006/08-09(03)) the programme for eHR development, the need for and benefits of the eHR sharing system, the strategy, roadmap, timetable and targets for its implementation, the approach for addressing policy, legal, privacy and security issues arising from eHR sharing, the plan for collaboration with the private healthcare and IT sectors in eHR development, the arrangements for developing common record and technical standards together with the healthcare and IT professions, and the engagement of relevant stakeholders and the public in the development process.

The eHR sharing system will bring a host of benefits to clinicians, patients and the healthcare system as a whole. These include: providing clinicians access to comprehensive and accurate records of patients in a timely manner for more accurate diagnosis and better quality healthcare, facilitating collaboration between different healthcare providers for seamless and efficient integrated care, providing individuals with greater control of and access to their own health records, minimizing duplicating investigations and errors associated with paper records, and enabling disease surveillance and health statistics for public health and policy making.

Protection of patient data privacy and security will be of paramount importance in developing the eHR sharing system. To this end, we will in consultation with the Office of the Privacy Commissioner for Personal Data conduct a Privacy Impact Assessment and Privacy Compliance Audit as part of the development process. To ensure IT security, we will also conduct Security Risk Assessment and Security Audit in conjunction with the Office of the Government Chief Information Officer. We will also explore the long-term legal framework to safeguard the privacy and security of personal health data.



Our estimate of the capital costs involved for the development of the eHR sharing system over the 10 year programme from 2009-10 to 2018-19 is about \$1,124 million (details are set out in the panel paper). We have commissioned a consultancy to validate the cost estimates for the eHR programme, and plan to seek capital funding approval from the Finance Committee of the Legislative Council by phases. The first phase of the eHR programme covering the period up to 2013-14 is estimated to require a capital cost of some \$702 million. Our target is to have the eHR sharing platform ready by 2013-14 for connection with all public and private hospitals, and for health information systems which may become available in the market for private healthcare providers to connect to this platform.

To co-ordinate the complex and multi-faceted eHR development programme, the Government plans to set up a dedicated eHealth Record Office (eHR Office) under the Food and Health Bureau. We propose that the eHR Office will have an initial setup of 20 civil service posts (details are set out in the panel paper), involving an annual staff costs of some \$18.5 million. A dedicated IT team in Hospital Authority IT Services (HAITS) will provide the eHR Office with technical support. The Department of Health will also set up a team for the development of its eHR systems. For all these eHR development co-ordinating and supporting functions, the Government has earmarked recurrent resources of \$327 million for the three years from 2009-10 to 2011-12.

Subject to approval by the Establishment Sub-Committee and Finance Committee for the creation of posts and capital funding for the eHR programme, we plan to set up the eHR Office and start the first phase of the eHR development programme in Q3 2009.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)132**

Question Serial No.

1590

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:

With respect to including the Pneumococcal Conjugate Vaccine in the Childhood Immunisation Programme in 2009-10, what is the expenditure involved? What is the expected number of children who will benefit? Does the Administration currently have a mechanism for regular review of the programme? What factors are considered during reviews?

Asked by: Hon. CHAN Hak-kan

Reply:

The Administration will introduce Pneumococcal Conjugate Vaccine (PCV) in the Childhood Immunisation Programme (CIP) starting from 1 September 2009. All infants born on or after 1 July 2009 will receive free pneumococcal vaccinations under the CIP, covering an estimated number of 70 000 newborns per year. Furthermore, approximately 128 000 children born between 1 September 2007 and 30 June 2009 inclusive will be eligible to receive free PCV under a one-off Catch-up Programme. The allocation in 2009-10 for Pneumococcal Vaccination Programme is \$228.8 million.

The Department of Health will set up a pneumococcal surveillance system to monitor the impact of PCV on the local trends of invasive pneumococcal diseases, herd protection, serotype replacement and antibiotic-resistant strains.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)133**

Question Serial No.

1591

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:

What are the Administration's specific measures regarding the facilitation of development of private hospitals? Will the Administration consider attracting operators of private hospitals through tax concession or land supply? If yes, what is the amount of financial resources earmarked?

Asked by: Hon. CHAN Hak-kan

Reply:

As part of the Government's healthcare reform initiatives to ensure the continued provision of high quality healthcare services to the public, we seek to promote and facilitate private hospital development in order to increase the overall capacity of our healthcare system in Hong Kong and to address the significant imbalance between the public and private healthcare sectors.

To achieve the above policy objectives, we are identifying suitable sites, initially including the Wong Chuk Hang, Tseung Kwan O, Tai Po and North Lantau areas for private hospital development. We are formulating policies to ensure that the premiums for such land are fair to the private hospitals and the public. We will also ensure that the development of private hospitals will further upgrade our healthcare services to benefit the community and promote the expansion of the health services sector. The above work will be carried out with the Bureau's existing manpower and financial resources.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)134**

Question Serial No.

1592

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:

For setting up more Chinese medicine clinics in the public sector, how much provision has the Administration set aside for 2009-2010? What is the estimated number of Chinese medicine clinics to be set up in 2009-2010? Which districts will they be located in? What kinds of Chinese medical services will be provided?

Apart from clinics, will the Administration consider setting up a hospital of Chinese medicine to provide more training opportunities for graduates of Chinese medicine degree programmes?

Asked by: Hon. CHAN Hak-kan

Reply:

The Government has committed to establishing a total of 18 public Chinese medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and to provide better training opportunities for local Chinese medicine degree programmes graduates. The clinics provide Chinese medicine general consultation service. They are being set up on a district basis and a total of 14 CMCs would have been established by end of March 2009. The four remaining districts which have yet to be provided with a CMC include Kowloon City, Southern, Yau Tsim Mong and Islands Districts. We are actively identifying suitable sites which have to be easily accessible; close to residential areas and available shortly for development, with a view to establishing the CMCs in the four districts as soon as possible.

Regarding the recurrent provision for Chinese medicine clinic service, the earmarked provision in 2009-2010 is \$77 million covering mainly the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, the development of and provision of training in "evidence-based" Chinese medicine, enhancement and maintenance of the Chinese Medicine Information System and part of the expenses for the operation of the clinics.

As regards the training opportunities for graduates of Chinese medicine degree programmes, at present, each CMC is required to employ at least five graduates and provide one-year training for them. With 14 CMCs, at least 70 training places for graduates can be offered in 2009-2010. Some of the NGOs running the CMCs have employed more than the required number of graduates to support their services and/or research. A total of 202 graduates have been trained so far and all the graduates in 2008 were offered training opportunity. The Administration currently does not have plan to set up a hospital of Chinese medicine.

Signature	_____
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)135**

Question Serial No.

1593

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:

The Administration is currently studying the proposal of installation of smoking room. When is an announcement expected? Will the study put off the plan to impose a total smoking ban on places of entertainment like bars, nightclubs, and mahjong schools? If yes, has the Administration earmarked financial resources to handle the smoking ban?

Asked by: Hon. CHAN Hak-kan

Reply:

In accordance with the amendments to the Smoking (Public Health) Ordinance (Cap. 371) passed by the Legislative Council in 2006, the statutory smoking ban at the six types of qualified establishments (namely qualified bars, clubs, nightclubs, bathhouses, mahjong-tin kau premises and designated mahjong rooms in qualified clubs ) will take effect from 1 July 2009. The Administration is planning for the implementation of the smoking ban at these establishments accordingly.

As a separate issue, we have commissioned the Electrical and Mechanical Services Department and engaged the Hong Kong University of Science and Technology to carry out a technical feasibility study of smoking rooms that spans over the financial years of 2007-08 and 2008-09. It is unrelated to the aforementioned smoking ban. The study is near completion. The Administration will report the findings to the Panel on Health Services of LegCo in due course.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 11.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)136**

Question Serial No.

1594

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:

As the Administration has designated public transport interchanges as no smoking areas and imposed a smoking ban on qualified establishments, have financial resources been earmarked to boost the manpower of the Tobacco Control Office?

Asked by: Hon. CHAN Hak-kan

Reply:

The Administration will proceed to designate Public Transport Interchanges (PTIs) as statutory no smoking areas after the fixed penalty system for smoking offences come into operation in the second quarter of 2009. The plan is to designate those PTIs with superstructure first, followed by open-air PTIs. The designation of PTIs with superstructure is expected to be completed in 2009.

Under the Smoking (Public Health) Ordinance, the application of the smoking ban to qualified establishments (namely qualified bars, clubs, nightclubs, bathhouses, mahjong-tin kau premises and designated mahjong rooms in qualified clubs) is deferred until 1 July 2009. The Tobacco Control Office (TCO) of the Department of Health is planning for the implementation of the smoking ban to these qualified establishments with effect from 1 July 2009.

To cope with the additional workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 15 civil service posts will be created and 18 non-civil service contract positions will be converted to civil service posts in 2009-10. The provision for carrying out enforcement duties by TCO in 2009-10 will be increased to \$28 million, from a revised estimate of \$24.9 million in 2008-09.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)137**

Question Serial No.

1596

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:

Would the Administration give a breakdown of the turnover figure and turnover rate of Medical Officers serving different clusters under the Hospital Authority for 2006-07, 2007-08 and 2008-09 by their posts and the clinical departments they were serving at the time they left the service? Are vacancies left by these officers filled? What is the amount of expenditure saved or increased as a result?

Asked by: Hon. CHAN Hak-kan

Reply:

The attached tables provide the turnover figures of all ranks of doctors by department in each hospital cluster, and the turnover rates of all ranks of doctors in major departments for each of the years from 2006-07 to 2008-09.

On the whole, the total number of doctors for different departments has increased over the period from 2006-07 to 2008-09, except for the specialty of Family Medicine (FM). The reduction in the number of FM doctors is mainly due to difficulties in recruiting and retaining doctors either to provide services or to receive training in FM. To cope with these difficulties, HA has enhanced the remuneration and employment contractual arrangements for FM trainee doctors in 2007 and has employed part-time doctors for general outpatient clinics.

During the period from 2006-07 to 2008-09, HA has recruited new doctors to fill vacancies and to strengthen its manpower support. HA has also enhanced the pay structure of junior doctors in 2006 and 2007. The total additional expenditure incurred exceeds the savings from staff wastage by around \$290 million for the above-mentioned period.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**Hong Kong East Cluster – Turnover figures of doctors by department and by rank**

Department	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident (Specialist)	Medical Officer / Resident (Non-specialist)	Total
<b>2006-07</b>					
Accident & Emergency	-	-	-	1	1
Anaesthesiology	1	1	-	-	2
Family Medicine	-	-	-	10	10
Medicine	-	-	-	1	1
Obstetrics & Gynaecology	1	1	1	-	3
Ophthalmology	-	1	-	-	1
Orthopaedics & Traumatology	-	-	-	-	-
Paediatrics	-	-	2	-	2
Pathology	-	-	-	-	-
Psychiatry	-	-	-	1	1
Radiology	-	-	-	-	-
Surgery	-	-	1	1	2
Others	-	-	1	-	1
<b>Total</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>14</b>	<b>24</b>
<b>2007-08</b>					
Accident & Emergency	-	1	-	-	1
Anaesthesiology	-	1	-	-	1
Family Medicine	-	-	-	7	7
Medicine	-	-	1	-	1
Obstetrics & Gynaecology	-	1	1	-	2
Ophthalmology	-	-	-	-	-
Orthopaedics & Traumatology	-	-	-	-	-
Paediatrics	-	-	-	-	-
Pathology	-	-	-	-	-
Psychiatry	-	-	-	-	-
Radiology	-	1	-	-	1
Surgery	-	4	-	2	6
Others	-	-	1	1	2
<b>Total</b>	<b>-</b>	<b>8</b>	<b>3</b>	<b>10</b>	<b>21</b>
<b>2008-09 (up to 31 December 2008)</b>					
Accident & Emergency	-	-	1	-	1
Anaesthesiology	-	-	-	-	-
Family Medicine	-	-	-	6	6
Medicine	-	2	-	4	6
Obstetrics & Gynaecology	-	-	1	-	1
Ophthalmology	-	-	-	1	1
Orthopaedics & Traumatology	-	-	2	-	2
Paediatrics	-	-	1	-	1
Pathology	-	-	-	-	-
Psychiatry	-	-	-	-	-
Radiology	-	1	-	-	1
Surgery	1	1	-	-	2
Others	-	-	-	1	1
<b>Total</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>12</b>	<b>22</b>



**Hong Kong West Cluster – Turnover figures of doctors by department and by rank**

Department	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident (Specialist)	Medical Officer / Resident (Non-specialist)	Total
<b>2006-07</b>					
Accident & Emergency	-	-	3	1	4
Anaesthesiology	1	2	-	-	3
Family Medicine	-	-	-	-	0
Medicine	-	3	1	4	8
Obstetrics & Gynaecology	-	2	1	-	3
Ophthalmology	-	-	-	-	-
Orthopaedics & Traumatology	-	-	1	-	1
Paediatrics	1	-	1	-	2
Pathology	-	-	-	-	-
Psychiatry	-	-	-	1	1
Radiology	-	1	-	1	2
Surgery	-	4	3	1	8
Others	-	-	-	-	-
<b>Total</b>	<b>2</b>	<b>12</b>	<b>10</b>	<b>8</b>	<b>32</b>
<b>2007-08</b>					
Accident & Emergency	-	-	-	-	-
Anaesthesiology	-	2	-	1	3
Family Medicine	-	-	-	3	3
Medicine	-	2	5	-	7
Obstetrics & Gynaecology	-	1	1	-	2
Ophthalmology	-	-	1	-	1
Orthopaedics & Traumatology	1	-	1	-	2
Paediatrics	1	-	-	1	2
Pathology	-	-	-	1	1
Psychiatry	1	-	-	-	1
Radiology	-	5	-	-	5
Surgery	-	1	-	-	1
Others	1	1	-	-	2
<b>Total</b>	<b>4</b>	<b>12</b>	<b>8</b>	<b>6</b>	<b>30</b>
<b>2008-09 (up to 31 December 2008)</b>					
Accident & Emergency	1	-	-	1	2
Anaesthesiology	1	1	1	-	3
Family Medicine	-	-	-	-	-
Medicine	-	-	5	1	6
Obstetrics & Gynaecology	-	1	-	-	1
Ophthalmology	-	-	-	-	-
Orthopaedics & Traumatology	-	1	-	-	1
Paediatrics	-	-	-	1	1
Pathology	-	-	-	1	1
Psychiatry	1	-	1	-	2
Radiology	-	-	-	-	-
Surgery	2	1	-	-	3
Others	-	-	-	-	-
<b>Total</b>	<b>5</b>	<b>4</b>	<b>7</b>	<b>4</b>	<b>20</b>

**Kowloon Central Cluster – Turnover figures of doctors by department and by rank**

Department	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident (Specialist)	Medical Officer / Resident (Non-specialist)	Total
<b>2006-07</b>					
Accident & Emergency	-	1	-	-	1
Anaesthesiology	-	1	1	-	2
Family Medicine	1	-	-	3	4
Medicine	-	-	1	2	3
Obstetrics & Gynaecology	-	2	-	-	2
Ophthalmology	1	2	2	1	6
Orthopaedics & Traumatology	-	-	1	-	1
Paediatrics	-	-	1	-	1
Pathology	1	-	-	1	2
Psychiatry	-	-	1	-	1
Radiology	-	2	-	-	2
Surgery	1	1	1	-	3
Others	-	1	-	-	1
<b>Total</b>	<b>4</b>	<b>10</b>	<b>8</b>	<b>7</b>	<b>29</b>
<b>2007-08</b>					
Accident & Emergency	-	-	1	-	1
Anaesthesiology	-	-	1	-	1
Family Medicine	1	-	-	5	6
Medicine	1	1	1	1	4
Obstetrics & Gynaecology	-	1	-	-	1
Ophthalmology	1	-	-	-	1
Orthopaedics & Traumatology	-	-	1	-	1
Paediatrics	-	-	-	-	-
Pathology	-	-	-	-	-
Psychiatry	1	-	-	1	2
Radiology	-	-	-	-	-
Surgery	1	1	1	-	3
Others	-	2	1	-	3
<b>Total</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>23</b>
<b>2008-09 (up to 31 December 2008)</b>					
Accident & Emergency	-	1	2	-	3
Anaesthesiology	-	-	-	1	1
Family Medicine	-	-	-	1	1
Medicine	-	3	1	1	5
Obstetrics & Gynaecology	-	2	-	-	2
Ophthalmology	-	1	1	-	2
Orthopaedics & Traumatology	-	-	1	-	1
Paediatrics	-	-	-	-	-
Pathology	-	-	-	-	-
Psychiatry	-	-	-	1	1
Radiology	-	-	-	-	-
Surgery	-	2	2	-	4
Others	-	1	1	-	2
<b>Total</b>	<b>-</b>	<b>10</b>	<b>8</b>	<b>4</b>	<b>22</b>

**Kowloon East Cluster – Turnover figures of doctors by department and by rank**

Department	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident (Specialist)	Medical Officer / Resident (Non-specialist)	Total
<b>2006-07</b>					
Accident & Emergency	-	-	-	-	-
Anaesthesiology	-	2	-	1	3
Family Medicine	1	-	-	13	14
Medicine	-	1	1	4	6
Obstetrics & Gynaecology	-	1	2	-	3
Ophthalmology	-	-	-	-	-
Orthopaedics & Traumatology	-	-	-	1	1
Paediatrics	1	1	2	-	4
Pathology	-	-	-	-	-
Psychiatry	-	-	-	2	2
Radiology	-	-	-	-	-
Surgery	-	-	2	-	2
Others	-	-	-	1	1
<b>Total</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>22</b>	<b>36</b>
<b>2007-08</b>					
Accident & Emergency	-	-	-	2	2
Anaesthesiology	-	2	-	-	2
Family Medicine	3	-	-	10	13
Medicine	1	-	2	2	5
Obstetrics & Gynaecology	-	4	1	1	6
Ophthalmology	-	-	-	-	-
Orthopaedics & Traumatology	-	-	-	-	-
Paediatrics	1	1	-	2	4
Pathology	-	1	-	1	2
Psychiatry	-	1	-	-	1
Radiology	1	-	-	-	1
Surgery	1	2	-	-	3
Others	1	1	1	-	3
<b>Total</b>	<b>8</b>	<b>12</b>	<b>4</b>	<b>18</b>	<b>42</b>
<b>2008-09 (up to 31 December 2008)</b>					
Accident & Emergency	-	-	-	3	3
Anaesthesiology	-	-	-	1	1
Family Medicine	-	-	-	1	1
Medicine	-	-	3	1	4
Obstetrics & Gynaecology	-	-	1	-	1
Ophthalmology	-	-	1	-	1
Orthopaedics & Traumatology	1	1	-	-	2
Paediatrics	-	-	-	-	-
Pathology	-	-	-	-	-
Psychiatry	-	-	-	-	-
Radiology	-	-	-	-	-
Surgery	-	1	1	-	2
Others	-	-	1	-	1
<b>Total</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>6</b>	<b>16</b>

**Kowloon West Cluster – Turnover figures of doctors by department and by rank**

Department	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident (Specialist)	Medical Officer / Resident (Non-specialist)	Total
<b>2006-07</b>					
Accident & Emergency	1	-	1	3	5
Anaesthesiology	-	-	-	2	2
Family Medicine	1	2	-	25	28
Medicine	-	3	4	9	16
Obstetrics & Gynaecology	2	2	4	1	9
Ophthalmology	-	4	1	-	5
Orthopaedics & Traumatology	-	1	-	3	4
Paediatrics	1	-	2	-	3
Pathology	-	1	1	1	3
Psychiatry	-	1	1	2	4
Radiology	-	1	-	1	2
Surgery	-	2	4	2	8
Others	2	-	2	-	4
<b>Total</b>	<b>7</b>	<b>17</b>	<b>20</b>	<b>49</b>	<b>93</b>
<b>2007-08</b>					
Accident & Emergency	-	-	2	7	9
Anaesthesiology	1	3	-	4	8
Family Medicine	-	1	-	11	12
Medicine	1	1	1	5	8
Obstetrics & Gynaecology	-	3	-	-	3
Ophthalmology	-	-	3	-	3
Orthopaedics & Traumatology	-	-	3	-	3
Paediatrics	-	-	2	-	2
Pathology	-	1	-	1	2
Psychiatry	-	1	1	2	4
Radiology	1	1	-	-	2
Surgery	4	6	1	3	14
Others	-	-	-	-	-
<b>Total</b>	<b>7</b>	<b>17</b>	<b>13</b>	<b>33</b>	<b>70</b>
<b>2008-09 (up to 31 December 2008)</b>					
Accident & Emergency	1	-	1	4	6
Anaesthesiology	-	-	-	2	2
Family Medicine	-	1	-	11	12
Medicine	-	-	4	5	9
Obstetrics & Gynaecology	-	1	-	-	1
Ophthalmology	1	-	-	-	1
Orthopaedics & Traumatology	-	-	1	-	1
Paediatrics	-	1	2	-	3
Pathology	-	-	1	-	1
Psychiatry	-	-	1	-	1
Radiology	-	-	-	1	1
Surgery	1	1	1	1	4
Others	-	-	1	-	1
<b>Total</b>	<b>3</b>	<b>4</b>	<b>12</b>	<b>24</b>	<b>43</b>

**New Territories East Cluster – Turnover figures of doctors by department and by rank**

Department	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident (Specialist)	Medical Officer / Resident (Non-specialist)	Total
<b>2006-07</b>					
Accident & Emergency	-	-	-	3	3
Anaesthesiology	-	2	-	1	3
Family Medicine	3	-	-	11	14
Medicine	-	1	4	7	12
Obstetrics & Gynaecology	-	1	3	-	4
Ophthalmology	-	3	1	-	4
Orthopaedics & Traumatology	-	1	-	-	1
Paediatrics	-	1	1	1	3
Pathology	-	1	-	2	3
Psychiatry	-	1	1	-	2
Radiology	1	2	-	-	3
Surgery	2	4	2	-	8
Others	-	-	3	1	4
<b>Total</b>	<b>6</b>	<b>17</b>	<b>15</b>	<b>26</b>	<b>64</b>
<b>2007-08</b>					
Accident & Emergency	-	-	2	1	3
Anaesthesiology	-	6	-	1	7
Family Medicine	-	1	-	3	4
Medicine	-	1	6	5	12
Obstetrics & Gynaecology	2	-	1	-	3
Ophthalmology	-	2	-	-	2
Orthopaedics & Traumatology	-	-	-	-	-
Paediatrics	-	1	2	1	4
Pathology	-	2	1	-	3
Psychiatry	-	1	-	1	2
Radiology	-	3	-	-	3
Surgery	1	3	2	1	7
Others	-	1	2	1	4
<b>Total</b>	<b>3</b>	<b>21</b>	<b>16</b>	<b>14</b>	<b>54</b>
<b>2008-09 (up to 31 December 2008)</b>					
Accident & Emergency	-	1	-	-	1
Anaesthesiology	-	2	-	1	3
Family Medicine	-	-	-	5	5
Medicine	-	1	4	5	10
Obstetrics & Gynaecology	-	1	-	1	2
Ophthalmology	-	-	-	-	-
Orthopaedics & Traumatology	-	1	2	1	4
Paediatrics	-	-	2	1	3
Pathology	-	-	-	-	-
Psychiatry	-	3	-	1	4
Radiology	2	2	-	1	5
Surgery	-	2	-	2	4
Others	-	1	-	-	1
<b>Total</b>	<b>2</b>	<b>14</b>	<b>8</b>	<b>18</b>	<b>42</b>

**New Territories West Cluster – Turnover figures of doctors by department and by rank**

Department	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident (Specialist)	Medical Officer / Resident (Non-specialist)	Total
<b>2006-07</b>					
Accident & Emergency	1	-	-	1	2
Anaesthesiology	-	-	-	1	1
Family Medicine	2	2	-	7	11
Medicine	-	1	2	2	5
Obstetrics & Gynaecology	-	-	-	-	-
Ophthalmology	-	-	-	-	-
Orthopaedics & Traumatology	-	1	1	-	2
Paediatrics	-	2	-	-	2
Pathology	-	-	-	-	-
Psychiatry	-	-	1	1	2
Radiology	-	2	-	-	2
Surgery	1	1	2	-	4
Others	1	-	-	-	1
<b>Total</b>	<b>5</b>	<b>9</b>	<b>6</b>	<b>12</b>	<b>32</b>
<b>2007-08</b>					
Accident & Emergency	-	-	-	4	4
Anaesthesiology	2	-	1	-	3
Family Medicine	1	-	-	7	8
Medicine	-	-	1	2	3
Obstetrics & Gynaecology	-	-	-	-	-
Ophthalmology	-	-	1	-	1
Orthopaedics & Traumatology	-	-	1	-	1
Paediatrics	-	1	4	-	5
Pathology	-	-	-	1	1
Psychiatry	1	-	1	1	3
Radiology	1	1	-	-	2
Surgery	1	2	-	-	3
Others	-	-	-	-	-
<b>Total</b>	<b>6</b>	<b>4</b>	<b>9</b>	<b>15</b>	<b>34</b>
<b>2008-09 (up to 31 December 2008)</b>					
Accident & Emergency	-	-	-	1	1
Anaesthesiology	-	-	-	-	-
Family Medicine	-	-	-	1	1
Medicine	1	1	3	1	6
Obstetrics & Gynaecology	-	2	1	-	3
Ophthalmology	-	-	-	-	-
Orthopaedics & Traumatology	-	-	1	-	1
Paediatrics	1	-	-	3	4
Pathology	-	-	-	-	-
Psychiatry	1	-	-	-	1
Radiology	-	1	-	-	1
Surgery	-	-	-	1	1
Others	-	1	-	1	2
<b>Total</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>21</b>

**Hospital Authority – Overall turnover rates of doctors in major departments and by rank**

Department	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident (Specialist)	Medical Officer / Resident (Non-specialist)	Total
<b>2006-07</b>					
Accident & Emergency	7.0%	1.2%	5.2%	4.7%	<b>4.2%</b>
Anaesthesiology	4.8%	8.4%	2.5%	3.6%	<b>5.1%</b>
Family Medicine	43.1%	9.6%	-	14.1%	<b>14.6%</b>
Medicine	-	4.5%	5.1%	5.6%	<b>4.8%</b>
Obstetrics & Gynaecology	9.9%	22.6%	32.0%	1.2%	<b>12.7%</b>
Ophthalmology	10.6%	31.9%	11.7%	1.7%	<b>11.8%</b>
Orthopaedics & Traumatology	-	5.0%	3.1%	4.3%	<b>3.5%</b>
Paediatrics	8.4%	6.4%	10.3%	1.0%	<b>5.9%</b>
Pathology	3.0%	3.4%	6.1%	6.5%	<b>4.7%</b>
Psychiatry	-	4.1%	10.1%	4.8%	<b>5.0%</b>
Radiology	2.3%	9.5%	-	2.4%	<b>5.0%</b>
Surgery	5.3%	10.4%	12.8%	1.9%	<b>6.7%</b>
<b>2007-08</b>					
Accident & Emergency	-	1.1%	6.4%	6.9%	<b>5.0%</b>
Anaesthesiology	6.9%	13.2%	6.0%	4.1%	<b>7.6%</b>
Family Medicine	29.0%	4.8%	-	10.0%	<b>9.4%</b>
Medicine	3.0%	2.4%	6.4%	2.9%	<b>3.7%</b>
Obstetrics & Gynaecology	6.2%	23.0%	17.5%	1.0%	<b>8.7%</b>
Ophthalmology	10.7%	6.8%	13.6%	-	<b>5.9%</b>
Orthopaedics & Traumatology	2.9%	-	6.2%	-	<b>2.4%</b>
Paediatrics	5.4%	4.2%	10.6%	3.6%	<b>5.8%</b>
Pathology	-	6.5%	5.4%	7.1%	<b>5.2%</b>
Psychiatry	11.5%	5.2%	5.4%	3.3%	<b>4.7%</b>
Radiology	6.4%	14.2%	-	-	<b>6.3%</b>
Surgery	10.0%	15.8%	3.9%	2.5%	<b>6.9%</b>
<b>2008-09 (Full-year projection)</b>					
Accident & Emergency	8.4%	2.7%	6.6%	5.5%	<b>5.3%</b>
Anaesthesiology	2.8%	3.5%	9.0%	4.1%	<b>3.9%</b>
Family Medicine	-	3.0%	-	5.7%	<b>5.2%</b>
Medicine	1.2%	4.4%	10.7%	4.6%	<b>5.6%</b>
Obstetrics & Gynaecology	-	19.1%	31.0%	1.3%	<b>7.3%</b>
Ophthalmology	10.9%	4.1%	8.8%	2.1%	<b>4.8%</b>
Orthopaedics & Traumatology	3.8%	6.0%	10.8%	1.3%	<b>5.5%</b>
Paediatrics	3.5%	1.7%	10.5%	5.5%	<b>5.3%</b>
Pathology	-	-	9.9%	2.3%	<b>1.5%</b>
Psychiatry	9.4%	6.4%	7.0%	1.7%	<b>4.1%</b>
Radiology	5.0%	7.1%	-	2.7%	<b>4.6%</b>
Surgery	6.5%	8.0%	6.8%	2.0%	<b>4.8%</b>

Remarks :

The above turnover rates are calculated on the basis of the changes in headcounts, except for the rates of Family Medicine which are calculated on the basis of the changes in full-time equivalent because of the higher proportion of part-time Consultants.

