Replies to initial written questions

raised by Finance Committee Members

in examining the Estimates of Expenditure 2011-12

Director of Bureau: Secretary for Food and Health (Health)

Session No.: 20

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)001	1293	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)002	1294	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)003	1295	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)004	1296	CHAN Hak-kan	140	(1) Health
FHB(H)005	1291	CHAN Hak-kan	37	(1) Statutory Functions
FHB(H)006	1292	CHAN Hak-kan	37	(5) Rehabilitation
FHB(H)007	1370	CHEUNG Yu-yan, Tommy	37	(3) Health Promotion
FHB(H)008	1371	CHEUNG Yu-yan, Tommy	37	(1) Statutory Functions
FHB(H)009	1372	CHEUNG Yu-yan, Tommy	37	(1) Statutory Functions
FHB(H)010	1373	CHEUNG Yu-yan, Tommy	37	(1) Statutory Functions
FHB(H)011	0243	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)012	0245	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)013	0295	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)014	0296	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)015	0297	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)016	0298	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)017	0300	CHAN Kin-por	140	(1) Health
FHB(H)018	0303	PAN Pey-chyou	140	(1) Health
FHB(H)019	0304	PAN