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)138**

Question Serial No.

1597

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:

Would the Administration give a breakdown of the turnover figure and turnover rate of nursing staff serving each cluster under the Hospital Authority for 2006-07, 2007-08 and 2008-09 by their posts and the clinical departments they were serving at the time they left the service? Are the vacancies left filled? What is the amount of expenditure saved or increased?

Asked by: Hon. CHAN Hak-kan

Reply:

The attached tables provide the turnover figures of all ranks of nurses in the Hospital Authority (HA) in major specialties in each hospital cluster, and the overall turnover rates of all ranks of nurses in major specialties in HA for each of the years from 2006-07 to 2008-09.

During the period from 2006-07 to 2008-09, HA has recruited nurses from the graduates and the market, overseas nurses and part-time nurses to fill vacancies and strengthen its manpower support. HA has also implemented various measures to retain and recruit nurses, including raising the entry pay for nurses in 2007, enhancing the career structure of nurses and re-opening some of the HA nursing schools in 2008. The total additional expenditure incurred exceeds the savings from staff wastage by around \$27 million for the period from 2006-07 to 2008-09 (up to 31 December 2008).

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009



**Hong Kong East Cluster - Turnover figures of nurses in major specialties and by rank**

Specialty	Advanced Practice Nurse / Nurse Specialist /Nursing Officer /Ward Manager or above	Registered Nurse	Enrolled Nurse / Midwife / Others	Total
<b>2006-07</b>				
Medicine	1	15	-	16
Obstetrics & Gynaecology	-	1	-	1
Orthopaedics & Traumatology	-	-	-	-
Paediatrics	-	7	-	7
Psychiatry	-	-	1	1
Surgery	-	2	-	2
Others	3	35	7	45
<b>Total</b>	<b>4</b>	<b>60</b>	<b>8</b>	<b>72</b>
<b>2007-08</b>				
Medicine	4	23	4	31
Obstetrics & Gynaecology	-	4	-	4
Orthopaedics & Traumatology	-	3	-	3
Paediatrics	1	8	-	9
Psychiatry	-	-	-	-
Surgery	-	4	-	4
Others	6	44	8	58
<b>Total</b>	<b>11</b>	<b>86</b>	<b>12</b>	<b>109</b>
<b>2008-09 (up to 31 December 2008)</b>				
Medicine	1	18	4	23
Obstetrics & Gynaecology	-	3	-	3
Orthopaedics & Traumatology	1	3	1	5
Paediatrics	-	2	-	2
Psychiatry	1	3	1	5
Surgery	-	4	2	6
Others	5	34	8	47
<b>Total</b>	<b>8</b>	<b>67</b>	<b>16</b>	<b>91</b>

**Hong Kong West Cluster - Turnover figures of nurses in major specialties and by rank**

Specialty	Advanced Practice Nurse / Nurse Specialist /Nursing Officer /Ward Manager or above	Registered Nurse	Enrolled Nurse / Midwife / Others	Total
<b>2006-07</b>				
Medicine	2	11	3	16
Obstetrics & Gynaecology	-	1	2	3
Orthopaedics & Traumatology	-	1	-	1
Paediatrics	2	14	1	17
Psychiatry	-	-	1	1
Surgery	-	13	1	14
Others	5	31	4	40
<b>Total</b>	<b>9</b>	<b>71</b>	<b>12</b>	<b>92</b>
<b>2007-08</b>				
Medicine	3	15	3	21
Obstetrics & Gynaecology	3	6	-	9
Orthopaedics & Traumatology	-	2	1	3
Paediatrics	-	7	1	8
Psychiatry	1	-	-	1
Surgery	3	16	-	19
Others	5	42	2	49
<b>Total</b>	<b>15</b>	<b>88</b>	<b>7</b>	<b>110</b>
<b>2008-09 (up to 31 December 2008)</b>				
Medicine	5	18	6	29
Obstetrics & Gynaecology	-	6	2	8
Orthopaedics & Traumatology	-	5	-	5
Paediatrics	2	11	-	13
Psychiatry	2	1	1	4
Surgery	2	5	-	7
Others	6	21	3	30
<b>Total</b>	<b>17</b>	<b>67</b>	<b>12</b>	<b>96</b>

**Kowloon Central Cluster - Turnover figures of nurses in major specialties and by rank**

Specialty	Advanced Practice Nurse / Nurse Specialist /Nursing Officer /Ward Manager or above	Registered Nurse	Enrolled Nurse / Midwife / Others	Total
<b>2006-07</b>				
Medicine	5	6	1	12
Obstetrics & Gynaecology	1	3	-	4
Orthopaedics & Traumatology	-	-	-	-
Paediatrics	1	3	-	4
Psychiatry	-	-	-	-
Surgery	1	2	-	3
Others	4	27	7	38
<b>Total</b>	<b>12</b>	<b>41</b>	<b>8</b>	<b>61</b>
<b>2007-08</b>				
Medicine	5	16	1	22
Obstetrics & Gynaecology	3	1	-	4
Orthopaedics & Traumatology	-	3	-	3
Paediatrics	-	5	-	5
Psychiatry	2	1	-	3
Surgery	-	7	-	7
Others	4	58	5	67
<b>Total</b>	<b>14</b>	<b>91</b>	<b>6</b>	<b>111</b>
<b>2008-09 (up to 31 December 2008)</b>				
Medicine	1	10	4	15
Obstetrics & Gynaecology	-	5	-	5
Orthopaedics & Traumatology	-	-	-	-
Paediatrics	3	5	-	8
Psychiatry	-	1	-	1
Surgery	2	2	-	4
Others	7	55	5	67
<b>Total</b>	<b>13</b>	<b>78</b>	<b>9</b>	<b>100</b>

**Kowloon East Cluster - Turnover figures of nurses in major specialties and by rank**

<b>Specialty</b>	<b>Advanced Practice Nurse / Nurse Specialist /Nursing Officer /Ward Manager or above</b>	<b>Registered Nurse</b>	<b>Enrolled Nurse / Midwife / Others</b>	<b>Total</b>
<b>2006-07</b>				
Medicine	-	23	1	24
Obstetrics & Gynaecology	-	2	-	2
Orthopaedics & Traumatology	-	3	-	3
Paediatrics	-	2	-	2
Psychiatry	1	-	-	1
Surgery	-	3	-	3
Others	1	16	3	20
<b>Total</b>	<b>2</b>	<b>49</b>	<b>4</b>	<b>55</b>
<b>2007-08</b>				
Medicine	4	25	4	33
Obstetrics & Gynaecology	1	3	-	4
Orthopaedics & Traumatology	-	1	-	1
Paediatrics	-	10	2	12
Psychiatry	-	1	-	1
Surgery	1	5	-	6
Others	4	26	5	35
<b>Total</b>	<b>10</b>	<b>71</b>	<b>11</b>	<b>92</b>
<b>2008-09 (up to 31 December 2008)</b>				
Medicine	-	17	2	19
Obstetrics & Gynaecology	-	2	-	2
Orthopaedics & Traumatology	-	1	-	1
Paediatrics	-	10	-	10
Psychiatry	-	1	-	1
Surgery	-	4	1	5
Others	3	20	1	24
<b>Total</b>	<b>3</b>	<b>55</b>	<b>4</b>	<b>62</b>

**Kowloon West Cluster - Turnover figures of nurses in major specialties and by rank**

Specialty	Advanced Practice Nurse / Nurse Specialist /Nursing Officer /Ward Manager or above	Registered Nurse	Enrolled Nurse / Midwife / Others	Total
<b>2006-07</b>				
Medicine	9	21	8	38
Obstetrics & Gynaecology	2	10	-	12
Orthopaedics & Traumatology	2	1	-	3
Paediatrics	2	7	1	10
Surgery	2	3	-	5
Others	11	58	8	77
<b>Total</b>	<b>28</b>	<b>100</b>	<b>17</b>	<b>145</b>
<b>2007-08</b>				
Medicine	5	35	8	48
Obstetrics & Gynaecology	3	19	1	23
Orthopaedics & Traumatology	2	2	-	4
Paediatrics	5	8	3	16
Surgery	2	6	-	8
Others	11	72	12	95
<b>Total</b>	<b>28</b>	<b>142</b>	<b>24</b>	<b>194</b>
<b>2008-09 (up to 31 December 2008)</b>				
Medicine	1	15	10	26
Obstetrics & Gynaecology	2	4	-	6
Orthopaedics & Traumatology	1	2	-	3
Paediatrics	-	14	-	14
Surgery	1	5	-	6
Others	13	79	14	106
<b>Total</b>	<b>18</b>	<b>119</b>	<b>24</b>	<b>161</b>

**New Territories East Cluster - Turnover figures of nurses in major specialties and by rank**

<b>Specialty</b>	<b>Advanced Practice Nurse / Nurse Specialist /Nursing Officer /Ward Manager or above</b>	<b>Registered Nurse</b>	<b>Enrolled Nurse / Midwife / Others</b>	<b>Total</b>
<b>2006-07</b>				
Medicine	2	18	3	23
Obstetrics & Gynaecology	-	3	-	3
Orthopaedics & Traumatology	-	5	1	6
Paediatrics	1	13	-	14
Psychiatry	-	1	2	3
Surgery	-	10	2	12
Others	1	25	4	30
<b>Total</b>	<b>4</b>	<b>75</b>	<b>12</b>	<b>91</b>
<b>2007-08</b>				
Medicine	3	19	6	28
Obstetrics & Gynaecology	-	6	-	6
Orthopaedics & Traumatology	-	3	-	3
Paediatrics	1	8	-	9
Psychiatry	-	8	1	9
Surgery	3	12	1	16
Others	6	39	7	52
<b>Total</b>	<b>13</b>	<b>95</b>	<b>15</b>	<b>123</b>
<b>2008-09 (up to 31 December 2008)</b>				
Medicine	4	32	5	41
Obstetrics & Gynaecology	5	4	-	9
Orthopaedics & Traumatology	-	8	-	8
Paediatrics	-	10	-	10
Psychiatry	-	3	2	5
Surgery	1	14	1	16
Others	6	28	5	39
<b>Total</b>	<b>16</b>	<b>99</b>	<b>13</b>	<b>128</b>

**New Territories West Cluster - Turnover figures of nurses in major specialties and by rank**

Specialty	Advanced Practice Nurse / Nurse Specialist /Nursing Officer /Ward Manager or above	Registered Nurse	Enrolled Nurse / Midwife / Others	Total
<b>2006-07</b>				
Medicine	-	6	4	10
Obstetrics & Gynaecology	-	10	1	11
Orthopaedics & Traumatology	-	-	-	-
Paediatrics	1	5	-	6
Psychiatry	1	4	5	10
Surgery	1	3	-	4
Others	3	44	9	56
<b>Total</b>	<b>6</b>	<b>72</b>	<b>19</b>	<b>97</b>
<b>2007-08</b>				
Medicine	2	15	2	19
Obstetrics & Gynaecology	1	7	-	8
Orthopaedics & Traumatology	-	2	-	2
Paediatrics	1	6	-	7
Psychiatry	1	2	5	8
Surgery	-	9	-	9
Others	2	36	12	50
<b>Total</b>	<b>7</b>	<b>77</b>	<b>19</b>	<b>103</b>
<b>2008-09 (up to 31 December 2008)</b>				
Medicine	1	18	5	24
Obstetrics & Gynaecology	1	6	1	8
Orthopaedics & Traumatology	1	1	-	2
Paediatrics	1	4	-	5
Psychiatry	1	1	1	3
Surgery	-	2	-	2
Others	3	34	2	39
<b>Total</b>	<b>8</b>	<b>66</b>	<b>9</b>	<b>83</b>

**Hospital Authority - Overall turnover rates of nurses in major specialties and by rank**

Specialty	Advanced Practice Nurse / Nurse Specialist /Nursing Officer /Ward Manager or above	Registered Nurse	Enrolled Nurse / Midwife / Others	Total
<b>2006-07</b>				
Medicine	2.6%	3.2%	1.8%	2.8%
Obstetrics & Gynaecology	1.6%	3.9%	12.4%	3.7%
Orthopaedics & Traumatology	1.6%	1.9%	1.2%	1.8%
Paediatrics	3.9%	5.4%	3.4%	5.0%
Psychiatry	0.9%	0.7%	2.1%	1.2%
Surgery	1.8%	3.5%	1.9%	3.1%
Others	2.3%	4.2%	2.7%	3.6%
<b>2007-08</b>				
Medicine	3.6%	4.8%	2.7%	4.2%
Obstetrics & Gynaecology	5.2%	6.3%	4.8%	6.0%
Orthopaedics & Traumatology	1.6%	3.1%	1.3%	2.6%
Paediatrics	4.3%	5.7%	11.3%	5.7%
Psychiatry	1.7%	1.6%	1.6%	1.6%
Surgery	4.2%	6.0%	0.7%	5.1%
Others	3.0%	5.5%	3.5%	4.7%
<b>2008-09 (up to 31 December 2008)</b>				
Medicine	2.3%	5.7%	5.1%	5.0%
Obstetrics & Gynaecology	5.0%	5.6%	23.5%	5.8%
Orthopaedics & Traumatology	2.9%	5.3%	1.9%	4.5%
Paediatrics	4.1%	8.5%	0.0%	7.3%
Psychiatry	2.1%	1.8%	1.8%	1.9%
Surgery	3.5%	5.0%	3.7%	4.6%
Others	4.1%	6.3%	3.6%	5.5%

Note: About 4 000 nursing staff are posted under the “central pool” of Nursing Management or Nursing Administration department. The turnover of these 4 000 staff is not reflected in the turnover figures for the major specialties as indicated in the above tables. The exact figures deployed to the individual departments from the pool are not readily available.



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)139**

Question Serial No.

1598

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:

Please tabulate the number of cases granted a subsidy under the Samaritan Fund (including cases granted a full subsidy and those granted a partial subsidy) and the average amount of subsidy granted in each case for 2007-08, 2008-09 and 2009-10 respectively.

Asked by: Hon. CHAN Hak-kan

Reply:

The number of cases granted with subsidy under the Samaritan Fund (the Fund) and the average amount of subsidy granted in each case for 2007-08 and 2008-09 are set out below. The relevant information for 2009-10 is not available.

Year	Number of applications granted with subsidy each year		Average amount of subsidy granted in each application
	Full subsidy granted	Partial subsidy granted	(HK\$)
2007-08	3 685	632	31 243
2008-09 (up to 31 December 2008)	2 895	465	35 293

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)140**

Question Serial No.

1599

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:

Please tabulate the number of payment default cases in relation to the attendances for inpatient, accident and emergency, specialist outpatient and general outpatient services, their respective percentages in the overall services and the expenditure involved in 2007-08, 2008-09 and 2009-10. What measures are in place to recover these debts?

Asked by: Hon. CHAN Hak-kan

Reply:

The number of write-off cases, the percentage against the total number of cases/attendances and the amount involved for inpatient, accident and emergency, specialist outpatient and general outpatient services from 2007-08 and 2008-09 (up to 31 December 2008) are summarized below. Statistics for January to March 2009 and 2009-10 are not available.

<b>2007-08</b>	<b>Inpatient</b>	<b>Accident &amp; Emergency</b>	<b>Specialist Outpatient</b>	<b>General Outpatient (including injection &amp; dressing)</b>
Total no. of write-off cases	18 872	21 283	374	257
% of total no. of cases / attendances	1.5%	1.0%	0.005%	0.004%
Total amount written off (\$ million)	55.2	5.1	0.05	0.04

<b>2008-09 (up to 31 December 2008)</b>	<b>Inpatient</b>	<b>Accident &amp; Emergency</b>	<b>Specialist Outpatient</b>	<b>General Outpatient (including injection &amp; dressing)</b>
Total no. of write-off cases	7 230	9 174	71	0
% of total no. of cases / attendances	0.8%	0.6%	0.001%	0
Total amount written off (\$ million)	20.2	2.6	0.01	0

The Hospital Authority has put in place the following measures to minimize bad debts:

- (i) upon admission and except for emergency cases, non-eligible persons in public wards and private patients are required to pay a deposit of \$33,000 and in the range from \$40,000 to \$100,000 respectively. The exact amount of deposit that a private patient is required to pay depends on the ward class and services to be provided;
- (ii) interim bills are sent to patients on a weekly basis during hospitalization, followed by reminders to patients after dispatch of final bills;
- (iii) administrative charge is imposed on late payments of medical fees and charges for medical services provided on or after 1 July 2007. The administrative charge is imposed at 5% of the outstanding fees overdue for 60 days from issuance of the bills. An additional 10% of the outstanding fees is imposed if the bills remain outstanding 90 days from issuance of the bills;
- (iv) patients or their next of kin are asked through telephone calls for early settlement of outstanding bills before and after discharge of the patients;
- (v) legal actions are taken where appropriate, taking into account relevant factors such as the amount in arrears and the chance of successful recovery; and
- (vi) non-eligible persons with outstanding fees will not be provided with non-emergency medical services.

Note: Non-eligible persons refer to those who do not fall within any of the following categories: (a) holders of Hong Kong Identity Card; (b) children who are Hong Kong residents and under 11 years of age; and (c) other persons as approved by the Chief Executive of the Hospital Authority.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)141**

Question Serial No.

1595

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:

The occupancy rate of beds for the mentally ill will increase from 73% in 2007-08 to 77% in the estimate for 2009-10. However, there will be a reduction in the number of hospital beds for the mentally ill from 4 400 to 3 607 during the same period. What is the reason for this? What are the services that will be funded by the financial resources saved? Does the Administration have any plans or targets to reduce the occupancy rate of beds for the mentally ill?

Asked by: Hon. CHAN Hak-kan

Reply:

In the light of the international trend to divert the focus of treatment for mental illness from inpatient care to community and ambulatory services, the Hospital Authority (HA) has been reviewing its inpatient psychiatric services in recent years and has launched a number of new programmes to enhance its community psychiatric services. These programmes, such as the "Early Assessment Service for Young persons with Psychoses (EASY)" and the "Extended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping Stone (EXITERS) Project", progressively allow more suitable psychiatric patients to receive treatment in the community, thereby enhancing their prospect of re-integration into the community after rehabilitation. As a result, the demand for inpatient services has decreased in recent years and the inpatient bed occupancy rate was 73% in 2008-09 (up to end December 2008). Notably, the EXITERS Project has successfully facilitated the discharge of more than 757 long stay mentally ill persons back into the community during the period from 2002-03 to 2007-08. In addition, the opening of a new long stay care home in Tuen Mun in 2006 further facilitated the discharge of around 400 long stay patients in HA.

Given the above and its service direction of further enhancing ambulatory and community care for psychiatric services, HA considers that the demand for psychiatric in-patient services will continue to drop and it therefore plans to close down 393 unused psychiatric beds in 2009-10. HA will not reduce its services or manpower with the reduction of beds. The resources originally earmarked for the relevant services will be fully redeployed for enhancement of rehabilitation and community psychiatric service.

To further strengthen its mental health services, HA will conduct two community-based programmes in 2009-10, which will provide recovery support service for psychiatric patients in the community with an additional allocation of about \$23.6 million and further enhance the psychogeriatric outreach service to private residential care homes for the elderly with an additional allocation of about \$8.26 million. Furthermore, HA will set up five triage clinics to provide timely consultation service for new patients with the support of an additional allocation of \$6.8 million.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)142**

Question Serial No.

1858

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:

What is the estimated expenditure for the Community Geriatric Assessment Team under the Hospital Authority in 2009-10?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

A total of about \$220.2 million has been earmarked in 2009-10 to support a total of 13 Community Geriatric Assessment Teams in the Hospital Authority to provide community geriatric assessment services to the elders.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)143**

Question Serial No.

1862

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

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

In the past 3 years (2006-08), the completion rate of the dental ancillary students in the Prince Philip Dental Hospital was only about 80%. Has the Administration assessed the reasons for this? What are the plans for improving the situation?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

According to exit interviews conducted by the Prince Philip Dental Hospital, the main reasons for students to withdraw from the studies prematurely included lacking interest in the profession, joining the labour market earlier and failing to meet the required standard for continuing with the studies.

To improve the completion rate, the Hospital will take a number of enhancement measures in the coming new term. Before enrolment, the Hospital will arrange site visits and admission talks to provide more information on the profession and the course programmes so as to attract those potential students with genuine interest in the profession to join the courses. Before commencement of the term, the Hospital will organise an orientation week to provide students with fundamental knowledge of dental instruments and materials and to prepare them psychologically to adapt to the new learning environment with continuous assessments on clinical/laboratory work and examinations. During the term, meetings between the academic staff and students will be arranged to enhance communication and strengthen the support for students.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_  
Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)144**

Question Serial No.

1863

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 services provided by the Community Geriatric Assessment Teams (CGATs) of the Hospital Authority, please provide the annual expenditure, number of elders benefited from the service, unit cost of service, the total expenditure arising from purchase of services from private practitioners and the number of private practitioners participating in the provision of service for 2006-07, 2007-08 and 2008-09.

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The table below provides the number of outreach attendance provided to elders living in the residential care homes for the elderly (RCHEs) (including subsidized and private RCHEs) by the Community Geriatric Assessment Teams (CGATs), the total cost of service and the cost per attendance for 2006-07, 2007-08 and 2008-09.

	<b>2006-07 (Actual)</b>	<b>2007-08 (Actual)</b>	<b>2008-09</b>
Number of attendance	533 231	543 054	366 459 (up to end December 2008)
Total cost	\$168.2 million	\$174.9 million	\$131.9 million (up to end December 2008)
Cost per attendance	\$320	\$320	\$360 (Revised estimate of 2008-09)

The Hospital Authority (HA) recruits doctors as Visiting Medical Officers (VMOs) to support the CGATs to provide outreach attendance to RCHEs. VMOs, under the supervision of CGATs, provide follow-up consultations for RCHE residents discharged from hospitals that are referred by CGATs, and also assist in monitoring the health conditions of RCHE residents during outbreaks of infectious disease.

The VMOs recruited include both private medical practitioners as well as doctors serving in HA. The number of VMOs remained stable at around 16 to 17 (on full-time equivalent basis) in 2006-07, 2007-08 and 2008-09. The table below provides the total cost of service provided by VMO in 2006-07, 2007-08 and 2008-09.



	<b>2006-07</b> (\$ million)	<b>2007-08</b> (\$ million)	<b>2008-09</b> (Revised Estimate) (\$ million)
Total cost of service provided by VMO	22.0	24.1	25.8

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)145**

Question Serial No.

1600

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:

Please provide information on the progress of various capital projects of the Hospital Authority in 2009-10, including the names, details, locations and the expenditure involved of the capital projects already completed, in progress and expected to be launched. What are the criteria for determining the priority of the capital projects concerned?

Asked by: Hon. CHAN Hak-kan

Reply:

Details of the Hospital Authority's capital projects with estimated expenditures to be incurred in 2009-10 are set out below:

<b>Project Title</b>	<b>Project status</b>	<b>Estimated expenditures in 2009-10 (\$'000)</b>
Redevelopment and expansion of Pok Oi Hospital	Completed	18 000
Redevelopment of Castle Peak Hospital, phase 2	Completed	2 000
Establishment of a Radiotherapy Centre and redevelopment of the Accident and Emergency Department at Princess Margaret Hospital	Completed	12 000
Redevelopment of staff quarters for the establishment of a rehabilitation block at Tuen Mun Hospital	Completed	15 000
Construction of a new infectious disease centre attached to Princess Margaret Hospital	Completed	6 000
Improvement of infection control provision for autopsy facilities in public hospitals <sup>(Note 1)</sup>	Completed	8 000
Development of Chinese medicine clinics in the public sector (second batch) <sup>(Note 2)</sup>	Completed	4 600
Redevelopment of Caritas Medical Centre, phase 2 – preparatory works	In progress	2 000

<b>Project Title</b>	<b>Project status</b>	<b>Estimated expenditures in 2009-10 (\$'000)</b>
Redevelopment of Caritas Medical Centre, phase 2	To be commenced	10 000
Redevelopment of Yan Chai Hospital – preparatory works	In progress	7 000
Prince of Wales Hospital – extension block	In progress	600 000
Provision of a general out-patient clinic, an integrated community mental health support services centre and a long stay care home in Tin Shui Wai Area 109	In progress	10 000
Expansion of Tseung Kwan O Hospital	In progress	80 000

Note 1 This project covers 11 hospitals, namely Alice Ho Miu Ling Nethersole Hospital, Kwong Wah Hospital, North District Hospital, Pamela Youde Nethersole Eastern Hospital, Prince of Wales Hospital, Queen Elizabeth Hospital, Queen Mary Hospital, Tseung Kwan O Hospital, Tuen Mun Hospital, United Christian Hospital, and Yan Chai Hospital.

Note 2 This project involves the setting up of a total of five clinics at Fanling Health Centre, Pamela Youde Nethersole Eastern Hospital, Buddhist Hospital, Cheung Sha Wan Government Offices, and Shatin Clinic.

The above list does not include those proposed projects under planning for which funding approval has yet to be sought from the Legislative Council and no expenditure will be incurred in 2009-10. The proposals for new projects are considered and prioritized according to their needs and justifications and are processed annually through the Capital Works Resource Allocation Exercise within the Government.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)146**

Question Serial No.

2121

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:

The Hospital Authority (HA) will provide 25 000 additional hospital episodes, 112 000 additional specialist outpatient attendances and 127 000 additional day hospital and community outreach attendances in 2009-10. Please provide details as to the distribution of the additional episodes and attendances in each hospital as well as the expenditure and the manpower and respective ranks involved in 2009-10, 2010-11 and 2011-12?

Asked by: Hon. LEUNG Ka-lau

Reply:

In planning for its service provision in 2009-10, the Hospital Authority (HA) has taken into account the projected increase in service demand arising from population growth and demographic changes. The table below shows the additional throughput of major services by clusters in 2009-10.

	<b>HKE</b>	<b>HKW</b>	<b>KC</b>	<b>KE</b>	<b>KW</b>	<b>NTE</b>	<b>NTW</b>	<b>Overall</b>
Inpatient and day patient discharges and deaths	2 030	2 760	3 340	2 640	5 650	4 050	4 130	<b>24 600</b>
Specialist outpatient attendances	17 700	12 100	14 600	10 700	28 500	16 400	12 000	<b>112 000</b>
Day hospital, allied health outpatient and community outreach attendances	11 730	6 090	9 610	6 460	65 480	15 400	12 230	<b>127 000</b>

In 2009-10, HA plans to recruit about 300 doctors, 720 nurses and 280 allied health professionals for enhancement of services. It is anticipated that by the end of March 2010, there will be about 5 000 doctors, 19 000 nurses and 5 300 allied health professionals serving in HA. The manpower requirements and budget allocation for individual clusters for the above enhancement measures are being worked out.

The service plans and detailed requirements on resources and manpower for 2010-11 and 2011-12 will be worked out in due course.

Note:

HKE - Hong Kong East Cluster  
HKW - Hong Kong West Cluster  
KC - Kowloon Central Cluster  
KE - Kowloon East Cluster  
KW - Kowloon West Cluster  
NTE - New Territories East Cluster  
NTW - New Territories West Cluster

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_  
Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)147**

Question Serial No.

2035

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

In respect of stockpiling of human vaccines and antiviral drugs for influenza pandemic in 2008-09 and 2009-10 by the Government, please provide information on the types of drugs stockpiled and the respective unit costs, and the total expenditures incurred in each year.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The types and quantities of antiviral drugs for influenza pandemic stockpiled by the Department of Health (DH) and the respective expenditures incurred in 2008-09 are tabulated below:

	<u>Quantity</u> (doses)	<u>Unit cost</u> (\$ per dose)	<u>Total cost</u> (\$ million)
Tamiflu capsule	118 010	14.5	1.71
Tamiflu oral solution	502 000	14.5 - 16.4	7.28
Relenza spray	250 000	12.0	3.00
Total	<u>870 010</u>		<u>11.99</u>

The Administration 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. As at the end of 2008-09, DH has stockpiled a total of 19.65 million doses of antiviral drugs including 17.88 million doses of Tamiflu and 1.77 million doses of Relenza. DH has no plan to increase the stockpile of antiviral drugs in 2009-10.

DH has not stockpiled any human vaccines for pandemic influenza at present.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)148**

Question Serial No.

2036

Head: 37 Department of Health      Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list the total expenditures arising from the provision of influenza vaccination in each of the past five years, i.e. from 2004-05 to 2008-09. For 2008-09, please list, by each group of participants, the number of people receiving influenza vaccination and the costs of vaccines.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The total expenditures on influenza vaccine procurement under the Government Influenza Vaccination Programme (GIVP) for each of the past five years are as follows:

	2004-05	2005-06	2006-07	2007-08	2008-09 (Provisional*)
<b>Total expenditure (\$ million)</b>	5.3	7.3	13.0	10.0	11.6

\* Programme is still in progress.

The estimated numbers of influenza vaccines to be administered under the GIVP to different target groups in 2008-09 are listed below:

<b>Target group</b>	<b>Estimated number of influenza vaccines to be administered in 2008-09</b>
Residents in Residential Care Homes for the Elderly	58 130
Residents in Residential Care Homes for the Disabled	10 620
Community-living elderly with chronic illnesses requiring follow-up in public hospitals or clinics or elderly receiving Comprehensive Social Security Assistance (CSSA)	155 730
Persons under 65 years with chronic illnesses and on CSSA or in-patients of Hospital Authority with chronic illnesses	21 130
Health care workers in the Government, Hospital Authority, and Residential Care Homes	47 350
Poultry workers or staff to be involved in culling operation	6 780
Children between the age of six months and less than six years from families receiving CSSA	12 870
Pregnant women on CSSA	30
<b>Estimated total number of vaccines to be administered in 2008-09</b>	<b>312 640</b>
<b>Cost per dose of vaccine (\$)</b>	<b>29.8</b>

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)149**

Question Serial No.

2039

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:

Please list by major ranks the number of contract staff and permanent staff, their median pay, and the percentage accounted for by the payroll cost of the staff of the particular rank in the overall payroll cost of the Hospital Authority in the past three years, i.e. 2006-07, 2007-08 and 2008-09.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The table below sets out the number of permanent and contract staff of major ranks, their monthly mid point salary and the percentage accounted for by the payroll cost of the staff of the particular rank in the overall payroll cost of the Hospital Authority (HA) in 2006-07, 2007-08 and 2008-09.

**2006-07**

Major Ranks	Manpower as at 31 March 2007		Monthly Mid Point Salary	Percentage of HA Total Payroll Cost
	Permanent	Contract		
Medical Officer (MO) / Resident	1 043	2 040	\$59,210 for MO  \$43,940 for Resident	13%
Nursing Officer (NO) / Advanced Practice Nurse (APN) (Including NO(Psychiatric)(Psy), APN(Psy))	2 100	2	\$38,285 [\$40,085 for NO(Psy) & APN(Psy)]	6%
Enrolled Nurse (EN) (Including EN(Psy))	3 249	3	\$19,860 [\$21,900 for EN(Psy)]	6%
Registered Nurse (RN) (Including RN(Psy))	10 636	2 085	\$24,135 [\$26,540 for RN(Psy)]	25%
Health Care Assistant	3 725	3	\$11,170	3%
General Services Assistant (care related, general)	0	4 845	\$7,000	2%
Technical Services Assistant (care related, general)	0	1 320	\$12,000	1%
Clerk III	1 907	12	\$11,170	2%
Workman II	3 985	0	\$9,430	3%

**2007-08**

Major Ranks	Manpower as at 31 March 2008		Monthly Mid Point Salary	Percentage of HA Total Payroll Cost
	Permanent	Contract		
Medical Officer (MO) / Resident	983	2 106	\$62,145 for MO  \$59,580 for Resident	13%
Nursing Officer (NO) / Advanced Practice Nurse (APN) (Including NO(Psychiatric)(Psy), APN(Psy))	2 269	2	\$40,055 [\$41,935 for NO(Psy) & APN(Psy)]	7%
Enrolled Nurse (EN) (Including EN(Psy))	2 998	12	\$20,780 [\$22,910 for EN(Psy)]	5%
Registered Nurse (RN) (Including RN(Psy))	10 344	2 327	\$25,250 [\$27,765 for RN(Psy)]	25%
Health Care Assistant	3 597	1	\$11,690	3%
General Services Assistant (care related, general)	52	5 868	\$7,800	2%
Technical Services Assistant (care related, general)	126	1 486	\$12,500	1%
Clerk III	1 820	62	\$11,690	2%
Workman II	3 793	0	\$9,870	3%

**2008-09**

Major Ranks	Manpower as at 31 December 2008		Monthly Mid Point Salary	Percentage of HA Total Payroll Cost
	Permanent	Contract		
Medical Officer (MO) / Resident	957	2 219	\$66,060 for MO  \$63,335 for Resident	13%
Nursing Officer (NO) / Advanced Practice Nurse (APN) (Including NO(Psychiatric)(Psy), APN(Psy))	2 493	10	\$42,175 [\$44,155 for NO(Psy) & APN (Psy)]	7%
Enrolled Nurse (EN) (Including EN(Psy))	2 653	45	\$21,880 [\$24,120 for EN(Psy)]	5%
Registered Nurse (RN) (Including RN(Psy))	10 001	2 487	\$26,585 [\$29,235 for RN(Psy)]	24%
Health Care Assistant	3 508	0	\$12,310	3%
General Services Assistant (care related, general)	1 073	5 696	\$8,000	3%
Technical Services Assistant (care related, general)	485	1 446	\$12,900	1%
Clerk III	1 758	133	\$12,310	2%
Workman II	3 646	0	\$10,395	2%

Notes:

1. Major ranks refer to ranks with over 1 000 staff strength. Staff on temporary employment are not included.
2. Monthly mid point salary is calculated by taking the average of the values of basic salary of the minimum and maximum pay points of the rank and taking the closest salary point from the pay scale.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)150**

Question Serial No.

2040

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:

Please provide, with a breakdown by specialties, the number of non-eligible persons provided with medical services by the Hospital Authority (HA), the percentage they accounted for amongst the total number of beds for various specialties, the amount of medical fees billed, the amount of the income so incurred that HA needs to share with the Government and the amount of unrecoverable medical fees for the past five years from 2004-05 to 2008-09.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The tables below provide the number and percentage of inpatient bed days provided to non-eligible persons (NEP), the amount of medical fees billed and the amount written off by specialty for 2004-05, 2005-06, 2006-07, 2007-08 and 2008-09 (up to 31 December 2008).

2004-05

Specialty	No. of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
Medicine	5 365	0.2%	19.5	8.8
Surgery	1 860	0.2%	7.9	2.8
Obstetrics & Gynaecology	29 705	10.6%	98.2	11.3
Paediatrics	1 455	0.6%	8.0	2.4
Orthopaedics & Traumatology	1 928	0.3%	6.8	5.3
Psychiatry	1 565	0.1%	0.2	0.2
Others	3 596	0.2%	10.5	6.2
<b>Total :</b>	<b>45 474</b>	<b>0.6%</b>	<b>151.1</b>	<b>37.0</b>

2005-06

<b>Specialty</b>	<b>No. of inpatient bed days provided to NEP</b>	<b>Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA</b>	<b>Amount of medical fees billed to NEP patients (\$ million)</b>	<b>Amount of medical fees billed to NEP patients that has been written off (\$ million)</b>
Medicine	4 877	0.2%	18.8	6.3
Surgery	1 748	0.2%	6.1	2.2
Obstetrics & Gynaecology	32 276	11.6%	201.2	13.6
Paediatrics	1 336	0.5%	6.1	2.7
Orthopaedics & Traumatology	1 733	0.3%	5.2	3.7
Psychiatry	869	0.1%	3.2	0.5
Others	3 048	0.2%	10.6	2.3
<b>Total :</b>	<b>45 887</b>	<b>0.6%</b>	<b>251.2</b>	<b>31.3</b>

2006-07

<b>Specialty</b>	<b>No. of inpatient bed days provided to NEP</b>	<b>Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA</b>	<b>Amount of medical fees billed to NEP patients (\$ million)</b>	<b>Amount of medical fees billed to NEP patients that has been written off (\$ million)</b>
Medicine	5 415	0.2%	15.9	9.4
Surgery	2 049	0.3%	6.8	2.4
Obstetrics & Gynaecology	27 005	9.8%	265.8	36.3
Paediatrics	2 010	0.8%	9.1	2.5
Orthopaedics & Traumatology	1 905	0.3%	5.8	2.5
Psychiatry	1 568	0.1%	2.1	0.4
Others	3 169	0.2%	15.5	4.7
<b>Total :</b>	<b>43 121</b>	<b>0.6%</b>	<b>321.0</b>	<b>58.2</b>

2007-08

Specialty	No. of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
Medicine	6 342	0.2%	17.7	8.4
Surgery	1 957	0.3%	6.5	2.4
Obstetrics & Gynaecology	23 492	8.4%	379.7	30.1
Paediatrics	2 175	0.9%	6.2	1.9
Orthopaedics & Traumatology	1 843	0.3%	5.1	1.5
Psychiatry	2 054	0.2%	2.5	0.1
Others	4 350	0.2%	12.3	5.1
<b>Total :</b>	<b>42 213</b>	<b>0.6%</b>	<b>430.0</b>	<b>49.5</b>

2008-09 (up to 31 December 2008)

Specialty	No. of inpatient bed days provided to NEP	Percentage of inpatient bed days provided to NEP over the total number of inpatient bed days provided by HA	Amount of medical fees billed to NEP patients (\$ million)	Amount of medical fees billed to NEP patients that has been written off (\$ million)
Medicine	4 420	0.2%	13.0	4.2
Surgery	1 663	0.3%	5.0	1.8
Obstetrics & Gynaecology	20 338	9.5%	336.4	7.2
Paediatrics	1 408	0.7%	0.9	1.2
Orthopaedics & Traumatology	1 499	0.3%	5.3	1.4
Psychiatry	1 790	0.2%	1.4	0.5
Others	3 598	0.3%	1.5	2.3
<b>Total :</b>	<b>34 716</b>	<b>0.6%</b>	<b>363.5</b>	<b>18.6</b>

The table below sets out the amount of additional income from the provision of medical services to NEP that HA has returned to Government for 2004-05, 2005-06, 2006-07, 2007-08 and 2008-09 (full-year projection) under the income sharing arrangements.

	<b>Amount of revenue returned to the Government (\$ million)</b>
2004-05	0
2005-06	37.9
2006-07	67.6
2007-08	128.3
2008-09 (Full-year projection)	161.6

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)151**

Question Serial No.

2041

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 2008-09, the Government has injected an additional \$1 billion to the Samaritan Fund so as to enable the Fund to cover more drugs. Please provide information on the names, the illnesses being treated, the number of subsidized patients and the amount of subsidy given for each of the drugs added last year.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

In October 2008, one new drug, Rituximab for treatment of malignant lymphoma, was introduced into the Samaritan Fund (the Fund) while the coverage of two existing drugs, Imatinib and Infliximab under the Fund was extended further to cover the treatment of acute lymphoblastic leukaemia and Crohn's Disease respectively. The number of patients granted subsidy under the Fund for using the above drugs and the amount of subsidy granted for each of the drugs are given below.

Name and coverage of the drug	2008-09 (from October to December 2008)	
	Number of patients granted subsidy under the Fund	Amount of subsidy granted (\$ million)
Rituximab for malignant lymphoma	38	2.4
Imatinib for acute lymphoblastic leukaemia	1	0.2
Infliximab for Crohn's Disease	0	0.0
<b>Total</b>	<b>39</b>	<b>2.6</b>

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 16.3.2009



Examination of Estimates of Expenditure 2009-10

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)152**

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

Question Serial No.

2042

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide, with an itemized breakdown of the self-financed medical items, the number of cases where patients purchase the items at their own expenses, the average cost of each item, as well as the number of cases covered by the Samaritan Fund, the respective amount of subsidy granted and the subsidy level for the past three years from 2006-07 to 2008-09.

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

At present, the highly subsidized standard fees of Hospital Authority (HA) hospitals/clinics cover a wide range of medical services, procedures and items required for treatment. For those medical items that are not included in the standard fees of HA hospitals/clinics, patients have to pay for the costs on their own and they may purchase those items through the HA or outside HA. Patients who have financial difficulty may apply for subsidy from the Samaritan Fund (the Fund) for the expenditure on the medical items covered by the Fund.

The number of cases where patients purchase non-drug self-purchased medical items at their own expenses through HA and the average cost of each item for the years from 2006-07, 2007-08 and 2008-09 are set out below.

Item	2006-07		2007-08		2008-09 (full-year projection)	
	Number of cases	Average cost of item	Number of cases	Average cost of item	Number of cases	Average cost of item
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional Cardiology	6 089	\$42 456	5 580	\$40 725	5 806	\$40 737
Cardiac Pacemaker	142	\$29 360	200	\$44 403	169	\$45 107
Intraocular Lens	18 162	\$1 548	18 310	\$1 548	17 959	\$1 548
Myoelectric prosthesis, custom-made prosthesis, appliances for prosthetic and orthotic services, physiotherapy and	9 853	\$237	5 920	\$267	7 236	\$267

Item	2006-07		2007-08		2008-09 (full-year projection)	
	Number of cases	Average cost of item	Number of cases	Average cost of item	Number of cases	Average cost of item
occupational therapy services						
Home use equipment, appliances and consumables	6 167	\$305	8 040	\$221	6 620	\$221
<b>Total</b>	<b>40 413</b>	<b>-</b>	<b>38 050</b>	<b>-</b>	<b>37 790</b>	<b>-</b>

The number of cases where patients were granted subsidy by the Fund for the use of non-drug self-purchased medical items, the total amount of subsidy granted for each item and the average subsidy level for the years from 2006-07, 2007-08 and 2008-09 are set out below.

#### 2006-07

Items	Number of cases granted subsidy by the Fund	Total amount of subsidy granted (\$ million)	Average Subsidy Level
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 768	59.7	95.0%
Cardiac Pacemakers	464	17.1	92.6%
Intraocular Lens	1 073	1.7	99.9%
Myoelectric prosthesis, custom-made prosthesis, appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	163	1.0	91.0%
Home use equipment, appliances and consumables	119	1.1	99.5%
<b>Total</b>	<b>3 587</b>	<b>80.6</b>	<b>94.6%</b>

#### 2007-08

Items	Number of cases granted subsidy by the Fund	Total amount of subsidy granted (\$ million)	Average Subsidy Level
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 458	49.5	96.3%
Cardiac Pacemakers	483	21.2	94.0%
Intraocular Lens	1 433	2.2	99.9%
Myoelectric prosthesis, custom-made prosthesis, appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	115	1.1	95.9%
Home use equipment, appliances and consumables	83	0.8	99.6%
<b>Total</b>	<b>3 572</b>	<b>74.8</b>	<b>95.8%</b>

**2008-09 (full-year projection)**

<b>Items</b>	<b>Number of cases granted subsidy by the Fund</b>	<b>Total amount of subsidy granted (\$ million)</b>	<b>Average Subsidy Level</b>
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 472	52.7	97.2%
Cardiac Pacemakers	514	25.4	96.2%
Intraocular Lens	1 708	2.4	100.0%
Myoelectric prosthesis, custom-made prosthesis, appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	128	1.3	95.0%
Home use equipment, appliances and consumables	84	0.9	99.7%
<b>Total</b>	<b>3 906</b>	<b>82.7</b>	<b>97%</b>

Note: The cases granted subsidy by the Fund cover both the items purchased through HA or directly from the suppliers.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)153**

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

Question Serial No.

**2043**

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 smoking cessation services provided by the Hospital Authority, Department of Health and other organizations, please state separately the annual expenditure, number of clients, medication expenses, charges paid by clients, subsidy level and success rate for the past three years (i.e. from 2006-07 to 2008-09).

Asked by: Hon. CHENG Kar-foo, Andrew

The Hospital Authority (HA) provides treatment services for smoking cessation as an integral part of its overall service provision. It currently operates two full-time and 27 part-time smoking cessation clinics. The services provided include face-to-face counseling sessions and telephone follow ups by trained counselors, who will assess the client's conditions, formulate appropriate smoking cessation plans, provide tips on smoking abstinence and recommend Nicotine Replacement Therapy (NRT) if required. The charge for each counseling session is \$45. With the support of community partners, those in need of NRT can receive the therapy in the form of gum or patch free-of-charge for a maximum of seven days.

Since the provision of smoking cessation services forms an integral part of HA's overall service provision, a breakdown of the expenditure on the services and the subsidy level is not available. Service throughput and success rate of quitting at one month as follows:

	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Hotline enquiries handled by HA</b>	7 917	7 192	6 782
<b>New patients attending smoking cessation clinics</b>	2 729	2 218	2 109
<b>No. of telephone counseling (including initial &amp; follow-up telephone counseling)</b>	10 513	8 473	7 583
<b>Quit rate at one month*</b>			
<b>Aged below 65</b>	78.9%	73.4%	78.5%
<b>Aged 65 or above</b>	87.2%	88.7%	90.7%

Note: Since statistics for March 2009 is not available, the statistics are shown in calendar year instead of financial year.

\*The quit rate at one month refers to percentage of clients who self-reported to have not smoked for a consecutive of seven days prior to the 30 days after their first actual quit date for the captioned periods. HA does not have 52 week cessation statistics.

The Tobacco Control Office (TCO) of the Department of Health (DH) has been actively promoting smoking prevention and cessation through cessation counseling telephone hotline, health talks and smoking cessation services in various DH clinics. On direct smoking cessation services, DH operates four smoking cessation clinics. A patient pays HK\$100 for the first consultation and HK\$ 60 for each of the follow up consultations. Breakdown of the expenditure on the services including drug and the subsidy level is not available. Relevant service statistics are as follows:

	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Hotline enquiries handled by TCO</b>	4 178	5 917	4 335
<b>New patients attending smoking cessation clinics</b>	407	475	329
<b>52 week smoking cessation rate</b>	41.2%	41.0%	38.7%

Note: Since statistics for March 2009 is not available, the statistics are shown in calendar year instead of financial year.

The expenditures on publicity, health education and promotional activities on tobacco control under Programme (3) Health Promotion in 2006-07, 2007-08 and 2008-09 were \$32.1 million, \$35.1 million and \$33.5 million respectively. Expenditure on smoking cessation services is part and parcel of the programme and cannot be separately identified.

The Hong Kong Council on Smoking and Health (COSH) organises media publicity campaigns, community involvement and health education programmes to promote the hazards of smoking and secondhand smoke in different sectors of the community, particularly kindergartens and schools. Expenditure for these activities are absorbed in the overall budget of COSH and cannot be separately itemized. The subvention for COSH in 2006-07, 2007-08 and 2008-09 were \$13.2 million, \$10.2 million and \$11.5 million respectively.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB (H)154**

Question Serial No.

2072

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:

In 2009-2010, has the Administration reserved any provision for studies conducted for the purposes of formulating and assessing policies? If yes, please provide the following information:

In-house Studies/ Name(s) of Responsible Research Institute(s) (if any)	Research Topics	Content	Expenditure (\$)	Progress of Studies (under planning / in progress / completed)	Will the studies be released to the public if they are expected to be completed in the 2009-2010 financial year? If yes, through which channels? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

Details on the consultancy studies conducted by the Bureau for the purposes of formulating and assessing policies for which funds will be reserved in 2009-10:

<b>In-house Studies/ Name(s) of Responsible Research Institute(s) (if any)</b>	<b>Research Topics</b>	<b>Content</b>	<b>Expenditure (\$)</b>	<b>Progress of Studies (under planning / in progress / completed)</b>	<b>Will the studies be released to the public if they are expected to be completed in the 2009-2010 financial year? If yes, through which channels? If no, what are the reasons?</b>
The University of Hong Kong	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2005/06 and 2006/07**	To further update the estimates of Hong Kong's domestic health expenditure based on the OECD standardization of health accounts, "A System of Health Accounts", and to appraise the applications of domestic health accounts.	996,000	In progress	When the study is completed, results will be released to public through the website of Food and Health Bureau.
The University of Hong Kong	Studies in Health Services: Impact of anti-smoking legislation on youth smoking**	To study changes in smoking and quitting behaviour among young smokers before and after the new anti-smoking legislation was implemented.	159,430.2	Completed	The research team has the right to use the results for non-commercial academic purpose including publications.
The University of Hong Kong	Studies in Health Services: Impact of the anti-smoking legislation on children's secondhand smoke exposure at home**	To evaluate the effect of the new anti-smoking legislation on second-hand smoke exposure of children under 12 living with smokers.	130,172.4	Completed	

<b>In-house Studies/ Name(s) of Responsible Research Institute(s) (if any)</b>	<b>Research Topics</b>	<b>Content</b>	<b>Expenditure (\$)</b>	<b>Progress of Studies (under planning / in progress / completed)</b>	<b>Will the studies be released to the public if they are expected to be completed in the 2009-2010 financial year? If yes, through which channels? If no, what are the reasons?</b>
The Chinese University of Hong Kong	Studies in Health Services: Incentives and barriers to adopting the family doctor model**	To study the incentives and barriers to adopting the family doctor model in Hong Kong from the viewpoint of patients with chronic disease.	61,324	Completed	The research team has the right to use the results for non-commercial academic purpose including publications.
The University of Hong Kong	Studies in Health Services: Utilization pattern of primary health care services**	To study the effect of having family doctors on utilization pattern and outcome of primary care services.	113,521.2	Completed	
The University of Hong Kong	Studies in Health Services: Morbidity and management patterns of community-based primary health care services**	To study the patterns of morbidity, prescription, investigation, referral and screening rates of primary health care providers.	90,000	Completed	
The University of Hong Kong	Studies in Health Services: Cervical cancer prevention through cytologic and HPV DNA screening**	To assess the outcomes and clinical effectiveness of the Cervical Screening Programme and evaluate the cost-effectiveness of HPV DNA testing as an adjunct to the programme.	159,480	Completed	



<b>In-house Studies/ Name(s) of Responsible Research Institute(s) (if any)</b>	<b>Research Topics</b>	<b>Content</b>	<b>Expenditure (\$)</b>	<b>Progress of Studies (under planning / in progress / completed)</b>	<b>Will the studies be released to the public if they are expected to be completed in the 2009-2010 financial year? If yes, through which channels? If no, what are the reasons?</b>
The Chinese University of Hong Kong	Studies in Health Services: Self management and the role of pharmacists in developing an effective primary care system**	To develop a framework for self-management of chronic non-communicable diseases in primary care.	242,792.2	Completed	The research team has the right to use the results for non-commercial academic purpose including publications.

\*\* This study spanned over more than one financial year and payments are made in instalments. The estimate here reflects the payments made in 2009-10.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)155**

Question Serial No.

2076

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:

In 2007-2008, the Health Branch stated that it would “explore the feasibility of setting up multi-partite medical centres of excellence in Hong Kong”. In 2008-09, the Health Branch stated that it would “explore the feasibility of setting up multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong” while in 2009-2010, it stated that it would “prepare for the establishment of multi-partite medical of centre of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong”. Please inform whether the explorations on the above issues have been completed. Please also give details of the explorations and the preparation concerned and set out the expenditures, manpower and ranks involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Administration is preparing for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong. They are part of the Administration's pilot measures to promote excellence in medical specialties and public and private partnership (PPP), as stated in the Chief Executive's 2008-09 Policy Address.

Two respective Steering Committees have been set up to spearhead the projects. They are chaired by the Permanent Secretary for Food and Health (Health) and comprise medical practitioners in both the public and private sectors, academics, as well as patient group representatives. The Steering Committees agreed that the two centres should pool together experts from both the public and private sectors and also overseas to provide multi-disciplinary care for patients suffering from these complex diseases, and to conduct research and training. The Steering Committees are collecting views from various stakeholders and will continue to examine all relevant issues. The Committees' present focus includes the clinical, research, training and physical infrastructure requirements so as to take forward the technical feasibility studies.

The Administration will report to the Health Services Panel of LegCo in due course on the detailed timetable, completion date, staffing involved, as well as estimated expenditure of each of the medical centres of excellence after we have completed the examination of the relevant issues and the technical feasibility studies.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)156**

Head: 140 Government Secretariat: Subhead (No. & title): (2) Subvention:  
Food and Health Bureau Hospital Authority  
(Health Branch)

Question Serial No.

2077

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of surgical operations and specialist outpatient clinic attendances provided by each hospital under the Hospital Authority in 2008-09, as well as their respective percentages of the total number of operations and attendances.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below provides the number of surgical operations performed in various clusters under the Hospital Authority (HA) and the respective percentage of the total number of operations for 2008-09 (up to end December 2008).

<b>Cluster</b>	<b>Number of surgical operations performed in the main operating theatre in 2008-09 (up to end December 2008)</b>	<b>Respective percentage of the total number of operations performed in the main operating theatre</b>
Hong Kong East	4 888	11 %
Hong Kong West	6 018	13 %
Kowloon Central	5 013	11%
Kowloon East	5 090	11 %
Kowloon West	11 852	26 %
New Territories East	6 147	14 %
New Territories West	5 734	13 %
<b>Overall</b>	<b>44 742</b>	<b>100%</b>

The table below provides the number of surgical specialist outpatient attendances in various clusters under HA and the respective percentage of the total number of attendance for 2008-09 (up to end December 2008).

Cluster	Number of surgical specialist outpatient attendances and respective percentages of the total number of attendance in 2008-09 (up to end December 2008)					
	First appointment		Follow-up attendance		Total	
Hong Kong East	7 047	10%	44 517	10%	51 564	10%
Hong Kong West	7 212	10%	83 936	20%	91 148	18%
Kowloon Central	8 162	11%	57 026	13%	65 188	13%
Kowloon East	9 530	13%	42 498	10%	52 028	10%
Kowloon West	19 235	27%	110 250	26%	129 485	26%
New Territories East	11 252	16%	51 802	12%	63 054	13%
New Territories West	10 064	14%	39 629	9%	49 693	10%
<b>Overall</b>	<b>72 502</b>	<b>100%</b>	<b>429 658</b>	<b>100%</b>	<b>502 160</b>	<b>100%</b>

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)157**

Question Serial No.

2081

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:

Has the Government reserved any provision to strengthen the related training for all health care professionals and to enhance the ability of family physicians in treating psychiatric illnesses? If yes, what is the expenditure involved? If no, why?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) supports both on-the-job training and special training programmes for healthcare professionals. In general, on-the-job training of healthcare professionals is characterized by key components, including participation in care delivery in broad-based rotational or specialised services areas; direct supervision by experienced professionals in the field; clinical exposure through routine practices based on evidence-based protocols and guidelines; and internal seminars or review meetings for strengthening knowledge and skills. Apart from on-the-job training, special training programme are also provided to meet the training needs of professionals. These special programmes include overseas training; local professional training courses and self-learning programmes, etc.

As regards on-the-job training to Family Medicine (FM) trainees, such training is provided to meet the training requirements of the Hong Kong College of Family Physicians. In particular, every FM trainee is required to go through structured training in psychiatry for development of adequate competency and skills for treating patients with mental health problems. Weekly training seminars are also organized for FM trainees to acquire knowledge on major clinical topics, including mental health and related psychiatric conditions. HA also arranges for the conduct of joint clinical sessions by Psychiatrists and Family Physicians to manage patient cases with mental health problems. These sessions facilitate the sharing of knowledge and transfer of skills among the practitioners.

As for funding allocation, HA plans to earmark over \$80 million in 2009-10 for all training programmes and about \$16.25 million out of the above provision will be used to strengthen FM training to enhance the competency of HA's Family Physicians in managing chronic diseases, including mental health conditions like anxiety and depression. There is however no separate information on resource allocation specifically for on-the-job training since such training is conducted in conjunction with service provision.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)158**

Question Serial No.

2176

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:

What is the provision earmarked by the Hospital Authority (HA) for enhancing health care services in the New Territories West Cluster through opening of additional beds in Pok Oi Hospital and Tuen Mun Hospital in 2009-10? Is there any corresponding increase in manpower? If so, please list the number of doctors, nurses and other staff increased for opening of additional beds, the number of additional beds, and the expenditure involved.

Asked by: Hon. HO Chun-yan, Albert

Reply:

An additional allocation of \$56 million has been earmarked in 2009-10 for the New Territories West cluster to open 85 and 37 additional beds in Pok Oi Hospital and Tuen Mun Hospital respectively and to enhance its services. The manpower requirements for the above enhancement measures are being worked out.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)159**

Question Serial No.

2177

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:

As regards the recovery support programme for psychiatric patients in the community, please set out the expenditure involved and the number of patients to be benefited, and advise whether the programme is directly provided by the Hospital Authority. If yes, please provide the number and establishment of staff involved in providing the service. If not, please advise on the responsible organization.

Asked by: Hon. HO Chun-yan, Albert

Reply:

To further enhance its community psychiatric service, the Hospital Authority (HA) will implement in all seven hospital clusters the recovery support programme which will provide a total of 14 400 outreach attendances to 2 800 discharged patients with complex needs each year. The programme will adopt a case management approach to provide appropriate support for discharged patients to facilitate their recovery and integration into the community. An additional 28 nurses and allied health professionals will be recruited to provide the service and the annual expenditure of the programme is estimated at about \$23.6 million.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

Reply Serial No.

**FHB(H)160**

Question Serial No.

2178

Head: 140 Government Secretariat: Food and Health Bureau (Health Branch)      Subhead (No. & title): 700

Programme: Commitments

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the research items, research organisations, subsidy amounts and completion dates of the research projects subsidised by the Health and Health Services Research Fund in 2007-08 and 2008-09.

Asked by: Hon. HO Chun-yan, Albert

Reply:

In 2008/09, the Health and Health Services Research Fund (HHSRF) approved a total of 22 projects amounting to \$9.31 million. A brief summary of the approved projects is listed in the following table:

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Public health	Health services	Chinese medicine		
University of Hong Kong (HKU)	1	1	-	2	0.27
HKU with					
- Chinese University of Hong Kong (CUHK) and Hospital Authority (HA)	1	-	-	1	0.77
- Hong Kong Polytechnic University (PolyU) and HA	-	1	-	1	0.80
- Kowloon Hospital	-	-	1	1	0.76
- City University of Hong Kong	1	-	-	1	0.39
CUHK	1	6	3	10	3.71
CUHK with					
- HKU	-	1	-	1	0.08
- HKU, Queen Elizabeth Hospital and Princess Margaret Hospital (PMH)	1	-	-	1	0.52
- PMH	-	1	-	1	0.64
- University of Illinois (USA)	-	1	-	1	0.31
- University of Surrey (UK)	-	1	-	1	0.80
- Queen Mary Hospital and Hong Kong Polytechnic University (PolyU)	-	1	-	1	0.26
<b>Total:</b>	<b>5</b>	<b>13</b>	<b>4</b>	<b>22</b>	<b>9.31</b>

In 2007/08, the Health and Health Services Research Fund (HHSRF) approved a total of 21 projects amounting to \$7.74 million. A brief summary of the approved projects is listed in the following table:

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Public health	Health services	Chinese medicine		
University of Hong Kong (HKU)	-	2	-	2	0.71
HKU with					
- Chinese University of Hong Kong (CUHK)	-	1	-	1	0.15
- Department of Health	2	-	-	2	0.57
- University of San Diego (USA)	1	-	-	1	0.43
- Hospital Authority (HA) and University of Hawaii (USA)	-	1	-	1	0.32
- University of Colorado (USA) and University of Birmingham (UK)	1	-	-	1	0.47
- Private sector	1	-	-	1	0.71
CUHK	1	1	1	3	0.74
CUHK with					
- HA	1	1	-	2	1.06
- HA and University of Illinois (USA)	-	1	-	1	0.27
- HKU	1	-	-	1	0.33
- Hong Kong Baptist University (HKBU)	-	-	1	1	0.46
- HKBU with HA	-	-	1	1	0.56
- Hong Kong Polytechnic University (PolyU) with HA	2	-	-	2	0.46
- HA with CUHK	-	1	-	1	0.50
Total:	10	8	3	21	7.74

Most approved projects are expected to be completed by 2011. In addition to the newly approved projects in 2008/09, the estimated expenditure of HHSRF in 2008/09 also covered the cashflow requirements of a total of 60 projects that were approved from 2004/05 to 2007/08. The total approved fund for these 60 projects was \$26.03 million and a brief summary of the approved projects is listed in the following table:

Institution	Research theme			No. of projects	Fund amount (\$ million)
	Public health	Health services	Chinese medicine		
HKU	4	4	-	8	3.46
HKU with collaborators <sup>1</sup>	10	8	-	18	7.85
CUHK	2	8	2	12	5.99
CUHK with collaborators <sup>2</sup>	2	11	-	13	4.93
Poly U with collaborators <sup>3</sup>	2	2	-	4	1.72

<i>Ruttonjee Hospital with Tang Shiu Kin Hospital</i>	-	1	-	1	0.09
<i>Hong Kong Baptist University</i>	-	-	1	1	0.46
<i>Hong Kong Baptist University with HA and PolyU</i>	-	1	1	2	1.03
<i>HA with CUHK</i>	-	1	-	1	0.50
<b>Total:</b>	20	36	4	60	26.03

Note:

<sup>1</sup>University of Birmingham (UK), University of Sheffield (UK), University of Liverpool (UK) and School of Tropical Medicine, Liverpool (UK), Harvard University (USA), University of Colorado (USA), University of San Diego (USA), University of Hawaii (USA), CUHK, HA, Department of Health, Family Planning Association of Hong Kong, Po Leung Kuk, Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, H.K.S.K.H. Lady MacLehose Centre, University of California, San Francisco (USA), University of Missouri-Columbia (USA), private sector

<sup>2</sup>University of Wisconsin-Milwaukee (USA), University of Illinois (USA), University of Leicester (UK), HKU, Hong Kong Baptist University, PolyU, Department of Health, Shatin Hospital, Taipo Hospital, Castle Peak Hospital, HA, Prince of Wales Hospital, United Christian Hospital, North District Hospital

<sup>3</sup> Indiana University-Purdue University (USA), Illinois Institute of Technology (USA), HA and HKU

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 11.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)161**

Question Serial No.

2179

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:

How much resources and manpower is earmarked for launching the second stage public consultation on health care reform? Has the Administration conducted any studies on formulating detailed proposals upon completion of the first stage public consultation? If so, please list out the topics studied, responsible agencies, amount of expenditure required and completion dates of the studies.

Asked by: Hon. Hon Chun-yan, Albert

Reply:

The workload arising from the healthcare reform including the public consultation is being undertaken as part of the day-to-day operations of the Food and Health Bureau. We have no separate estimates on the expenditure required. We are conducting in-house studies on the topics of the healthcare reform including enhancing primary care, promoting public-private partnership, developing electronic health record sharing, strengthening public healthcare safety net, and reforming healthcare financing arrangements for the purpose of formulating detailed proposals for the second stage public consultation on healthcare reform in the first half of 2009. The actual timing for launching the second stage consultation will be subject to the progress of our work and the prevailing socio-economic condition.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)162**

Question Serial No.

2180

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:

Please set out the planned expenditure, the number of beneficiaries and the number of participating private medical institutions in respect of the initiative to “implement pilot projects to strengthen health care support for chronic disease (e.g. diabetes, hypertension and renal disease) through enhancing primary care and promoting public-private partnership” in 2009-10.

Asked by: Hon. Ho Chun-yan, Albert

Reply:

In line with the direction of healthcare reform to enhance primary care, promote public-private partnership and put emphasis on disease prevention, the Government has earmarked a total of about \$509 million for the period 2009-10 to 2011-12 (of which \$170 million will be allocated in 2009-10) to implement a series of healthcare service reform initiatives on a pilot basis to enhance primary healthcare services and support for chronic disease patients, and to strengthen family medicine training. A number of the initiatives will involve public-private partnership.

The pilot initiatives present an integrated chronic disease management model comprising four elements, including protocol-based risk assessment, multi-disciplinary care, patient empowerment and shared-care of patients by the public and private sectors. The model aims to transform the current fragmented care provided to chronic patients by individual healthcare providers into an integrated healthcare process delivering holistic care with multidisciplinary input. It will enhance secondary prevention and improve patients' health outcome. It will also strengthen the existing support for chronic disease patients being taken care of by private family doctors.

The earmarked funding from 2009-10 to 2011-12 for these pilot initiatives includes –

(1) About \$265 million for launching three pilot programmes to enhance the care of chronic disease patients under the care of doctors in both the public and private sectors, including a Multidisciplinary Risk Factor Assessment and Management Programme (RAMP) to perform protocol-based risk assessments of chronic patients through multi-disciplinary teams in Hospital Authority (HA), establishing Nurse and Allied Health Clinics (NAHC) alongside General Out-Patient Clinics (GOPC) of HA to provide intervention of specific risk factors of chronic patients, and a Patient Empowerment Programme (PEP) to provide education to and enhance self-care of chronic disease patients in collaboration with non-government organizations.

(2) About \$200 million for implementing a number of pilot projects for shared-care of chronic disease patients by both the public and private healthcare sectors. Specifically, stable chronic disease patients currently under the care of Specialist Out-patient Clinics and GOPCs of HA would be given the alternative choice to receive healthcare from private medical practitioners of their choice based on specified service models and protocols for effective care of their chronic diseases with subsidies provided by the Government.

We would also contract centres managed by the private sector to provide additional haemodialysis service for end-stage renal disease patients currently under the care of public hospitals.

Each of these pilot initiatives will set objectives aiming at enhancing primary care and strengthening support for chronic disease patients based on specific service models and clinical guidelines for primary care and chronic disease care. We will develop mechanism for assessing and evaluating these projects having regard to the set objectives, with particular attention to the effectiveness and quality of care based on clinical outcomes.

In addition, about \$44 million has been earmarked from 2009-10 to 2011-12 for enhancing family medicine training in support of the direction of healthcare reform of promoting the family doctor concept in primary care. Evaluation of this initiative will cover objective assessment of knowledge and skill acquisition by participants.

We are working out the implementation details of the pilot projects, including their scale, manpower requirement, and participation arrangements.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)163**

Question Serial No.

2181

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:

Please provide details as to the total expenditure required to prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong as well as the expenditure items needed to be undertaken by the Government and the amount of public expenditure involved.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The Administration is preparing for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong.

Two respective Steering Committees have been set up to spearhead the projects. They are chaired by the Permanent Secretary for Food and Health (Health) and comprise medical practitioners in both the public and private sectors, academics, as well as patient group representatives. The Steering Committees agreed that the two centres should pool together experts from both the public and private sectors and also overseas to provide multi-disciplinary care for patients suffering from these complex diseases, and to conduct research and training. The Steering Committees are collecting views from various stakeholders and will continue to examine all relevant issues. The Committees' present focus includes the clinical, research, training and physical infrastructure requirements so as to take forward the technical feasibility studies. Expenditures on the preparation for establishing the multi-partite medical centres of excellence are absorbed by existing resources of the Bureau and cannot be separately itemized.

The Administration will report to the Health Services Panel of LegCo in due course on the detailed timetable, completion date, number of target clients, as well as estimated expenditure of each of the medical centres of excellence after we have completed the examination of the relevant issues and the technical feasibility studies.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB (H)164**

Question Serial No.

2182

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:

As regards the additional provision of \$44.4 million in 2009-10, please list in detail how the additional provision will be spent and the expenditure involved for each of the items.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The increase in expenditure of \$44.4 million for Programme (1): Health in 2009-10 is mainly attributable to the following –

	<u>\$million</u>
(a) operating expenses of the Electronic Health Record Office and creation of 26 new civil service posts to coordinate the development of a territory-wide electronic health record sharing system, and to provide support to tobacco control policy matters, establishment of the two centres of excellence in paediatrics and neuroscience, implementation of the service reform initiatives set out in the 2008-09 Policy Agenda and conducting of researches/ studies on medical and health policy related issues.	39.7
(b) increase in cashflow requirement for non-recurrent items including the Health and Health Services Research Fund, Funding Research on Control of Infectious Diseases and setting up of an international network for continuing medical education and continuing professional development by the HK Academy of Medicine.	4.7

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 15.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)165**

Question Serial No.

2183

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 determining the additional provision to the Hospital Authority (HA) for 2009-10, are factors affecting the demand for HA's service such as population ageing, population growth, and service utilization of non-eligible persons taken into account? If so, what is the respective growth in demand resulted by these factors? How much additional provision is required to maintain the quality of public healthcare services?

Asked by: Hon. HO Chun-yan, Albert

Reply:

The Government will increase the recurrent subvention for the Hospital Authority (HA) over the next three years from 2009-10 to 2011-12 by about \$870 million each year to strengthen HA's services. In working out this additional amount each year, which represents about 2.9% increase over the original estimate of the recurrent subvention in 2008-09, we have taken into account the resources requirements arising from population growth and demographic changes, technology advancement as well as the introduction of new and improved services. To cater for the growth in service demand in the coming year, HA has planned to provide, among others, about 21 000 additional inpatient bed days, 112 000 additional specialist outpatient attendances, and 127 000 additional day care and community outreach attendances in 2009-10.

Our public healthcare services mainly serve to cater for the demand of local community and our service planning is made having regard to the projection of local service demand. As for non-local people, medical services are provided to them in emergency situations and they may also seek non-emergency medical services by paying the charges applicable to them subject to service capacity.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)166**

Question Serial No.

2187

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:

One of the items mentioned under Matters Requiring Special Attention in 2009-2010 is to explore sites for setting up more Chinese medicine clinics in the public sector. Please advise:

- (a) the number of additional Chinese medicine clinics to be set up;
- (b) whether the target public healthcare institutions have been identified. If yes, what are their locations? Will the Chinese medicine clinics be set up in remote areas like Tin Shui Wai and Tung Chung?
- (c) the timetable for the initiative and when the Chinese medicine clinics will be put into service;
- (d) the estimated expenditure required for this initiative;
- (e) the estimated average daily number of patients to be served by the newly set up Chinese medicine clinics; and
- (f) the estimated number of graduates of the Chinese medicine degree programmes to be provided with training opportunities under this initiative.

Asked by: Hon. WONG Kwok-hing

Reply:

The Government has committed to establishing a total of 18 public Chinese medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and to provide better training opportunities for local Chinese medicine degree programmes graduates. The clinics are being set up on a district basis and a total of 14 CMCs would have been set up by end of March 2009. The four remaining districts which have yet to be provided with a CMC include Kowloon City, Southern, Yau Tsim Mong and Islands Districts. We are actively identifying suitable sites which have to be easily accessible; close to residential areas and available shortly for development, with a view to establishing the CMCs in the four districts as soon as possible.

Regarding the recurrent provision for Chinese medicine clinic service, the earmarked provision in 2009-2010 is \$77 million covering mainly the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, the development of and provision of training in "evidence-based" Chinese medicine, enhancement and maintenance of the Chinese Medicine Information System and part of the expenses for the operation of the clinics. Each CMC on average can provide about 90 Chinese medicine general consultations per day. Nevertheless, the actual daily attendances will depend on patient demand.

As regards the training opportunity for graduates of Chinese medicine degree programmes, each CMC is now required to employ at least five graduates and provide one-year training for them. With 14 CMCs, at least 70 training places for graduates can be offered in 2009-2010. Some of the NGOs running the CMCs have employed more than the required number of graduates to support their services and/or research. A total of 202 graduates have been trained so far and all the graduates in 2008 were offered training opportunity.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

<b>FHB(H)167</b>
------------------

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

Question Serial No.

2271
------

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the income amounts derived by various clusters of the Hospital Authority (HA) from medical fees of various types of beds in 2008-09. Has the income from medical fees been deducted from the expenditure of the HA? If so, how much has been deducted? If the HA can retain all the income from medical fees, how much will be its annual usable revenues? If not, then after deduction, how much will be the provisions from the Government for the HA?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The table below sets out the actual amount of income that the Hospital Authority (HA) has received for the provision of inpatient service up to 31 December 2008, with breakdown by various types of beds. HA has received no income for the provision of beds for the mentally handicapped during the period because such services are free of charge for eligible persons <sup>note</sup> and no admission of non-eligible persons <sup>note</sup> (who are charged for the use of such beds) was recorded.

	<b>General Beds</b>	<b>Infirmary Beds</b>	<b>Beds for the mentally ill</b>	<b>Total Medical Fees Received</b>
	<b>(\$ million)</b>	<b>(\$ million)</b>	<b>(\$ million)</b>	<b>(\$ million)</b>
Hong Kong East Cluster	106.5	2.1	2.1	110.7
Hong Kong West Cluster	182.1	0.8	0.5	183.4
Kowloon Central Cluster	113.6	0.7	2.2	116.5
Kowloon East Cluster	92.9	0.9	0.5	94.3
Kowloon West Cluster	142.5	1.7	3.4	147.6
New Territories East Cluster	124.6	1.5	1.7	127.8
New Territories West Cluster	77.7	0.5	2.8	81.0
<b>Total</b>	<b>839.9</b>	<b>8.2</b>	<b>13.2</b>	<b>861.3</b>

Note: Eligible persons refer to those who belong to any of the following categories: (a) holders of Hong Kong Identity Card; (b) children who are Hong Kong residents and under 11 years of age; and (c) other

persons as approved by the Chief Executive of the Hospital Authority. Non-eligible persons refer to those who do not belong to either of the above categories.

In working out the annual financial provisions for HA, the Government has already net off the projected income that HA will receive. The Government also allows HA retain 50% of any additional medical income arising from new medical fees and increase in existing medical fees. HA can therefore make use of the Government's financial provision, the income that it receives and the additional income that it retains under the income sharing arrangement for provision of hospital services. In 2008-09, the revised estimate of the financial provision from the Government to HA is \$32 681 million and the projected total amount of medical income received by HA in the year (including the additional income that HA can retain under the income sharing arrangement) is about \$2 469 million. HA can deploy the above amounts for the provision of hospital services.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 20.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)168**

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

Question Serial No.

2272

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What are the overall expenditure of the Hospital Authority and the expenditure of its clusters on personal emoluments in 2008-09? What are the number of doctors at consultant level or above in the clusters and the expenditure on their annual emoluments?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The table below sets out the overall expenditure of the Hospital Authority (HA) and the expenditure of its clusters on personal emoluments (PE), the number of doctors at consultant level or above and the expenditure on their annual emoluments in 2008-09.

	<u>HKE</u>	<u>HKW</u>	<u>KC</u>	<u>KE</u>	<u>KW</u>	<u>NTE</u>	<u>NTW</u>	<u>HO</u>	<u>Total</u>
PE of all staff (\$ million) (Full-year projection)	2 895	3 109	3 574	2 634	6 186	4 227	3 226	301	26 152
No. of doctors at consultant level or above (as at 31 December 2008)	58	91	79	48	124	85	67	1	553
PE of doctors at consultant level or above (\$ million) (Full-year projection)	163	235	221	133	353	212	179	5	1 501

Notes:

- (1) HKE – Hong Kong East Cluster  
HKW – Hong Kong West Cluster  
KC – Kowloon Central Cluster  
KE – Kowloon East Cluster  
KW – Kowloon West Cluster  
NTE – New Territories East Cluster  
NTW – New Territories West Cluster  
HO – HA Head Office

- (2) PE includes basic salary, job related allowances and on-cost. The full-year projection is based on the actual costs from April to December 2008.
- (3) The manpower figures are calculated on full-time equivalent basis. All staff in HA on permanent, contract and temporary terms are included but those on honorary appointment and university clinical staff are excluded.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)169**

Question Serial No.

2274

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:

At present, many practitioners in the private medical sector have not computerised the medical records in hand. Even if they have done so, their systems may not be able to support a connection to the Government electronic health record system. Has the Administration estimated the investment in soft and hard wares for the private sector practitioners if they want to join the electronic health record sharing system in the future?

Asked by: Hon. IP Kwok-him

Reply:

A key component of the Government's development programme for the electronic health record (eHR) sharing system is to facilitate the development of individual electronic medical record systems with sharing capabilities in the private sector, and encourage their adoption by private healthcare providers for connection to the eHR sharing platform. We will do so by engaging the private healthcare sector and private IT service sector to identify potential partnership projects that would achieve the aforementioned objectives. Specifically, we will launch an eHR Engagement Initiative in the second half of this year to openly invite the private healthcare and IT sectors to submit proposals for eHR partnership to the Government. The Government will provide capital investment for the eHR sharing infrastructure, while private sector partners will remain responsible for their own hardware and recurrent costs. Since private healthcare providers may use different systems for their own purposes and for connecting to the eHR sharing platform, we have not estimated the cost for the private healthcare sector to join eHR sharing. With the Government taking up the cost of research, development and infrastructure, the cost to be borne by the private sector for joining eHR sharing should not be as substantial.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)170**

Question Serial No.

1764

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (1) Statutory Functions

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

The Administration introduced the fixed penalty system for smoking offences in 2008 with penalty level fixed at \$1,500 and the deferment for smoking ban in bars, mahjong parlours, night clubs and massage establishments will expire in mid-2009. Has the Administration reserved funds for publicising the fixed penalty system and recruiting tobacco control inspectors to step up inspections and prosecutions in the 2009-10 Estimate? If yes, what are the provisions involved? If not, what are the reasons?

Asked by:    Hon. IP Kwok-him

Reply:

Under the Smoking (Public Health) Ordinance, the application of the smoking ban to qualified establishments (namely qualified bars, qualified clubs, qualified nightclubs, bathhouse, massage establishments and mahjong-tin kau premises) is deferred until 1 July 2009. The Tobacco Control Office (TCO) of the Department of Health (DH) is planning for the implementation of the smoking ban to these qualified establishments with effect from 1 July 2009. DH will also implement the Fixed Penalty (Smoking Offences) Ordinance starting from the second quarter of 2009 and designate Public Transport Interchanges as statutory no smoking areas starting from the second half of 2009.

To cope with the additional workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 15 civil service posts will be created and 18 non-civil service contract positions will be converted to civil service posts in 2009-10. The provision for carrying out enforcement duties by TCO in 2009-10 will be increased to \$28 million, from a revised estimate of \$24.9 million in 2008-09.

TCO will strengthen publicity such as TV and radio announcements of public interest to publicise the launch of the fixed penalty system. The estimated expenditure will be absorbed within the provision of \$33.7 million under Programme (3) Health Promotion in 2009-10.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)171**

Question Serial No.

1792

Head: 37 Department of Health      Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list out the expenditure and number of cases handled by the service provider offering treatment for patients with sexually transmitted diseases in the past three years (i.e 2006-07 to 2008-09). What are the number of non-Hong Kong residents treated and the expenditure involved?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The Department of Health (DH) operates seven full time Social Hygiene Clinics providing clinical services for the management of sexually transmitted infections (STIs) in Hong Kong. The service is free of charge for Hong Kong residents. Non-Hong Kong residents are charged \$700 per attendance.

The total number of attendances and number of attendances by non-Hong Kong residents for management of STIs in Social Hygiene Service in past three years is appended below:

<u>Year (Calendar)</u>	<u>No. of attendances by non-Hong Kong residents</u>	<u>Total No. of Attendances</u>
2006	920	138 000
2007	830	128 000
2008	850	110 000

The expenditure under Social Hygiene Service on STIs for Hong Kong and non-Hong Kong residents cannot be separately identified and the overall annual expenditure in the past three years are set out as follows -:

<u>Year (Financial)</u>	<u>Amount (\$ million)</u>
2006-07	55.8
2007-08	56.1
2008-09 (Revised Estimate)	66.0

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)172**

Question Serial No.

1793

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:

While the Pneumococcal Conjugate Vaccine will be included in the Childhood Immunisation Programme in 2009, the number of doses of vaccines given to school children will decrease from 294 000 in 2008 to 210 000 in 2009. What are the reasons for that? Please list out the total expenditure of giving vaccines to children, the number of school children benefitting and the cost of giving vaccines to each school child in 2008-09 and 2009-10.

Asked by:    Hon. CHENG Kar-foo, Andrew

Reply:

Starting from 1 September 2009, the Administration will introduce Pneumococcal Conjugate Vaccine (PCV) in the Childhood Immunisation Programme (CIP) for all infants born on or after 1 July 2009 and run a Catch-up Programme for children born between 1 September 2007 and 30 June 2009 inclusive. Since these children have not reached school age, the PCV that they receive are not included in the school immunisation programme.

The reduction in the number of doses of vaccines given to school children is largely due to the introduction of the new combination vaccine "Diphtheria, Tetanus, acellular Pertussis (reduced dose) and Inactivated Poliovirus Vaccine" (dT<sub>ap</sub>-IPV) for Primary Six students in the 2008-09 school year. The new dT<sub>ap</sub>-IPV vaccine replaces the previous "Diphtheria and Tetanus Vaccine (reduced dose)" (dT) and "Oral Poliovirus Vaccine" (OPV) which were given as separate doses in previous years.

The vaccine cost for the CIP in 2008-09 was \$30.2 million and the estimated vaccine cost for 2009-10 is \$250.5 million (including an estimated cost of \$215 million for PCV and an estimated cost of \$35.5 million for other vaccines in the CIP). The vaccine cost covers both children attending Maternal and Child Health Centres and school students. Therefore, the cost of giving vaccines to each school child cannot be separately identified. The actual number of school children covered by the school immunisation programme in 2008 was 127 000, and the estimated number of school children covered in 2009 is comparable.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)173**

Question Serial No.

1794

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

In 2009-10, what are the resources and manpower earmarked for “continuing to enhance the preparedness for influenza pandemic”? Please provide details of work and breakdown of expenditure.

Asked by:    Hon. CHENG Kar-foo, Andrew

Reply:

The Administration has taken a multi-pronged approach to prepare for possible influenza pandemic. Various health-related strategies have been adopted by the Department of Health (DH).

To reduce the risk of human infection, DH will enhance publicity and public education on influenza prevention and pandemic preparedness, and keep health professionals, institutions, and the community informed of the latest influenza situation through various channels. Infection control training for healthcare and healthcare-related workers will be strengthened.

DH will continue to refine influenza surveillance systems and public health interventions in line with international developments. Pandemic preparedness plans will be reviewed regularly. Exercises and drills will be conducted to update and enhance operational aspects of pandemic preparedness plans. DH will continue to maintain an adequate antiviral stockpile as part of its pandemic preparedness measures.

On collaboration with regional and international partners, DH will seek closer communication and cooperation with the Mainland and overseas health authorities to ensure expeditious and effective exchange of information for monitoring and control of influenza outbreaks.

The resource requirement for these activities is absorbed within the allocation for this Programme, which will be \$1,944 million in 2009-10. Resource requirement for pandemic influenza preparedness activities is not separately identifiable.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)174**

Question Serial No.

1796

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (3) Health Promotion

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the pilot community-based smoking cessation programme to be launched by the Department of Health in collaboration with the Tung Wah Group of Hospitals, please give the total expenditure and a breakdown of the expenditures for the medication, healthcare personnel and administration, and provide details on the number of attendances of the service, the time for receiving the service, the cost for each person receiving smoking cessation service and the expected success rate.

Asked by:      Hon. CHENG Kar-foo, Andrew

Reply:

The Department of Health (DH) has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. With an annual provision of \$5 million, the TWGHs programme is expected to benefit some 5 800 clients every year. The service agreement has not prescribed the expenditure breakdown of the \$5 million in terms of drugs, salaries and administration.

The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for healthcare professionals and research projects. Four smoking cessation centres are established throughout the territory to provide free smoking cessation service. A team of 20 staff, including doctors, nurses, clinical psychologists, counsellors and social workers, work together to help smokers to quit smoking. The operation hours of the centres include evenings and weekends to improve accessibility for the users. There is also a hotline to provide professional advice and counselling for smokers.

DH will evaluate the effectiveness of the programme through monitoring of various performance indicators including utilisation of services and smoking cessation rate of the users.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)175**

Question Serial No.

1797

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

For the past three years (i.e. 2006-07 to 2008-09), what was the expenditure on anti-smoking activities in each year? Please list the expenditures and manpower involved in enforcing the Smoking (Public Health) Ordinance, the publicity and education activities, as well as the effectiveness of these programmes.

Asked by:    Hon. CHENG Kar-foo, Andrew

Reply:

The Tobacco Control Office (TCO) of the Department of Health (DH) is responsible for tobacco control activities including smoking cessation programmes. DH also subvents the Hong Kong Council on Smoking and Health (COSH) for publicity, health education and promotional activities on tobacco control. To strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. The annual provision for the TWGHs programme is \$5 million.

The expenditures of TCO for both Programme 1 "Statutory Functions" and Programme 3 "Health Promotion" in 2006-07, 2007-08 and 2008-09 were \$26.8 million, \$45.2 million and \$44.4 million respectively, whereas the subvention for COSH in 2006-07, 2007-08 and 2008-09 were \$13.2 million, \$10.2 million and \$11.5 million respectively. For details of staffing, please refer to the Annex.

DH regularly evaluates its tobacco control efforts by monitoring various performance indicators. After the enactment of the amended Smoking (Public Health) Ordinance on 1 January 2007, DH conducted a series of evaluation which revealed that over 90% of citizens supported smoke-free workplaces and restaurants while patrons in over 95% of the restaurants complied with the statutory requirements. In 2008, the Smoking Cessation Hotline of DH received more than 4 300 calls. The smoking cessation rate at one year after receiving smoking cessation service in DH was 38.7%, which was comparable to the performance in overseas countries. The 2008 Thematic Household Survey also revealed that the prevalence of daily cigarette smokers aged 15 or above in Hong Kong was 11.8%, compared to 14 % in the immediate past survey carried out in 2005. In the same survey, around 57% of respondents reported that they were exposed to less secondhand smoke after the implementation of the smoking ban in 2007. All these indicators reflected the effectiveness of the enforcement, publicity and education programmes on smoking prevention and cessation.



Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

Tobacco Control Office staffing

<b>Rank</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09 Revised Estimate</b>
Principal Medical & Health Officer	0	1	1
Senior Medical & Health Officer	1	2	2
Part-time Senior Contract Doctor	1	0	0
Medical & Health Officer/ Contract Doctor	1	3	3
Superintendent of Police / Police Sergeant	5	7	7
Tobacco Control Inspector	34	78	85
Registered Nurse	2	2	2
Research Officer	1	1	1
Health Promotion Officer / Hospital Administrator II	0	4	4
Senior Executive Officer / Executive Officer / Administrative Manager / Administrative Assistant	3	4	5
Clerical Officer / Clerical Assistant / Project Assistant / General Worker	17	13	13
Motor Driver	1	1	1
<b>Total no. of staff:</b>	<b>66</b>	<b>116</b>	<b>124</b>

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)176**

Question Serial No.

1798

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (3) Health Promotion

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Please list the subvention to the Hong Kong Council on Smoking and Health and the expenditure/provision for the Tobacco Control Office (TCO) in 2008-09 and 2009-10 respectively, the number of TCO staff required for conducting inspections and answering complaint calls respectively, as well as the average time used to complete investigation and follow-up complaints.

Asked by:      Hon. CHENG Kar-foo, Andrew

Reply:

The expenditures/provision for smoking prevention allocated to the Tobacco Control Office (TCO) of Department of Health (DH), and the Hong Kong Council on Smoking and Health (COSH) and the Tung Wah Group of Hospitals (TWGHs) are as follows:

	2008-09 (Revised Estimate)	2009-10 (Estimate)
TCO	\$44.4 million	\$45.2 million
COSH	\$11.5 million	\$11.5 million
TWGHs	\$2.5 million	\$5 million

In 2008-09, there were 85 Tobacco Control Inspectors (TCIs) for carrying out enforcement duties including the inspection of no smoking areas. To cope with the extra workload envisaged, 15 civil service posts will be created. Besides, 18 non-civil service contract positions will be converted to civil service posts in 2009-10. The provision for carrying out enforcement duties by TCO in 2009-10 will be increased to \$28.0 million, from a revised estimate of \$24.9 million in 2008-09.

In accordance with established procedures, TCIs will normally initiate investigations within five to ten days of receipt of complaints. Some straight-forward cases could be resolved within one or two days while investigations of more complex complaints might take several weeks. The average time taken for completing investigation for a case is about ten working days.

The TCO complaint hotline is handled by the 1823 Call Centre operated by the Efficiency Unit. Some 20 officers operate the hotline from 9 a.m. to 10 p.m. on weekdays. The number of staff is reduced to four in less busy hours.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)177**

Question Serial No.

1859

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

Please provide the following information -

- (a) regarding the School Dental Care Service of the Department of Health (DH), the annual expenditure, the number of participating school children, the unit cost of service for each school child as well as the rank and number of dental officers, dental therapists and administrative personnel involved in the financial years of 2006-07, 2007-08 and 2008-09 respectively.
- (b) the estimated expenditure of the DH's School Dental Care Service in the 2009-10 financial year.

Asked by:    Hon. FUNG Kin-kee, Frederick

Reply:

- (a) In the financial years of 2006-07, 2007-08 and 2008-09, the annual expenditure and the unit cost of service for each participating school child are set out below:

<u>Financial Year</u>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u> (Revised Estimate)
Annual expenditure	\$169.9 million	\$177.5 million	\$175.9 million
Unit cost per participating school child	\$593	\$620	\$676

In the service years of 2006-07, 2007-08 and 2008-09, the number of participating school children are as follows:

<u>Service Year</u> <sup>Note 1</sup>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>
No. of participating school children	387 079	365 643	346 672

In the service years of 2006-07, 2007-08 and 2008-09, the rank and number of staff involved are as follows:

<u>Service Year</u> <sup>Note 1</sup>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>
<u>Rank and no. of staff involved:</u>			
Consultant, Principal Dental Officer, Senior Dental Officer, Dental Officer	29	29	29
Tutor Dental Therapist, Senior Dental Therapist, Dental Therapist	271	271	271
Senior Dental Surgery Assistant, Dental Surgery Assistant	40	40	40
Clerical and other supporting staff	108	108	108

*Note 1: Service year refers to the period from 1 November of the current year to 31 October of the following year.*

- (b) The estimated expenditure of the DH's School Dental Care Service in the 2009-10 financial year is \$207.7 million.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)178**

Question Serial No.

1860

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

In the financial year of 2009-10, what programmes will the Oral Health Education Unit of the Department of Health organise to enhance public awareness of oral health? What are the expenditures involved and the number of people to benefit for from each programme?

Asked by:    Hon. FUNG Kin-kee, Frederick

Reply:

In 2009-10 financial year, the Oral Health Education Unit will organise a range of programmes to promote oral health for different age groups, with details as set out as follows -

<b>Programme</b>	<b>Targets (estimated)</b>
Brighter Smiles for the New Generation	110 000 kindergarten children
Brighter Smiles Playland Visits	40 000 four year-old children
Oral Health Promotion Bus	25 000 school children
Brighter Smiles in Primary Schools	40 000 primary school children
Teens Teeth	6 000 secondary school children
Dandelion Oral Care Action	5 000 special school children and parents
Love Teeth Campaign – Periodontal health promotion (October to December Phase)	1.3-1.5 million exposures (adults of aged 15-64)
Love Teeth Campaign – Caries prevention promotion (January to February Phase)	1.3-1.5 million exposures (adults of aged 15-64)
Toothclub Homepage	7.5 million hits of all pages
Oral Health Information Hotline	5 000 calls

In 2009-10, the overall provision for the above oral health promotion is \$23.8 million.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)179**

Question Serial No.

1861

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:

The indicator of attendances for emergency treatment in dental clinics dropped from 42 400 in 2007 to 40 300 in 2008. What are the reasons?

Asked by:    Hon. FUNG Kin-kee, Frederick

Reply:

The provision of emergency treatment in dental clinics is demand driven. The reduction in the number of attendances for emergency treatment in dental clinics from 42 400 in 2007 to 40 300 in 2008 was mainly due to the decrease in utilisation of the service.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)180**

Question Serial No.

1870

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

The provision for this programme in 2009-10 is \$504.4 million higher than the revised estimate for 2008-09. How many resources are earmarked for the development of an Electronic Health Record (eHR) infrastructure? What is the total expenditure for completing the eHR infrastructure?

Asked by:    Hon. IP Kwok-him

Reply:

The Government has earmarked recurrent resources of \$67 million for the three financial years from 2009-10 to 2011-12 (of which \$21 million will be allocated in 2009-10) for setting up the electronic health record (eHR) Management Team in Department of Health (DH). We propose the eHR Management Team to have an initial setup of 20 staff, including one Senior Medical and Health Officer, one Senior Executive Officer, one Senior Project Manager, three Project Managers, four System Analysts, eight Analyst Programmers and two Computer Operators. With the support of the eHR Management Team, DH plans to develop a departmental electronic health record repository incorporating essential health data such as immunisation records, a common interfacing gateway for sharing information with healthcare providers outside DH, and pilot clinic management systems for three clinical services including families clinics, social hygiene service and clinical genetic service by 2013-14.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)181**

Question Serial No.

1930

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

In respect of continuing to enhance the preparedness for influenza pandemic and other public health emergencies, please provide details of work, manpower and estimated expenditure involved.

Asked by:      Hon. LEE Kok-long, Joseph

Reply:

The Administration has taken a multi-pronged approach to prepare for possible influenza pandemic. Various health-related strategies have been adopted by the Department of Health (DH).

To reduce the risk of human infection, DH will enhance publicity and public education on influenza prevention and pandemic preparedness, and keep health professionals, institutions, and the community informed of the latest influenza situation through various channels. Infection control training for healthcare and healthcare-related workers will be strengthened.

DH will continue to refine influenza surveillance systems and public health interventions in line with international developments. Pandemic preparedness plans will be reviewed regularly. Exercises and drills will be conducted to update and enhance operational aspects of pandemic preparedness plans. DH will continue to maintain an adequate antiviral stockpile as part of its pandemic preparedness measures.

On collaboration with regional and international partners, DH will seek closer communication and cooperation with the Mainland and overseas health authorities to ensure expeditious and effective exchange of information for monitoring and control of influenza outbreaks.

The resource requirement for these activities is absorbed within the allocation for this Programme, which will be \$1,944 million in 2009-10. Resource requirement for pandemic influenza preparedness activities is not separately identifiable.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)183**

Question Serial No.

1932

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Under this Programme, there will be an increase of 12 posts in the Department of Health in 2009-10. Please provide details of the nature, ranks and remunerations of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The details of the net increase of 12 posts are set out at Annex.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      20.3.2009

<u>Major Scope of Responsibility/Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Re-allocation of staffing resources from Programme (8)</u>	<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
<b>Medical support</b>					
Senior Medical & Health Officer	1			1	1,036,740
Medical & Health Officer	1			1	792,720
<b>Nursing support</b>					
Nursing Officer	1			1	506,100
Registered Nurse	10			10	3,190,200
<b>Technical support</b>					
Medical Laboratory Technician II	1			1	250,020
<b>Administrative and general support</b>					
Accounting Officer I	2			2	1,059,720
Statistical Officer II		9		9	1,687,230
Senior Executive Officer	3		1	4	3,040,080
Executive Officer I			2	2	1,059,720
Executive Officer II	2			2	701,640
Clerical Officer			2	2	607,680
Assistant Clerical Officer	3	3		6	1,136,520
Personal Secretary II			1	1	189,420
Workman II		-30		-30	-3,522,600
<b>Total</b>	<b>24</b>	<b>-18</b>	<b>6</b>	<b>12</b>	<b>11,735,190</b>

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)184**

Question Serial No.

1933

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Under this Programme, regarding the production of health education materials (annual no. of titles), the annual number of titles decreases over the years, i.e. from 2007 to 2009. Please give a detailed account of the reasons and the impact on the effectiveness of public health promotion.

Asked by:    Hon. LEE Kok-long, Joseph

Reply:

The Department of Health (DH) produces a variety of health education materials including some education materials on HIV/AIDS produced by the Special Preventive Programme (SPP) of the DH. During 2007 through 2009, SPP devoted more resources to scale up its role in providing technical support and capacity building to Hong Kong Advisory Council on AIDS, AIDS Trust Fund and many non-governmental organisations. This approach is in line with the 'Recommended HIV/AIDS strategies for Hong Kong, 2007 to 2011' promulgated by the Hong Kong Advisory Council on AIDS. Due to the shift in emphasis, there was a slight drop in the number of health education materials produced by SPP. The production of education materials on other health subjects has remained stable during the period. As the overall decrease in production of health education materials is relatively small, it is not expected to have an impact on health promotion effectiveness.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)185**

Question Serial No.

1934

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Under this programme, the estimated number of publicity/educational activities delivered by the Hong Kong Council on Smoking and Health (COSH) in 2009 is 340, which is the same as the actual number in 2007 and 2008. Please advise the attendances of these educational activities in the past two years (i.e. 2007 and 2008). Without any increase in the number of activities concerned, what are the measures to achieve the target of strengthening the publicity and education programme on smoking prevention as mentioned in Matters Requiring Special Attention in 2009-10?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Department of Health (DH) provides subvention to Hong Kong Council on Smoking and Health (COSH) to carry out publicity, health education and promotional activities on tobacco control including that on smoking prevention and cessation. In 2009-10, the provision for COSH with a team of ten staff will be \$11.5 million. The revised estimate for 2008-09 will be the same. The number of attendances of educational activities conducted by COSH in 2007 and 2008 were 65 000 and 68 000 respectively.

In 2009-10, the Tobacco Control Office (TCO) of the Department of Health (DH) will strengthen publicity, health education and promotional activities on tobacco control through TV and radio announcements of public interest, giant outdoor advertisements, health education materials, interactive online programmes on TCO website targeted at adolescents and seminars. These activities will enhance public support on smoke-free environment and smoking cessation.

To strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. The annual provision for the TWGHs programme is \$5 million.

The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for healthcare professionals and research projects. Four smoking cessation centres are established throughout the territory to provide free smoking cessation service. Professionals including doctors, nurses, clinical psychologists, counsellors and social workers work together to help smokers to quit smoking. The operation hours of the centres include evenings and weekends to improve accessibility for the users. There is also a hotline to provide professional advice and counselling for smokers.



Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date .3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)186**

Question Serial No.

1935

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

It was mentioned in the 2009-10 Budget that for public health reasons, the Administration proposed to increase tobacco duty by 50 per cent with immediate effect. The number of enquiries received by the Department of Health (DH)'s smoking cessation hotline has increased six times than usual on the next day. As the number of cases requiring cessation support may continue to increase, please advise if the DH has earmarked any funding and manpower to meet the upsurge of these cases and to enhance smoking cessation service? If yes, what are the details? If not, what are the reasons?

Asked by:    Hon. LEE Kok-long, Joseph

Reply:

To cope with the substantial increase in calls to the 24-hour Smoking Cessation Hotline after the announcement of the 50% increase in tobacco duty, the Department of Health (DH) has deployed additional staff to step up its efforts in smoking cessation services. DH has also increased the number of smoking cessation classes to meet heightened demands. The expenses incurred are absorbed by existing resources.

To strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. With an annual provision of \$5 million, the TWGHs programme is expected to benefit some 5 800 clients every year.

The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for healthcare professionals and research projects. Four smoking cessation centres are established throughout the territory to provide free smoking cessation services. A team of 20 staff, including doctors, nurses, clinical psychologists, counsellors and social workers work together to help smokers quit smoking. The operation hours of the centres include evenings and weekends to improve accessibility for the users. There is also a hotline to provide professional advice and counselling to smokers.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)187**

Question Serial No.

1936

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (3) Health Promotion

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Under this Programme, there will be an increase of ten posts in the Department of Health in 2009-10. Please provide details of the nature, ranks and remunerations of the posts involved.

Asked by:      Hon. LEE Kok-long, Joseph

Reply:

The details of the ten posts to be created in Programme (3) are at below-

Major scope of Responsibilities / Rank	Additional post	Replacement of non-civil service contract positions	Re-allocation of staffing resources from Programme (8)	Total	Annual recurrent cost of civil service posts (\$)
<b>Nursing support</b> Nursing Officer	1			1	506,100
<b>Statistical support</b> Statistical Officer II		3		3	562,410
<b>Clerical support</b> Assistant Clerical Officer		5	1	6	1,136,520
<b>Total</b>	1	8	1	10	2,205,030

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

Examination of Estimates of Expenditure 2009-10

Reply Serial No.

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)188**

Question Serial No.

2037

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Please list the total annual expenditure of Elderly Health Centres (EHCs) in 2007-08 and 2008-09, the average annual expenditure of each centre, the number of elders enrolled, the utilisation rate, the number of elders who have received health assessment in EHCs, the average waiting time for health assessment, the cost of providing health assessment service, and the percentage of the service cost accounted for by the fees charged.

Asked by:      Hon. CHENG Kar-foo, Andrew

Reply:

The total expenditure of Elderly Health Centres (EHC) in 2007-08 and 2008-09 was \$89 million and \$94.6 million and the average operating cost of each EHC was \$4.9 million and \$5.3 million respectively. In both 2007 and 2008, the total number of elders who were enrolled and received health assessment was 38 000 and the overall utilisation rate was 99.9%. The median waiting time for enrolment to get health assessment was 38.3 months in 2007 and 30.2 months in 2008. The average cost of each health assessment was \$990 and \$1,040 in 2007-08 and 2008-09 respectively with about 90% subsidy.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)189**

Question Serial No.

2038

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

Please list the utilisation rates of Maternal and Child Health Centres (MCHCs) and Woman Health Centres (WHCs) in 2006-07 to 2008-09 respectively. Please provide a breakdown of the number of women receiving woman health service and medical examination in MCHCs and WHCs by centre in 2008-09. What is the cost of woman health examination provided for each woman by MCHCs and WHCs? How much subsidy is provided for each woman who receives the service?

Asked by:    Hon. CHENG Kar-foo, Andrew

Reply:

The utilisation rates of woman health service at the three Woman Health Centres in 2006, 2007 and 2008 were 95%, 91% and 90% respectively. The utilisation rates of such service at the ten Maternal & Child Health Centres in 2006, 2007 and 2008 were 74%, 66% and 70% respectively.

In 2008, the number of enrolment for woman health service in individual centres were -

<b>Centre</b>	<b>No. of enrolment</b>	
Ap Lei Chau MCHC	250	
Chai Wan WHC	4 790	
Fanling MCHC	410	
Lam Tin WHC	6 060	
Lek Yuen MCHC	790	
Ma On Shan MCHC	440	
Sai Ying Pun MCHC	70	
South Kwai Chung MCHC	200	
Tseung Kwan O Po Ning Road MCHC	200	
Tsing Yi MCHC	180	
Tuen Mun WHC	4 580	
Wang Tau Hom MCHC	210	
West Kowloon MCHC	220	
<b>Total</b>	<b>18 400</b>	

In 2008-09, the unit cost for each woman enrolled in the Woman Health Service was \$1,055 and the subsidy level was about 70%.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)190**

Question Serial No.

2073

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      All Programmes

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Has the Administration reserved funds for studies for the purposes of formulating and assessing policies in 2009-10? If yes, please provide the following information –

In-house studies / name of responsible organisation (if any)	Topic of Study	Scope	Provision (\$)	Progress of Studies (under planning / in progress / completed)	Will the studies be released to the public if they are expected to be completed in the 2008-09 financial year? If yes, through which channels? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

Details of the consultancy study for which funds had been reserved are set out as follows -

In-house studies/ name of responsible organisation (if any)	Topic of Study	Scope	Provision (\$)	Progress of Studies (under planning/ in progress/ completed)	Will the studies be released to the public if they are expected to be completed in the 2008-09 financial year? If yes, through which channels? If no, what are the reasons?
Has yet to identify a consultant	Enhancement of regulation of pharmaceutical products in Hong Kong	Engagement of consultancy service for the enhancement of regulation of pharmaceutical products in Hong Kong	\$1.5 million has been earmarked for the consultancy	Under planning	The Government plans to inform the Legislative Council Panel on Health Services of the study results.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009





**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)192**

Question Serial No.

2078

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:

Oral health may have a direct impact on the quality of life. Yet, dental services got no mention in the 2009-10 Budget. Has the Administration earmarked any expenditure for the extension of dental care services, such as extending the coverage of the School Dental Care Service from primary school students to secondary school students and university students? If yes, what is the expenditure involved? If not, what are the reasons?

Asked by:      Hon. LEUNG Ka-lau

Reply:

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

The Department of Health (DH) has been allocating resources primarily to promotion and preventive efforts on oral health. The School Dental Care Service provides annual dental examination, preventive and basic dental care as well as oral health education for participating school children. The Oral Health Education Unit conducts an annual "Love Teeth Campaign" with the objective of facilitating the development of proper oral health habits and tooth cleaning techniques among the public. In addition, there is a "Teen Teeth" programme to train secondary school students as Peer Promoters to assist in oral health promotion in secondary schools. There are also other educational and promotional activities for the adults and elderly. Apart from oral diseases prevention programmes, DH provides free emergency dental services to the public at 11 government dental clinics. We will also consider the public dental services in the context of enhancing primary care.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)194**

Question Serial No.

2080

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:

Due to the public's inadequate knowledge on oral care, the number of patients suffering from periodontal disease in Hong Kong continues to rise progressively. Has the Administration earmarked expenditure for launching universal education on oral health care, including basic dental check-up? If yes, what is the expenditure involved? If not, what are the reasons?

Asked by:    Hon. LEUNG Ka-lau

Reply:

The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits. The Oral Health Education Unit of the Department of Health (DH) organises territory-wide and age-specific oral health education activities with a view to promoting correct oral health concepts and proper tooth cleaning techniques. These activities include, for example, the annual "Love Teeth Campaign", the "Brighter Smiles in Primary Schools" programme, the "Toothclub" Homepage, the Oral Health Information Hotline, etc. In 2009-10, the overall provision for oral health promotion under Programme (3) Health Promotion is \$23.8 million.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)195**

Question Serial No.

2480

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:

In regard to setting up a dedicated office to co-ordinate the development of a territory-wide patient-oriented electronic health record system for sharing medical records between health care providers subject to patients' consent, please provide information on the timeframe for it and the resources involved.

Asked by: Hon. LAU Kin-ye, Miriam

Reply:

The Government plans to develop a territory-wide, patient-oriented electronic health record (eHR) sharing system as an essential infrastructure to support the healthcare reform. The eHR sharing system aims at enabling healthcare providers in both the public and private healthcare sectors to, with the patients' consent, access and share their patients' eHR.

We have set out in our submission to the Legislative Council Panel on Health Services on 9 March 2009 (LC Paper No. CB(2)1006/08-09(03)) the programme for eHR development, the need for and benefits of the eHR sharing system, the strategy, roadmap, timetable and targets for its implementation, the approach for addressing policy, legal, privacy and security issues arising from eHR sharing, the plan for collaboration with the private healthcare and IT sectors in eHR development, the arrangements for developing common record and technical standards together with the healthcare and IT professions, and the engagement of relevant stakeholders and the public in the development process.

The eHR sharing system will bring a host of benefits to clinicians, patients and the healthcare system as a whole. These include: providing clinicians access to comprehensive and accurate records of patients in a timely manner for more accurate diagnosis and better quality healthcare, facilitating collaboration between different healthcare providers for seamless and efficient integrated care, providing individuals with greater control of and access to their own health records, minimizing duplicating investigations and errors associated with paper records, and enabling disease surveillance and health statistics for public health and policy making.

Protection of patient data privacy and security will be of paramount importance in developing the eHR sharing system. To this end, we will in consultation with the Office of the Privacy Commissioner for Personal Data conduct a Privacy Impact Assessment and Privacy Compliance Audit as part of the development process. To ensure IT security, we will also conduct Security Risk Assessment and Security Audit in conjunction with the Office of the Government Chief Information Officer. We will also explore the long-term legal framework to safeguard the privacy and security of personal health data.

Our estimate of the capital costs involved for the development of the eHR sharing system over the 10 year programme from 2009-10 to 2018-19 is about \$1,124 million (details are set out in the panel paper). We have commissioned a consultancy to validate the cost estimates for the eHR programme, and plan to seek capital funding approval from the Finance Committee of the Legislative Council by phases. The first phase

of the eHR programme covering the period up to 2013-14 is estimated to require a capital cost of some \$702 million. Our target is to have the eHR sharing platform ready by 2013-14 for connection with all public and private hospitals, and for health information systems which may become available in the market for private healthcare providers to connect to this platform.

To co-ordinate the complex and multi-faceted eHR development programme, the Government plans to set up a dedicated eHealth Record Office (eHR Office) under the Food and Health Bureau. We propose that the eHR Office will have an initial setup of 20 civil service posts (details are set out in the panel paper), involving an annual staff costs of some \$18.5 million. A dedicated IT team in Hospital Authority IT Services (HAITS) will provide the eHR Office with technical support. The Department of Health will also set up a team for the development of its eHR systems. For all these eHR development co-ordinating and supporting functions, the Government has earmarked recurrent resources of \$327 million for the three years from 2009-10 to 2011-12.

Subject to approval by the Establishment Sub-Committee and Finance Committee for the creation of posts and capital funding for the eHR programme, we plan to set up the eHR Office and start the first phase of the eHR development programme in Q3 2009.

Signature	_____
Name in block letters	<u>Ms Sandra LEE</u>
Post Title	<u>Permanent Secretary for Food and Health (Health)</u>
Date	<u>13.3.2009</u>

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)196**

Question Serial No.

2379

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:

The Government plans to provide \$360.2 million under Programme (2) to meet increasing demand for hospital services and to implement measures for improving the quality of clinical care. Would the Government advise on the detailed measures for improving the quality of clinical care, as well as the expenditure and manpower involved ?

Asked by: Hon. LEE Kok-long, Joseph

Reply

The financial provision for 2009-10 under Programme (2) is \$360.2 million higher than the revised estimate for 2008-09. This is mainly due to the additional provision of about \$1 370 million, partly offset by the lapse of the injection of a one-off funding of \$1,000 million into the Samaritan Fund in 2008-09 for administration by the Hospital Authority (HA). The additional provision of \$1,370 million mainly includes an additional recurrent subvention of about \$870 million to meet increasing demand for hospital services and to improve the quality of clinical care, and time-limited/one-off additional funding of about \$310 million for implementation of healthcare reform initiatives and for the provision of medical services in the 2009 East Asian Games. The quality of clinical care in HA will be enhanced through implementation of the following initiatives:

- enhancement of health care services in the New Territories West cluster through the opening of additional beds in Pok Oi Hospital and Tuen Mun Hospital;
- improvement of services in the Kowloon East cluster through the opening of additional beds and provision of additional surgical operations and specialist outpatient clinic attendances in Tseung Kwan O Hospital;
- enhancement of service for life-threatening diseases;
- strengthening mental health services through new initiatives such as recovery support programme for psychiatric patients in the community and triage clinics in psychiatric specialist outpatient clinics;
- enhancement of support to discharged elderly patients by extending the Community Geriatric Assessment Service to additional residential care homes for the elderly;
- launching of a pilot scheme for accreditation in public hospitals to improve patient safety and quality of care; and

- extension of the psychogeriatric outreach programme to additional residential care homes for the elderly to provide support to elderly psychiatric patients.

The details of staffing requirements for each of the above initiatives are being worked out and not yet available.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)197**

Question Serial No.

2378

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:

While there is an increasing demand for the services of the Hospital Authority, the Administration will only provide an additional 107 qualified nursing staff in 2009-10 in comparison with 2008-09. Will the Administration inform this Committee:

- (a) of the ranks, job nature and salary levels of the 107 qualified nursing staff?
- (b) whether the Administration has assessed if the size of the nursing staff is adequate to cope with the growth in service demand? What criteria will be used to determine the number of nursing staff to be employed?
- (c) whether the Administration has considered providing additional funding to the University Grants Committee for training adequate registered nurses to cope with the ageing population? If so, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) and (b)

The Hospital Authority (HA) plans to recruit 720 nurses in 2009-10 from the graduates and the market, as well as overseas nurses to fill vacancies and strengthen its manpower support. Majority of the nurses to be recruited are at the rank of Registered Nurse (RN). The current remuneration for a RN at entry rank is about \$23,000 per month, with employment benefits such as annual leave, medical services, etc. The remuneration of the new recruits will also be adjusted with reference to the relevant working experience. Taking into account the possible number of new recruits and the wastage of nurses anticipated, it is estimated that there will be a net increase of 107 nurses in HA in 2009-10.

In planning for its overall manpower, HA reviews the past trend of staff turnover and estimates the level of additional manpower required in the coming years with reference to the possible change in per capita health service utilization pattern; productivity of healthcare workers and medical technology development; projected demand for health services taking into account the population growth and demographic changes, and the growth rate of the activity level of specific specialties and the plans for service enhancement.

- (c) The Administration has advised the University Grants Committee (UGC) of the increasing demand for RN. Taking into account the Administration's advice, the UGC will increase the planned student intake (in full-time equivalent term) for publicly-funded nursing programmes at undergraduate and higher diploma levels by 40 and 50 respectively starting from the 2009/10 academic year. There will also be 60 additional senior year intake places with effect from the 2010/11 academic year. The respective institutions have been informed of the planned student intakes in early 2009 and the corresponding funding will be provided under their recurrent block grants of the respective academic year.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)198**

Question Serial No.

2377

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:

The Government estimates that the number of allied health (including community and outpatient) attendances will increase by 32 600 in 2009-10 as compared with 2008-09, but there will only be 5 289 allied health staff in the Hospital Authority in 2009-10, an increase of only 133 staff from 2008-09. Please advise on the following:

- (a) On what basis does the Government consider that the 5 289 allied health staff can cope with the increase in service attendances?
- (b) Has the Government planned to provide additional resources or adopt other measures to cope with the increased demand for service? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In planning for its overall manpower, the Hospital Authority (HA) reviews the past trend of staff turnover and estimates the level of additional manpower required in the coming years with reference to the possible change in per capita health service utilization pattern; productivity of healthcare workers and medical technology development; projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and the plans for service enhancement.

In 2009-10, HA plans to strengthen the allied health services mainly in the areas of rehabilitation and community support, diagnostic imaging services, radiation therapy services and recovery support for discharged psychiatric patients with complex needs. Based on its assessment of the manpower requirement for maintaining existing services and implementing the service enhancement initiatives, HA has earmarked \$42 million to recruit about 133 additional allied health staff in 2009-10.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)199**

Question Serial No.

2376

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:

It is anticipated by the Administration that the number of attendances for accident and emergency (A&E) services in 2009-10 will increase to 2 133 000. Has the Administration earmarked any resources and developed any measures to meet the increasing demand for A&E services? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The target attendance of accident and emergency (A&E) services in 2009-10 is estimated to reach 2 133 000, which is 30 000 more than the revised estimate for 2008-09. The Hospital Authority (HA) will recruit additional doctors and nurses to enhance the A&E service in 2009-10 to address the expected increase in service demand. Details of the manpower and expenditure involved are being worked out and are not yet available. HA will also collaborate with other organizations, such as the Auxiliary Medical Service, for these organizations to provide support services at the A&E departments during peak seasons, e.g. escort service.

For A&E cases that are triaged as non-urgent, HA will address the service demand with the following measures -

- (a) to encourage the public to make better use of the services provided by family doctors; and
- (b) to provide information about private practitioners at HA hospitals and on HA's website for patients' reference in seeking private medical consultation.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)200**

Question Serial No.

2375

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:

It is estimated by the Government that the numbers of psychiatric outreach attendances, psychiatric day attendances and psychogeriatric outreach attendances will all increase. In this connection, please advise on the following:

- (a) As compared with 31 March 2009, the Government estimates that only 16 additional community psychiatric nurses will be recruited as at 31 March 2010. Is the increased manpower sufficient to meet the actual needs?
- (b) What is the rationale for the decision to recruit 16 additional community psychiatric nurses?
- (c) Will the Government allocate additional resources for training and recruiting more outreach psychiatric nurses and psychiatric nurses to cope with the community needs? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) and (b)

To enhance its community psychiatric services, the Hospital Authority (HA) has in recent years increased the number of psychiatric outreach attendances through the community-based outreach projects, such as the "Early Assessment Service for Young persons with Psychoses (EASY)" and the "Extended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping Stone (EXITERS) Project". To further strengthen its mental health services, HA will conduct two community-based programmes in 2009-10, which will provide recovery support service for psychiatric patients in the community with an additional allocation of about \$23.6 million and enhance the psychogeriatric outreach service to private residential care homes for the elderly with an additional allocation of about \$8.26 million. These two programmes will involve an additional manpower of 28 nurses and allied health professionals and 7 doctors respectively.

HA delivers its psychiatric community outreach programmes through an integrated and multi-disciplinary team approach involving psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers. The adoption of a multi-disciplinary team approach will allow flexible deployment of staff to cope with the plan to increase in the number of outreach attendances in 2009-10.

Overall, HA plans to recruit about 40 psychiatric nurses and 16 community psychiatric nurses in 2009-10. This is based on assessment of the overall manpower requirements for maintaining existing services and implementing new initiatives to improve its mental health service.

(c)

Apart from introducing new programmes and enhancing the manpower for mental health services as set out above, HA will enhance the training and competence of psychiatric nurses through the conduct of specialty courses in 2009-10, including Outreaching and Community Psychiatric Nursing (for 100 nurses), Adult Psychiatric Nursing (for 40 nurses) and Psychogeriatric Nursing (for 40 nurses).

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)201**

Question Serial No.

2374

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:

Demand for psychiatric services will tend to increase in times of economic difficulties and the Government has also anticipated that the numbers of psychiatric outreach attendances, psychiatric day attendances and psychogeriatric outreach attendances will all increase. However, the Government has not revised upwards the indicators regarding the delivery of inpatient services such as the number of patient days for the mentally ill at the same time. What are the reasons? Has the Government assessed if the demand for psychiatric inpatient services will increase under the current environment and the rate of increase? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In the light of the international trend to divert the focus of treatment for mental illness from inpatient care to community and ambulatory services, the Hospital Authority (HA) has been reviewing its inpatient psychiatric services in recent years and has launched a number of new programmes to enhance its community psychiatric services. These programmes, such as the "Early Assessment Service for Young persons with Psychoses (EASY)" and the "Extended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping Stone (EXITERS) Project", progressively allow more suitable psychiatric patients to receive treatment in the community, thereby enhancing their prospect of re-integration into the community after rehabilitation. As a result, the demand for inpatient services has decreased in recent years and the inpatient bed occupancy rate was 73% in 2008-09 (up to end December 2008). Notably, the EXITERS Project has successfully facilitated the discharge of more than 757 long stay mentally ill persons back into the community during the period from 2002-03 to 2007-08. In addition, the opening of a new long stay care home in Tuen Mun in 2006 further facilitated the discharge of around 400 long stay patients in HA.

Given the above and its service direction of further enhancing ambulatory and community care for psychiatric services, HA considers that the demand for psychiatric in-patient services will continue to drop and it therefore plans to close down 393 unused psychiatric beds in 2009-10. HA will not reduce its services or manpower with the reduction of beds. The resources originally earmarked for the relevant services will be fully redeployed for enhancement of rehabilitation and community psychiatric service.

To further strengthen its mental health services, HA will conduct two community-based programmes in 2009-10, which will provide recovery support service for psychiatric patients in the community with an additional allocation of about \$23.6 million and enhance the psychogeriatric outreach service to private residential care homes for the elderly with an additional allocation of about \$8.26 million. Furthermore, HA will set up five triage clinics to provide timely consultation service for new patients with the support of an additional allocation of \$6.8 million.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)202**

Question Serial No.

2373

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:

The targeted and planned waiting time for specialist outpatient attendance of second priority patients is 8 weeks as at 31 March 2010, which is quite different from the actual waiting time of 5 weeks as at 31 March 2008. Would the Administration consider shortening the 8-week waiting time by any means?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

It has been the targets of the Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics for first priority cases (i.e. urgent cases) and second priority cases (i.e. semi-urgent cases) to within 2 weeks and 8 weeks respectively. The target median waiting time remains the same in the 2008-09 revised estimate and the 2009-10 estimate. The relevant figure as at 31 March 2008 (i.e. 5 weeks for second priority patients) was HA's actual performance in 2007-08.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)203**

Question Serial No.

2372

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:

As regards the preparation for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong under this Programme, what are the progress, details, estimated expenditure and staffing involved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Administration is preparing for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong. They are part of the Administration's pilot measures to promote excellence in medical specialties and public and private partnership (PPP), as stated in the Chief Executive's 2008-09 Policy Address.

Two respective Steering Committees have been set up to spearhead the projects. They are chaired by the Permanent Secretary for Food and Health (Health) and comprise medical practitioners in both the public and private sectors, academics, as well as patient group representatives. The Steering Committees agreed that the two centres should pool together experts from both the public and private sectors and also overseas to provide multi-disciplinary care for patients suffering from these complex diseases, and to conduct research and training. The Steering Committees are collecting views from various stakeholders and will continue to examine all relevant issues. The Committees' present focus includes the clinical, research, training and physical infrastructure requirements so as to take forward the technical feasibility studies.

The Administration will report to the Health Services Panel of LegCo in due course on the detailed timetable, completion date, staffing involved, as well as estimated expenditure of each of the medical centres of excellence after we have completed the examination of the relevant issues and the technical feasibility studies.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)204**

Question Serial No.

2371

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:

It is mentioned that the Administration will implement pilot projects to strengthen health care support for chronic diseases (e.g. diabetes, hypertension and renal disease). In this connection, please give the details of the pilot projects, and list out the expenditure and manpower involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In line with the direction of healthcare reform to enhance primary care, promote public-private partnership and put emphasis on disease prevention, the Government has earmarked a total of about \$509 million for the period 2009-10 to 2011-12 (of which \$170 million will be allocated in 2009-10) to implement a series of healthcare service reform initiatives on a pilot basis to enhance primary healthcare services and support for chronic disease patients, and to strengthen family medicine training. A number of the initiatives will involve public-private partnership.

The pilot initiatives present an integrated chronic disease management model comprising four elements, including protocol-based risk assessment, multi-disciplinary care, patient empowerment and shared-care of patients by the public and private sectors. The model aims to transform the current fragmented care provided to chronic patients by individual healthcare providers into an integrated healthcare process delivering holistic care with multidisciplinary input. It will enhance secondary prevention and improve patients' health outcome. It will also strengthen the existing support for chronic disease patients being taken care of by private family doctors.

The earmarked funding from 2009-10 to 2011-12 for these pilot initiatives includes –

(1) About \$265 million for launching three pilot programmes to enhance the care of chronic disease patients under the care of doctors in both the public and private sectors, including a Multidisciplinary Risk Factor Assessment and Management Programme (RAMP) to perform protocol-based risk assessments of chronic patients through multi-disciplinary teams in Hospital Authority (HA), establishing Nurse and Allied Health Clinics (NAHC) alongside General Out-Patient Clinics (GOPC) of HA to provide intervention of specific risk factors of chronic patients, and a Patient Empowerment Programme (PEP) to provide education to and enhance self-care of chronic disease patients in collaboration with non-government organizations.

(2) About \$200 million for implementing a number of pilot projects for shared-care of chronic disease patients by both the public and private healthcare sectors. Specifically, stable chronic disease patients currently under the care of Specialist Out-patient Clinics and GOPCs of HA would be given the alternative choice to receive healthcare from private medical practitioners of their choice based on specified service models and protocols for effective care of their chronic diseases with subsidies provided by the Government.

We would also contract centres managed by the private sector to provide additional haemodialysis service for end-stage renal disease patients currently under the care of public hospitals.

Each of these pilot initiatives will set objectives aiming at enhancing primary care and strengthening support for chronic disease patients based on specific service models and clinical guidelines for primary care and chronic disease care. We will develop mechanism for assessing and evaluating these projects having regard to the set objectives, with particular attention to the effectiveness and quality of care based on clinical outcomes.

In addition, about \$44 million has been earmarked from 2009-10 to 2011-12 for enhancing family medicine training in support of the direction of healthcare reform of promoting the family doctor concept in primary care. Evaluation of this initiative will cover objective assessment of knowledge and skill acquisition by participants.

We are working out the implementation details of the pilot projects, including their scale, manpower requirement, and participation arrangements.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)205**

Question Serial No.

2370

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:

The Administration mentioned that it will enhance primary care. In this regard, please provide:

- (a) the details and schedule of the plan to take forward various proposals to enhance primary care by the Working Group on Primary Care in 2009-10;
- (b) the details of the expenditure and manpower of the pilot projects concerned.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a) and (b)

The first stage consultation on Healthcare Reform revealed broad support for the proposals to enhance primary care. To take forward the primary care reform initiatives as set out in the Healthcare Reform Consultation Document, the Food and Health Bureau has set up the Working Group on Primary Care (the Working Group) and three Task Forces (viz. the Task Force on Conceptual Model and Preventive Protocols, Task Force on Primary Care Directory and Task Force on Primary Care Delivery Models). Members of the Working Group and Task Forces include representatives of various healthcare professions from both the public and private sectors, patient groups and other stakeholders. The Task Forces aim to make their initial recommendations to the Working Group around mid-2009.

In line with the direction of healthcare reform to enhance primary care, promote public-private partnership and put emphasis on disease prevention, the Government has earmarked a total of about \$509 million for the period 2009-10 to 2011-12 (of which \$170 million will be allocated in 2009-10) to implement a series of healthcare service reform initiatives on a pilot basis to enhance primary healthcare services and support for chronic disease patients, and to strengthen family medicine training. A number of the initiatives will involve public-private partnership.

The pilot initiatives present an integrated chronic disease management model comprising four elements, including protocol-based risk assessment, multi-disciplinary care, patient empowerment and shared-care of patients by the public and private sectors. The model aims to transform the current fragmented care provided to chronic patients by individual healthcare providers into an integrated healthcare process delivering holistic care with multidisciplinary input. It will enhance secondary prevention and improve patients' health outcome. It will also strengthen the existing support for chronic disease patients being taken care of by private family doctors.

The earmarked funding from 2009-10 to 2011-12 for these pilot initiatives includes –

(1) About \$265 million for launching three pilot programmes to enhance the care of chronic disease patients under the care of doctors in both the public and private sectors, including a Multidisciplinary Risk Factor Assessment and Management Programme (RAMP) to perform protocol-based risk assessments of chronic patients through multi-disciplinary teams in Hospital Authority (HA), establishing Nurse and Allied Health Clinics (NAHC) alongside General Out-Patient Clinics (GOPC) of HA to provide intervention of specific risk factors of chronic patients, and a Patient Empowerment Programme (PEP) to provide education to and enhance self-care of chronic disease patients in collaboration with non-government organizations.

(2) About \$200 million for implementing a number of pilot projects for shared-care of chronic disease patients by both the public and private healthcare sectors. Specifically, stable chronic disease patients currently under the care of Specialist Out-patient Clinics and GOPCs of HA would be given the alternative choice to receive healthcare from private medical practitioners of their choice based on specified service models and protocols for effective care of their chronic diseases with subsidies provided by the Government. We would also contract centres managed by the private sector to provide additional haemodialysis service for end-stage renal disease patients currently under the care of public hospitals.

Each of these pilot initiatives will set objectives aiming at enhancing primary care and strengthening support for chronic disease patients based on specific service models and clinical guidelines for primary care and chronic disease care. We will develop mechanism for assessing and evaluating these projects having regard to the set objectives, with particular attention to the effectiveness and quality of care based on clinical outcomes.

In addition, about \$44 million has been earmarked from 2009-10 to 2011-12 for enhancing family medicine training in support of the direction of healthcare reform of promoting the family doctor concept in primary care. Evaluation of this initiative will cover objective assessment of knowledge and skill acquisition by participants.

We are working out the implementation details of the pilot projects, including their scale, manpower requirement, and participation arrangements.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 12.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)206**

Question Serial No.

2369

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:

Under this Programme, a dedicated office is planned to be set up to co-ordinate the development of a territory-wide patient-oriented electronic health record system for sharing medical records. In this regard, please provide the details, the time schedule and the expenditure and staffing involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Government plans to develop a territory-wide, patient-oriented electronic health record (eHR) sharing system as an essential infrastructure to support the healthcare reform. The eHR sharing system aims at enabling healthcare providers in both the public and private healthcare sectors to, with the patients' consent, access and share their patients' eHR.

We have set out in our submission to the Legislative Council Panel on Health Services on 9 March 2009 (LC Paper No. CB(2)1006/08-09(03)) the programme for eHR development, the need for and benefits of the eHR sharing system, the strategy, roadmap, timetable and targets for its implementation, the approach for addressing policy, legal, privacy and security issues arising from eHR sharing, the plan for collaboration with the private healthcare and IT sectors in eHR development, the arrangements for developing common record and technical standards together with the healthcare and IT professions, and the engagement of relevant stakeholders and the public in the development process.

The eHR sharing system will bring a host of benefits to clinicians, patients and the healthcare system as a whole. These include: providing clinicians access to comprehensive and accurate records of patients in a timely manner for more accurate diagnosis and better quality healthcare, facilitating collaboration between different healthcare providers for seamless and efficient integrated care, providing individuals with greater control of and access to their own health records, minimizing duplicating investigations and errors associated with paper records, and enabling disease surveillance and health statistics for public health and policy making.

Protection of patient data privacy and security will be of paramount importance in developing the eHR sharing system. To this end, we will in consultation with the Office of the Privacy Commissioner for Personal Data conduct a Privacy Impact Assessment and Privacy Compliance Audit as part of the development process. To ensure IT security, we will also conduct Security Risk Assessment and Security Audit in conjunction with the Office of the Government Chief Information Officer. We will also explore the long-term legal framework to safeguard the privacy and security of personal health data.

Our estimate of the capital costs involved for the development of the eHR sharing system over the 10 year programme from 2009-10 to 2018-19 is about \$1,124 million (details are set out in the panel paper). We

have commissioned a consultancy to validate the cost estimates for the eHR programme, and plan to seek capital funding approval from the Finance Committee of the Legislative Council by phases. The first phase of the eHR programme covering the period up to 2013-14 is estimated to require a capital cost of some \$702 million. Our target is to have the eHR sharing platform ready by 2013-14 for connection with all public and private hospitals, and for health information systems which may become available in the market for private healthcare providers to connect to this platform.

To co-ordinate the complex and multi-faceted eHR development programme, the Government plans to set up a dedicated eHealth Record Office (eHR Office) under the Food and Health Bureau. We propose that the eHR Office will have an initial setup of 20 civil service posts (details are set out in the panel paper), involving an annual staff costs of some \$18.5 million. A dedicated IT team in Hospital Authority IT Services (HAITS) will provide the eHR Office with technical support. The Department of Health will also set up a team for the development of its eHR systems. For all these eHR development co-ordinating and supporting functions, the Government has earmarked recurrent resources of \$327 million for the three years from 2009-10 to 2011-12.

Subject to approval by the Establishment Sub-Committee and Finance Committee for the creation of posts and capital funding for the eHR programme, we plan to set up the eHR Office and start the first phase of the eHR development programme in Q3 2009.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)207**

Question Serial No.

1131

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:

Does the Government have any plans to set up medical and counselling centres for alcoholics? If yes, what is the estimated expenditure? If no, what are the reasons?

Asked by: Hon. LEUNG Kwok-hung

Reply:

At present, the Hospital Authority (HA) is providing treatment for alcoholics with psychiatric complications at HA's psychiatric specialist outpatient clinics. In addition, alcohol treatment services are provided at the Tuen Mun Alcohol Problems Clinic (the Clinic) under the New Territories West cluster. The Clinic provides physical and psychiatric assessment, detoxification and counseling services, treatment of co-existing psychological and psychiatric problems. The Clinic accepts referrals from medical practitioners, social workers and clinical psychologists. The Clinic also provides community services such as educational talks and seminars for general public, teachers and social workers, etc. The abovementioned services are provided within HA's existing resources.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 16.3.2009





**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)210**

Question Serial No.

2382

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (1) Statutory Functions

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

Regarding the Government's plan to increase the provision under Programme (1) for the transition from an administrative control of medical devices to a statutory regime, please advise on the relevant details and the expected completion date.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

We are now working out the long-term statutory regulatory proposal, taking into account the results of the regulatory impact assessment, views of stakeholders and the public collected during the study, previous discussions with the Legislative Council (LegCo), experience gained from the operation of the Medical Device Administrative Control System currently in place, etc. We shall consult the LegCo Panel on Health Services on our proposal in due course.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)211**

Question Serial No.

2383

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (1) Statutory Functions

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

Under this Programme, the Department of Health is planning to have a net increase of 80 posts to meet operational needs. Please list in detail the respective units, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The net increase of 80 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve the creation of 15 additional posts for strengthening the enforcement duties of the Tobacco Control Office (TCO) and the net creation of 65 posts mainly for the conversion of non-civil service contract positions in various Services (including 18 posts in TCO). The details of the 80 posts are in the Annex.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

### Creation and Deletion of Posts under Programme 1 – Statutory Functions

#### Number of posts to be created / deleted

<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Others</u>	<u>Total</u>	<u>Annual Cost of civil service posts (\$)</u>
<b>Enforcement</b>					
Executive Officer I		1		1	529,860
Executive Officer II	2	4		6	2,104,920
Senior Foreman	3	9		12	2,719,440
Foreman	9	37		46	8,219,280
<b>Professional and technical support</b>					
Senior Electronics Engineer			2	2	2,073,480
Electronics Engineer / Assistant Electronics Engineer			-2	-2	-1,127,400
<b>Clerical and general support</b>					
Clerical Officer		5		5	1,519,200
Assistant Clerical Officer	1	9	1	11	2,083,620
Workman II			-1	-1	-117,420
<b>Total</b>	<b>15</b>	<b>65</b>	<b>0</b>	<b>80</b>	<b>18,004,980</b>

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)212**

Question Serial No.

2384

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Pilot Scheme (the Scheme), please advise -

- (a) if the Government will consider allocating resources to streamline the procedures concerned in order to attract more healthcare service providers to enrol in the Scheme. If yes, what are the details? If not, what are the reasons?
- (b) if the Government will consider allocating resources to strengthen publicity and promotion so that more elderly can benefit. If yes, what are the details? If not, what are the reasons?
- (c) if the Government will consider increasing the amount of subsidies in 2009-10 so as to ease the financial pressure on the public.

Asked by:      Hon. LEE Kok-long, Joseph

Reply:

The Department of Health (DH) has been publicising the Scheme through announcement of public interest on television and radio, pamphlets, posters, website and VCDs. DH has also arranged briefing sessions for health care service providers, organisations providing elderly services and District Councils. DH will monitor the participation of health care service providers and elderly persons and adjust the publicity programme as and when needed. The Government will also closely monitor the feedback on the Scheme and further streamline the operation of the Scheme as necessary.

The Scheme runs from 1 January 2009 to 31 December 2011. The Government will conduct an interim review one year after the launch and a full review after the three-year pilot period has ended. The reviews will cover, inter alia, the scope, coverage and effectiveness of the pilot scheme.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)213**

Question Serial No.

2385

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

The Administration estimates that the number of attendances for woman health service will increase by 2 300 in 2009 as compared with the actual number in 2008. In this regard, has the Administration allocated additional resources and manpower to meet the demand? Further, has the Administration allocated provision for assessing the effectiveness of current publicity efforts on women health? If yes, what are the details? If not, what are the reasons? In addition, has the Administration considered allocating provision for further strengthening its work on publicity and promotion in order to enhance women's health awareness? If yes, what are the details? If not, what are the reasons?

Asked by:    Hon. LEE Kok-long, Joseph

Reply:

The number of attendances for Woman Health Service (WHS) in 2009 is estimated to be 37 000, which is the same as that in 2007. The variation in 2008 was due to temporary manpower redeployment from the WHS to accommodate an increased demand in child and maternal health services in the Maternal and Child Health Centres (MCHCs). No additional resources have been allocated for the WHS in 2009. The Department of Health (DH) regularly monitors and evaluates the effectiveness of its publicity and education programmes on the promotion of women's health. The resources involved are absorbed within the provision of individual programmes and cannot be separately identified.

The DH promotes women's health through various channels, including hotlines and websites. To supplement the efforts, information leaflets are distributed by the MCHCs and other organisations such as the Integrated Family Service Centres. The DH also collaborates with woman organisations to promote women's health.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)214**

Question Serial No.

2386

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (2) Disease Prevention

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the Government's provision to the Department of Health (DH) for setting up an Electronic Health Record Management Team, please provide the relevant details, the timetable, the provision and manpower involved.

Asked by:      Hon. LEE Kok-long, Joseph

Reply:

The Government has earmarked recurrent resources of \$67 million for the three financial years from 2009-10 to 2011-12 (of which \$21 million will be allocated in 2009-10) for setting up the electronic health record (eHR) Management Team in Department of Health (DH). We propose the eHR Management Team to have an initial setup of 20 staff, including one Senior Medical and Health Officer, one Senior Executive Officer, one Senior Project Manager, three Project Managers, four System Analysts, eight Analyst Programmers and two Computer Operators. With the support of the eHR Management Team, DH plans to develop a departmental electronic health record repository incorporating essential health data such as immunisation records, a common interfacing gateway for sharing information with healthcare providers outside DH, and pilot clinic management systems for three clinical services including families clinics, social hygiene service and clinical genetic service by 2013-14.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)215**

Question Serial No.

2387

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

The Department of Health provides subvention to Hong Kong Council on Smoking and Health to focus on promoting support of tobacco control and launches a pilot community-based smoking cessation programme in collaboration with the Tung Wah Group of Hospitals. Please provide the details of the two programmes, the expenditures and staffing involved.

Asked by:    Hon. LEE Kok-long, Joseph

Reply:

The Department of Health (DH) provides subvention to Hong Kong Council on Smoking and Health (COSH) to carry out publicity, health education and promotional activities on tobacco control including that on smoking prevention and cessation. In 2009-10, the provision for COSH with a team of ten staff will be \$11.5 million.

In 2009, COSH will focus its efforts on promotion of smoking cessation, as well as encouraging non-smokers to support smoking family members or friends to quit smoking. It will continue its education and publicity efforts at kindergartens, and primary and secondary schools through health talks and theatre programmes. The aim is to encourage students to say no to smoking and to support actively a smoke-free environment. COSH will also launch a new announcement in the public interest to promote the importance of a smoke-free Hong Kong to the general public and to encourage smokers to quit smoking.

To strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. The annual provision for the TWGHs programme is \$5 million.

The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for healthcare professionals and research projects. Four smoking cessation centres are established throughout the territory to provide free smoking cessation service. A team of 20 staff, including doctors, nurses, clinical psychologists, counsellors and social workers, work together to help smokers to quit smoking. The operation hours of the centres include evenings and weekends to improve accessibility for the users. There is also a hotline to provide professional advice and counselling for smokers.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)216**

Question Serial No.

2388

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

In respect of the public health promotion programmes with emphasis on healthy eating, please provide information on their effectiveness. What are the contents of these programmes in 2009-10? What are the expenditure and staffing involved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The [EatSmart@school.hk](http://EatSmart@school.hk) Campaign has been introduced since the 2006-07 school year to help foster healthy eating habits among school children. The Campaign increased the awareness of students, parents and schools of the importance of healthy eating and facilitated the creation of an environment conducive to healthy eating in schools. A survey conducted in early 2008 showed that the proportion of students consuming a healthier diet had increased after the launch of the Campaign. Separately, the [EatSmart@restaurant.hk](http://EatSmart@restaurant.hk) Campaign was launched throughout Hong Kong in April 2008 to encourage restaurants to provide a greater variety of menu choices that are rich in fruit and vegetables as well as low in oil, salt and sugar content. At the close of 2008, over 470 restaurants took part in the programme. In 2009-10, the Department of Health aims to increase the number of schools and restaurants taking part in the two campaigns respectively by making use of comprehensive strategies such as alliance building, research and evaluation, publicity and advocacy, education and empowerment, creating supportive environments, and working through a multi-disciplinary team of doctors, nurses, dietitians, research and marketing personnel. Resources for healthy eating promotional programmes are absorbed by the Department's overall provision on health promotion. For 2009-10, the additional allocation for promotion of healthy eating will be \$1.2 million.

Signature \_\_\_\_\_

Name in block letters                    Dr P Y LAM

Post Title                    Director of Health

Date                    19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)217**

Question Serial No.

2887

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (4) Curative Care

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

- (a) At present, the Department of Health (DH) provides emergency dental out-patient services (limited to pain relief & extraction) in 11 designated dental clinics with general public sessions. Please list the annual number of people who have received the services concerned for the past five years (i.e. from 2004-05 to 2008-09) and the expenditures involved.
- (b) Will the Administration consider increasing the number of dental clinics with general public sessions? While preparing to build hospitals in distant districts like Tin Shui Wai and Tung Chung, will the Administration also consider allocating additional dental clinics with general public sessions in those districts to address the demand for emergency dental services generated by growing population in the districts? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. WONG Kwok-hing

Reply:

- (a) The annual numbers of attendances at the general public sessions of 11 designated dental clinics from 2004-05 to 2008-09 financial years are as follows:

<u>Financial Year</u>	<u>No. of attendances</u>
2004-05	34 914
2005-06	35 470
2006-07	35 341
2007-08	33 810
2008-09 (Estimate)	34 600

The expenditures on general public sessions in the 11 designated dental clinics are absorbed within the provision for dental service under this Programme and are not separately identifiable.

- (b) The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits. On dental health, the Department of Health (DH) has been allocating resources primarily to oral health promotion and disease prevention programmes. At present, free emergency dental service is available to residents of Tung Chung and Tin Shui Wai districts through the designated government dental clinics in the New Territories West region. There is currently no plan to allocate additional resources to increase the number of government dental clinics with general public sessions in the region.

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)218**

Question Serial No.

2563

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:

The Administration will set up a dedicated office to co-ordinate the development of a territory-wide patient-oriented electronic health record system for sharing medical records between health care providers subject to patients' consent in 2009-10. Will the Administration inform this Committee of:

- (a) the respective estimated manpower and resources for the dedicated office in the coming three years from 2009-10 to 2011-12; and
- (b) the specific work items of the dedicated office in the coming three years from 2009-10 to 2011-12?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

(a) and (b)

The Government plans to develop a territory-wide, patient-oriented electronic health record (eHR) sharing system as an essential infrastructure to support the healthcare reform. The eHR sharing system aims at enabling healthcare providers in both the public and private healthcare sectors to, with the patients' consent, access and share their patients' eHR.

We have set out in our submission to the Legislative Council Panel on Health Services on 9 March 2009 (LC Paper No. CB(2)1006/08-09(03)) the programme for eHR development, the need for and benefits of the eHR sharing system, the strategy, roadmap, timetable and targets for its implementation, the approach for addressing policy, legal, privacy and security issues arising from eHR sharing, the plan for collaboration with the private healthcare and IT sectors in eHR development, the arrangements for developing common record and technical standards together with the healthcare and IT professions, and the engagement of relevant stakeholders and the public in the development process.

The eHR sharing system will bring a host of benefits to clinicians, patients and the healthcare system as a whole. These include: providing clinicians access to comprehensive and accurate records of patients in a timely manner for more accurate diagnosis and better quality healthcare, facilitating collaboration between different healthcare providers for seamless and efficient integrated care, providing individuals with greater control of and access to their own health records, minimizing duplicating investigations and errors associated with paper records, and enabling disease surveillance and health statistics for public health and policy making.

Protection of patient data privacy and security will be of paramount importance in developing the eHR sharing system. To this end, we will in consultation with the Office of the Privacy Commissioner for Personal Data conduct a Privacy Impact Assessment and Privacy Compliance Audit as part of the development process. To ensure IT security, we will also conduct Security Risk Assessment and Security

Audit in conjunction with the Office of the Government Chief Information Officer. We will also explore the long-term legal framework to safeguard the privacy and security of personal health data.

Our estimate of the capital costs involved for the development of the eHR sharing system over the 10 year programme from 2009-10 to 2018-19 is about \$1,124 million (details are set out in the panel paper). We have commissioned a consultancy to validate the cost estimates for the eHR programme, and plan to seek capital funding approval from the Finance Committee of the Legislative Council by phases. The first phase of the eHR programme covering the period up to 2013-14 is estimated to require a capital cost of some \$702 million. Our target is to have the eHR sharing platform ready by 2013-14 for connection with all public and private hospitals, and for health information systems which may become available in the market for private healthcare providers to connect to this platform.

To co-ordinate the complex and multi-faceted eHR development programme, the Government plans to set up a dedicated eHealth Record Office (eHR Office) under the Food and Health Bureau. We propose that the eHR Office will have an initial setup of 20 civil service posts (details are set out in the panel paper), involving an annual staff costs of some \$18.5 million. A dedicated IT team in Hospital Authority IT Services (HAITS) will provide the eHR Office with technical support. The Department of Health will also set up a team for the development of its eHR systems. For all these eHR development co-ordinating and supporting functions, the Government has earmarked recurrent resources of \$327 million for the three years from 2009-10 to 2011-12.

Subject to approval by the Establishment Sub-Committee and Finance Committee for the creation of posts and capital funding for the eHR programme, we plan to set up the eHR Office and start the first phase of the eHR development programme in Q3 2009.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)219**

Question Serial No.

2557

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:

The number of hospital beds for the mentally ill reduced from 4 400 as at 31 March 2008 to 4 000 as at 31 March 2009 (Revised Estimate) and will further reduce to 3 607 as at 31 March 2010 (Target & Plan). In which regions will the reduction of beds take place? How much resources can be obtained from the reduction of beds and how will these resources be used? What support services will be provided by the Administration for the affected patients? Please provide the relevant details including the service content, number of benefited patients and expenditure involved.

Asked by: Hon. CHEUNG Kwok-che

Reply

In the light of the international trend to divert the focus of treatment for mental illness from inpatient care to community and ambulatory services, the Hospital Authority (HA) has been reviewing its inpatient psychiatric services in recent years and has launched a number of new programmes to enhance its community psychiatric services. These programmes, such as the "Early Assessment Service for Young persons with Psychoses (EASY)" and the "Extended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping Stone (EXITERS) Project", progressively allow more suitable psychiatric patients to receive treatment in the community, thereby enhancing their prospect of re-integration into the community after rehabilitation. As a result, the demand for inpatient services has decreased in recent years and the inpatient bed occupancy rate was 73% in 2008-09 (up to end December 2008). Notably, the EXITERS Project has successfully facilitated the discharge of more than 757 long stay mentally ill persons back into the community during the period from 2002-03 to 2007-08. In addition, the opening of a new long stay care home in Tuen Mun in 2006 further facilitated the discharge of around 400 long stay patients in HA.

Given the above and its service direction of further enhancing ambulatory and community care for psychiatric services, HA considers that the demand for psychiatric in-patient services will continue to drop and it therefore plans to close down a total of 393 unused psychiatric beds in 2009-10, with 20 beds in Kowloon Hospital, 80 beds in Kwai Chung Hospital and 293 beds in Castle Peak Hospital. HA will not reduce its services or manpower with the reduction of beds. The resources originally earmarked for the relevant services will be fully redeployed for enhancement of rehabilitation and community psychiatric service.

To further strengthen its mental health services, HA will conduct two community-based programmes in 2009-10, which will provide recovery support service for 2 800 psychiatric patients in the community with an additional allocation of about \$23.6 million and enhance the psychogeriatric outreach service to an additional 50 private residential care homes for the elderly with an additional allocation of about \$8.26 million. Furthermore, HA will set up five triage clinics to provide timely consultation service for 3 500 new patients with the support of an additional allocation of \$6.8 million.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 16.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)220**

Question Serial No.

2860

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:

Please advise on the Government's efforts in the area of Chinese medicine research and provide details of the expenditure involved in the past two years (2007-08 and 2008-09). What research is expected to be carried out in this area in 2009-10? What is the estimated amount of expenditure?

Asked by: Hon. LEUNG Yiu-chung

Reply:

The Food and Health Bureau is responsible for establishing a sound regulatory framework for Chinese medicine with support from the Department of Health. The Bureau's relevant expenditure is absorbed in the overall provision for Programme (1): Health.

As regards Chinese medicine research, the Food and Health Bureau has established 13 public Chinese medicine clinics and one more has been planned for opening by end March 2009, which will help facilitate the development of "evidence-based" Chinese medicine. The expenditure spent on research related activities in 2007-08 and 2008-09 were \$2 million and \$2.4 million respectively, and will be \$2.5 million in 2009-2010.

The Department of Health has also been collaborating with local universities in the research and development of standards for some 200 commonly used herbs in Hong Kong. So far, the standards of 60 Chinese herbs have been developed. The relevant expenditures in 2007-08 and 2008-09 were \$7.0 million and \$14.3 million respectively, and the provision for 2009-10 will be about \$15 million.

The Innovation and Technology Commission has been sponsoring the operation of the Hong Kong Jockey Club Institute of Chinese Medicine Limited (HKJCICM), which promotes and supports the modernization and further development of Chinese medicine in Hong Kong. The subventions provided to HKJCICM was \$8.1 million in 2007-08 and \$8.6 million in 2008-09, and will be \$9.3 million in 2009-10. In the past two years, HKJCICM has committed \$21.3 million through donation from the Hong Kong Jockey Club to support five research and development projects on innovative Chinese medicine product development and Chinese medical quality assessment. During the same period, the Innovation and Technology Fund has also funded two Chinese medicine-related projects at a total sum of \$1.8 million.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)221**

Question Serial No.

2848

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:

What is the expenditure of the Hospital Authority in 2008-09 on treating and supporting people suffering from work-related injuries? What is the average expenditure per head?

Asked by: Hon. LEUNG Yiu-chung

Reply:

The Hospital Authority (HA) does not have complete statistics on the treatment for work-related injuries. The following information is however provided for reference:

- (a) A total of 57 114 attendances (with 49 602 headcounts) arising from work-related injuries were recorded at the Accident and Emergency (A&E) Departments for the first nine months of 2008-09.
- (b) For those patients in (a) who subsequently made a booking for service at the specialist outpatient clinics within 28 days after their A&E attendances, they had a total of 30 839 attendances for clinical services, 22 338 attendances for occupational therapy treatment and 45 284 attendances for physiotherapy treatment up to 31 December 2008.
- (c) Among the patients in (a), 4 388 were admitted to HA hospitals within 48 hours of their attendances at the A&E Departments and the average length of stay was 3.7 days. 2 264 of them had undertaken surgeries.

The total expenditure on the above treatments is estimated at \$153 million. It should however be noted that not all the medical treatments subsequently received by the above patients following their A&E attendance are necessarily related to their work-related injuries. Hence the above expenditure should not be taken as the total expenditure for the treatment for work-related injuries.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)222**

Question Serial No.

2849

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:

What is the number of the work-related injuries cases that were referred for physiotherapy treatment in 2008-09? What is the amount of expenditure incurred by the Hospital Authority for the provision of physiotherapy treatment to those with work-related injuries in 2008-09?

Asked by: Hon. LEUNG Yiu-chung

Reply:

The Hospital Authority does not have complete statistics on the treatment for work-related injuries. The following information is however provided for reference:

- (a) A total of 57 114 attendances (with 49 602 headcounts) arising from work-related injuries were recorded at the Accident and Emergency (A&E) Departments for the first nine months of 2008-09.
- (b) For those patients in (a) who subsequently made a booking for service at the specialist outpatient clinics (SOPCs) within 28 days after their A&E attendance or hospital discharge, they had a total of 45 284 attendances at the SOPCs involving physiotherapy treatment up to 31 December 2008.
- (c) The total expenditure on (b) above is estimated at \$10.0 million.

It should however be noted that not all the medical treatment subsequently received by the above patients following their A&E attendance are necessarily related to their work-related injuries. Hence the above expenditure in (c) should not be taken as the total expenditure for the provision of physiotherapy treatment to those with work-related injuries.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)223**

Question Serial No.

2850

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:

What is the number of work-related injuries cases that were referred for occupational therapy treatment in 2008-09? What is the amount of expenditure incurred by the Hospital Authority for the provision of occupational therapy treatment to those with work-related injuries in 2008-09?

Asked by: Hon. LEUNG Yiu-chung

Reply:

The Hospital Authority does not have complete statistics on the treatment for work-related injuries. The following information is however provided for reference:

- (a) A total of 57 114 attendances (with 49 602 headcounts) arising from work-related injuries were recorded at the Accident and Emergency (A&E) Departments for the first nine months of 2008-09.
- (b) For those patients in (a) who subsequently made a booking for service at the specialist outpatient clinics (SOPCs) within 28 days after their A&E attendance, they had a total of 22 338 SOPC attendances involving occupational therapy treatment up to 31 December 2008.
- (c) The total expenditure on (b) above is estimated at about \$8.0 million.

It should however be noted that not all the medical treatment subsequently received by the above patients following their A&E attendance are necessarily related to their work-related injuries. Hence the above expenditure in (c) should not be taken as the total expenditure on the provision of occupational therapy treatment to those with work-related injuries.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)224**

Question Serial No.

2851

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:

What is the respective number of cases in 2008-09 where people suffering from work-related injuries had the first consultation and follow-up consultations in public hospitals? What is their average length of stay? What is the number of cases where surgeries have been provided?

Asked by: Hon. LEUNG Yiu-chung

Reply:

The Hospital Authority (HA) does not have complete statistics on the treatment for work-related injuries. The following information is however provided for reference:

- (a) A total of 57 114 attendances (with 49 602 headcounts) arising from work-related injuries were recorded at the Accident and Emergency Departments (A&EDs) for the first nine months of 2008-09.
- (b) For those patients in (a) who subsequently made a booking for service at the specialist outpatient (SOP) clinics within 28 days after their A&E attendance, they had a total of 30 839 attendances for clinical services, 22 338 attendances for occupational therapy treatment and 45 284 attendances for physiotherapy treatment up to 31 December 2008.
- (c) Among the patients in (a), 4 388 were admitted to hospitals within 48 hours of their attendance at the A&EDs and the average length of stay was 3.7 days. 2 264 of them have undertaken surgeries.

It should however be noted that not all the subsequent medical treatment received by the above patients after their A&E attendance are necessarily related to their work-related injuries.

Signature \_\_\_\_\_

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food  
and Health (Health)

Date 13.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)225**

Question Serial No.

2852

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:

What is the number of consultations provided by accident and emergency departments of hospitals to people suffering from work-related injuries in 2008-09? Please set out the relevant figures for each hospital.

Asked by: Hon. LEUNG Yiu-chung

Reply:

The Hospital Authority (HA) does not have complete statistics on the treatment for work-related injuries at each hospital. As a general information for reference, a total of 57 114 attendance arising from work-related injuries were recorded at all the Accident and Emergency (A&E) Departments in the hospitals under HA for the first nine months of 2008-09. Details are as follow:

<b>Hospital</b>	<b>Number of A&amp;E attendance arising from work-related injuries in 2008-09 (up to 31 December 2008)</b>
Alice Ho Miu Ling Nethersole Hospital	4 323
Caritas Medical Centre	3 215
Kwong Wah Hospital	5 012
North District Hospital	2 895
Princess Margaret Hospital	4 671
Pok Oi Hospital	3 504
Prince of Wales Hospital	2 086
Pamela Youde Nethersole Eastern Hospital	2 918
Queen Elizabeth Hospital	3 880
Queen Mary Hospital	2 337
Ruttonjee Hospital	5 289
St. John Hospital	192
Tseung Kwan O Hospital	2 278
Tuen Mun Hospital	6 015
United Christian Hospital	4 068
Yan Chai Hospital	4 431
<b>Total :</b>	<b>57 114</b>

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food  
and Health (Health)

Date \_\_\_\_\_ 13.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)226**

Question Serial No.

2783

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:

Please provide the details of the new or enhanced services in 2009-10 by hospital cluster. What is the expenditure for each service and the additional manpower involved?

Asked by: Hon. CHAN Hak-kan

Reply:

In planning for its service provision in 2009-10, the Hospital Authority (HA) has taken into account the projected increase in service demand arising from population growth and demographic changes. The table below shows the major new or enhanced services to be implemented by all clusters in general in 2009-10.

<b>Programme</b>	<b>Description</b>	<b>Estimated expenditure and manpower requirements in 2009-2010</b>
Enhancement of cancer care services	This programme mainly includes: (a) expansion of the capacity of the existing six chemotherapy centres; (b) provision of oncology out-patient and chemotherapy services in the Kowloon East Cluster; and (c) provision of two additional linear accelerators in Princess Margaret Hospital and Prince of Wales Hospital to reduce the waiting time for radiotherapy treatment.	<u>Estimated expenditure:</u> \$15 million. <u>Estimated manpower:</u> 1 doctor, 7 nurses and about 24 allied health staff
Enhancement of cytogenetic services	This programme mainly includes upgrading of medical equipment and recruitment of three medical technologists.	<u>Estimated expenditure:</u> \$1.35 million <u>Estimated manpower:</u> 3 medical technologists

<b>Programme</b>	<b>Description</b>	<b>Estimated expenditure and manpower requirements in 2009-2010</b>
Enhancement of haemodialysis services	This programme aims to provide 30 additional hospital haemodialysis and 10 home haemodialysis places for patients with end stage renal disease.	<u>Estimated expenditure:</u> \$10 million  <u>Estimated manpower:</u> 2 doctors, 12 nurses and 7 supporting staff
Enhancement of liver transplant services	This programme aims to increase the manpower of the liver transplant team so as to enhance the liver transplant services to cope with the increasing number of surviving liver transplant patients who require pre- and post-operation care.	<u>Estimated expenditure:</u> \$9.7 million  <u>Estimated manpower:</u> 2 doctors and 2 nurses
Enhancement of blood services	This programme mainly includes the establishment of a new blood donor centre in Kwun Tong and expansion of blood collection capacity.	<u>Estimated expenditure:</u> \$8.9 million  <u>Estimated manpower:</u> 6 nurses, 3 allied health professionals and 10 supporting staff
Enhancement of cardiac services	This programme aims to enhance cardiac services through the provision of five additional critical care unit (CCU) beds to enhance the access of patients with acute myocardial infarction/acute coronary syndrome to CCU care.	<u>Estimated expenditure:</u> \$4.5 million  <u>Estimated manpower :</u> 10 nurses

Apart from the above measures, an additional allocation of \$56 million has been earmarked in 2009-10 for the New Territories West cluster to open 85 and 37 additional beds in Pok Oi Hospital and Tuen Mun Hospital respectively and to enhance its services. An additional allocation of \$35 million and \$1.3 million has been earmarked in 2009-10 for the Kowloon East cluster to open 36 surgical beds in the Tseung Kwan O Hospital and to enhance its services, and to open one additional coronary care bed in the United Christian Hospital respectively. The detailed manpower requirements are being worked out internally within HA and are not yet available.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Ms Sandra LEE

Post Title \_\_\_\_\_ Permanent Secretary for Food and Health (Health)

Date \_\_\_\_\_ 17.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)227**

Question Serial No.

2587

Head: 703 – Buildings

Subhead (No. & title):

Programme:

Controlling Officer: Director of Architectural Services

Director of Bureau: Secretary for Food and Health

Question : In “Section IV – Major Capital Projects to Begin in 2009-2010”, Appendix B of the 2009-2010 Budget, the “North Lantau Hospital” project is not listed as one under “Community and External Affairs”. However, the Food and Health Bureau indicated in its consultation paper submitted to the Islands District Council on 14 April 2008 that “application for fund to the Legislative Council and the tendering exercise for the project will be completed within 2009”. The Bureau also stated that works of the project, which had a “construction period of 36 months”, would begin in early 2010 to meet the target of commissioning in 2012. Why has the “North Lantau Hospital” project not included in the “Major Capital Projects to Begin in 2009-2010”? Are there any changes in the project leading to a delay in the construction?

Asked by : Hon. WONG Kwok-hing

Reply : We plan to seek the approval of the Finance Committee to upgrade the project on North Lantau Hospital Phase 1 Development to Category A in late 2009 with contract to commence in early 2010 for completion before the end of 2012, all in accordance with the programme which the Food and Health Bureau had informed the Islands District Council at its meeting held on 14 April 2008. This project will be procured by design-and-build contract and the initial few months after the award of contract are for preparation of design and mobilization. No expenditure is therefore required to be reserved in 2009-2010.

Signature

Name in block letters

Post Title

Date

C H YUE

Director of Architectural Services

18 March 2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)228**

Question Serial No.

2685

Head: 708 – Capital Subventions and Major Systems and Equipment

Subhead: 8066MM Provision of a general out-patient clinic, an integrated community mental health support services centre and a long stay care home in Tin Shui Wai Area 109

Programme :

Controlling Officer : Director of Architectural Services

Director of Bureau : Secretary for Food and Health

Question : The Administration indicates that the approved project estimate for the provision of a general out-patient clinic, an integrated community mental health support services centre and a long stay care home in Tin Shui Wai Area 109 is \$430.2 million while the estimated expenditure in 2009-2010 is only \$10 million. What is the timetable for using the remaining \$420.2 million? How can the project be expedited so as to provide service to the local residents as soon as possible?

Asked by : Hon. LAU Sau-shing, Patrick

Reply : In order to commence construction works quickly, the project “Provision of a general out-patient clinic, an integrated community mental health support services centre and a long stay care home in Tin Shui Wai Area 109” is being procured by means of design-and-build contract. Contract is to be commenced in June 2009 and to be completed by December 2011. We have already expedited the project and advanced the project from its original scheduled completion date of 2012, after exploring with departments concerned and having regard to the relevant legal and administrative procedures. Based on the expedited construction schedule, out of the approved project estimate of \$430.2 million, \$10 million is expected to be incurred in 2009-10, and the remaining \$420.2 million is expected to be incurred in 2010-11 and thereafter.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ C H YUE

Post Title \_\_\_\_\_ Director of Architectural Services

Date \_\_\_\_\_ 18 March 2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)230**

Question Serial No.

2566

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (3) Health Promotion

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the increased provision to enhance the pilot smoking cessation programme in 2009-10, will the Administration provide details of the programme, as well as the expenditure and manpower involved?

Asked by:      Hon. LEE Kok-long, Joseph

Reply:

To strengthen its efforts on smoking prevention and cessation, the Department of Health has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. With an annual provision of \$5 million, the TWGHs programme is expected to benefit some 5 800 clients every year.

The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for healthcare professionals and research projects. Four smoking cessation centres are established throughout the territory to provide free smoking cessation service. A team of 20 staff, including doctors, nurses, clinical psychologists, counsellors and social workers, work together to help smokers to quit smoking. The operation hours of the centres include evenings and weekends to improve accessibility for the users. There is also a hotline to provide professional advice and counselling for smokers.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)231**

Question Serial No.

2567

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (4) Curative Care

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the waiting time for specialised out-patient clinics (for example, only 70% of new dermatology cases are seen within 12 weeks), please advise whether the Administration has allocated additional resources in 2009-10 for achieving the target. If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Specialised out-patient clinics under the Department of Health (DH) provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases, sexually transmitted diseases and human immunodeficiency virus (HIV) infection. Service demand and waiting time are monitored closely and resources are deployed to the respective services where necessary. In 2009-10, an additional allocation of \$4 million will be provided to enhance dermatology service. An extra \$10 million will be allocated to augment treatment, laboratory and prevention services to HIV patients.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      20.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)232**

Question Serial No.

2568

Head: 37 Department of Health      Subhead (No. & title):

Programme:                      (4) Curative Care

Controlling Officer:      Director of Health

Director of Bureau:      Secretary for Food and Health

Question:

Regarding the waiting time for new and follow up cases of specialised out-patient clinics which has often been criticized as being too long, please advise whether the Administration has allocated additional resources in 2009-10 for shortening the waiting time. If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Specialised out-patient clinics under the Department of Health (DH) provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases, sexually transmitted diseases and human immunodeficiency virus (HIV) infection. Service demand and waiting time are monitored closely and resources are deployed to the respective services where necessary. In 2009-10, an additional allocation of \$4 million will be provided to enhance dermatology service. An extra \$10 million will be allocated to augment treatment, laboratory and prevention services to HIV patients.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      20.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)233**

Question Serial No.

2602

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (4) Curative Care

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

What is the maximum number of people (non-civil servants) who can be provided with pain relief and extraction services in each session of each dental clinic in the past three years (i.e. from 2006-07 to 2008-09) (or what is the maximum number of disc that can be allocated in each session)? What is the expenditure involved? How many people (non-civil servants) on average can receive treatment in each session?

Asked by:    Hon. CHEUNG Kwok-che

Reply:

The Department of Health provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In the financial years of 2006-07, 2007-08 and 2008-09, the maximum number of discs allocated per GP session is as follows:

	Service session	Max. no. of discs allocated per session		
		2006-07	2007-08	2008-09
<b>Dental clinics with GP sessions</b>				
Lee Kee Government Dental Clinic	Monday (AM)	84	84	84
	Thursday (AM)	42	42	42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84	84	84
Western Dental Clinic / Kennedy Town Community Complex Dental Clinic <sup>Note 1</sup>	Monday (AM)	84	84	84
	Friday (AM)	84	84	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	50	50
Mona Fong Dental Clinic	Thursday (PM)	42	42	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	42	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84	84	84
	Friday (AM)	84	84	84
Yan Oi Dental Clinic	Wednesday (PM)	42	42	42
Yuen Long Jockey Club Dental Clinic	Tuesday (PM)	42	42	42
	Friday (PM)	42	42	42
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	32	32
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	32	32

The expenditures on GP sessions are absorbed within the provision for dental service under this Programme and are not separately identifiable. In the financial years of 2006-07, 2007-08 and 2008-09, the expenditures on dental service under this Programme were as follows:

<b><u>Financial Year</u></b>	<b><u>2006-07</u></b>	<b><u>2007-08</u></b>	<b><u>2008-09</u></b> <b>(Revised Estimate)</b>
Annual expenditure on dental services	\$36.0 million	\$38.6 million	\$37.3 million

In financial years 2006-07, 2007-08 and 2008-09, the average number of attendances per GP session are as follows:

	<b>Service session</b>	<b>Average no. of attendances per session</b>		
		<b>2006-07</b>	<b>2007-08</b>	<b>2008-09 (Estimate)</b>
<b>Dental clinic with GP sessions</b>				
Lee Kee Government Dental Clinic	Monday (AM)	82	80	81
	Thursday (AM)	41	40	40
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	81	80	81
Western Dental Clinic / Kennedy Town Community Complex Dental Clinic <sup>Note 1</sup>	Monday (AM)	46	41	44
	Friday (AM)	46	41	44
Fanling Health Centre Dental Clinic	Tuesday (AM)	47	45	47
Mona Fong Dental Clinic	Thursday (PM)	35	33	37
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	40	40	40
Tsuen Wan Dental Clinic	Tuesday (AM)	80	80	82
	Friday (AM)	80	80	82
Yan Oi Dental Clinic	Wednesday (PM)	41	40	40
Yuen Long Jockey Club Dental Clinic	Tuesday (PM)	40	40	40
	Friday (PM)	40	40	40
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	12	11	11
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	22	21	21

*Note 1: Western Dental Clinic was closed in January 2008 and the GP session was relocated to Kennedy Town Community Complex Dental Clinic.*

Signature \_\_\_\_\_

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)234**

Question Serial No.

2615

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (1) Statutory Functions

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

Please list out the number of summonses issued by the Tobacco Control Office in 2006, 2007 and 2008 by types of premises.

Asked by:    Hon. CHAN Hak-kan

Reply:

Breakdown of the summonses issued in the past three years for smoking offences by types of premises is as follows:

Type of premises where summonses were issued	Number of summonses for Smoking Offences		
	2006 (since 27 Oct 2006)	2007	2008
Amusement Game Centres	3	1 117	2 229
Food premises	-	522	1 247
Shopping malls and shops	10	670	1 210
Public pleasure grounds (including parks)	-	301	615
Markets	-	355	533
Other statutory no smoking areas	-	815	1 471
Total	13	3 780	7 305

For other offences under the Smoking (Public Health) Ordinance, the numbers of summonses issued in 2006, 2007 and 2008 were one, 54 and 123 respectively.

Signature \_\_\_\_\_

Name in block letters                    Dr P Y LAM

Post Title                    Director of Health

Date                    19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)235**

Question Serial No.

2616

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

What are the details of the pilot community-based smoking cessation programme being operated in collaboration with the Tung Wah Group of Hospitals? Will the Administration regularly assess the effectiveness of the programme and conduct reviews? Moreover, will the resources and manpower in relation to the smoking cessation service under the Department of Health be reduced in light of the implementation of the programme? If yes, what are the reasons?

Asked by: Hon. CHAN Hak-kan

Reply:

The Department of Health (DH) has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. With an annual provision of \$5 million, the TWGHs programme is expected to benefit some 5 800 clients every year.

The programme covers comprehensive activities and services including smoking cessation service, education for the public, training for healthcare professionals and research projects. Four smoking cessation centres are established throughout the territory to provide free smoking cessation service. A team of 20 staff, including doctors, nurses, clinical psychologists, counsellors and social workers, work together to help smokers to quit smoking. The operation hours of the centres include evenings and weekends to improve accessibility for the users. There is also a hotline to provide professional advice and counselling for smokers.

DH will evaluate the effectiveness of the TWGHs programme through monitoring of various performance indicators including utilisation of services and smoking cessation rate of the users.

DH remains committed to enhancing smoking cessation services. We will continue to provide smoking cessation services through our smoking cessation hotline and clinics, as well as launch new initiatives such as an Interactive Online Cessation Centre on our website just introduced from February 2009.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)237**

Question Serial No.

2618

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (3) Health Promotion

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

In view of the persistent rise in the number of adolescent and female smokers in recent years, does the Administration have specific measures to tackle the problem? Have financial resources and manpower been earmarked accordingly in 2009-10? Please provide the details.

Asked by: Hon. CHAN Hak-kan

Reply:

The 2008 Thematic Household Survey indicated that the smoking prevalence of daily smokers between the age of 15-19 has dropped from 3.5% in the immediate past survey carried out in 2005 to 2.4% in 2008, while that for female smokers has dropped from 4% to 3.6% during the same period.

While the Department of Health (DH)'s health promotion programmes on tobacco control are for the general population, it has carried out various promotion activities focusing on both young people and females.

In 2009-10, the Tobacco Control Office (TCO) of DH will strengthen publicity, health education and promotional activities on tobacco control through TV and radio announcements in public interest, giant outdoor advertisements, health education materials, seminars, and interactive online programmes on TCO website targeted at adolescents. These activities are expected to enhance public support to a smoke-free environment and smoking cessation.

In parallel, the Hong Kong Council on Smoking and Health (COSH) will focus its efforts on promotion of smoking cessation, as well as encouraging non-smokers to support smoking family members or friends to quit smoking. It will continue its education and publicity efforts at kindergartens, and primary and secondary schools through health talks and theatre programmes. The aim is to encourage students to say no to smoking and to support a smoke-free environment. COSH will also launch a new announcement of public interest to promote the importance of a smoke-free Hong Kong amongst the general public and to encourage smokers to quit smoking.

To strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for provision of a 3-year pilot community-based smoking cessation programme which has commenced since January 2009. The annual provision for the TWGHs programme is \$5 million. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for healthcare professionals and research projects. Four smoking cessation centres are established throughout the territory to provide free smoking cessation services.



To instil a smoke-free culture among the youth and young smokers, smoke-free educational programmes will be organised in collaboration with primary and secondary school principals and parents. There will also be tailor-made smoking cessation programmes for young smokers.

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_ Dr P Y LAM

Post Title \_\_\_\_\_ Director of Health

Date \_\_\_\_\_ 19.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)238**

Question Serial No.

2964

Head: 37 Department of Health      Subhead (No. & title):

Programme:                    (2) Disease Prevention

Controlling Officer:    Director of Health

Director of Bureau:    Secretary for Food and Health

Question:

The target of "achieving a high participation rate of newborn babies attending Maternal and Child Health Centres" is set at over 90%. Yet, the actual percentages in 2007 and 2008 were 83% and 78% respectively while the target in 2009 is only 80%. The three figures indicated that the target cannot be achieved. What are the reasons?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

The reason that the actual and estimated participation rates of newborn babies attending Maternal and Child Health Centres (MCHCs) are lower than the target is that a considerable proportion of newborn babies were delivered by mothers who were non-Hong Kong residents and who tended to leave Hong Kong soon after birth without attending MCHCs. In 2007, the participation rate of newborn babies whose mothers are non-local residents attending MCHCs was only 66.5%, compared to 90.5% for babies born to local mothers. In 2008, the participation rate of newborn babies whose mothers are non-local residents attending MCHCs was only 57.7%, compared to 90.3% for babies born to local mothers.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009



**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)240**

Question Serial No.

2966

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:

How many clinics have participated in the Elderly Health Care Voucher Pilot Scheme (the Scheme) since its implementation? How many clinics have withdrawn from the Scheme? Has the Administration earmarked resources to encourage more clinics to enrol in the Scheme?

Asked by:    Hon. LEUNG Mei-fun, Priscilla

Reply:

As at 5 March 2009, a total of 2 494 practices have enrolled in the Scheme, including 1 219 practices of Western medicine, 678 of Chinese medicine, 213 of dentistry, 14 of occupational therapy, 236 of physiotherapy, 21 of medical laboratory technology, 23 of radiography, 22 of chiropractic and 68 of nursing.

As at 1 January 2009 when the Scheme was launched, 2 116 practices have enrolled in the Scheme. Since 1 January up to 5 March 2009, an additional 440 practices have enrolled in the Scheme. Meanwhile, 62 practices have withdrawn during the same period, including 38 of Western medicine, six of Chinese medicine, 17 of dentistry and one of physiotherapy.

The Department of Health (DH) has been publicising the Scheme through announcement in public interest on television and radio, pamphlets, posters, website and VCDs. DH has also arranged briefing sessions for health care service providers, organisations providing elderly services and District Councils. DH will monitor the participation of health care service providers and elderly persons, and adjust the publicity programme as and when needed. The Government will also closely monitor the feedback on the Scheme and further streamline operation of the Scheme as necessary.

Signature \_\_\_\_\_

Name in block letters                    Dr P Y LAM

Post Title                    Director of Health

Date                    20.3.2009

**CONTROLLING OFFICER'S REPLY TO  
INITIAL WRITTEN QUESTION**

**FHB(H)241**

Question Serial No.

2967

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:

Have resources been earmarked for the promotion and use of Chinese medicine? If yes, what are the relevant measures?

Asked by:    Hon. LEUNG Mei-fun, Priscilla

Reply:

In 2009-10, the provision for the Chinese Medicine Division of the Department of Health is \$74.4 million. The measures in promoting the use of Chinese medicine carried out by the Division include the development of standards for some commonly used Chinese Materia Medica, education and publicity activities and the provision of secretariat and professional support to the Chinese Medicine Council of Hong Kong.

Signature \_\_\_\_\_

Name in block letters      Dr P Y LAM

Post Title      Director of Health

Date      19.3.2009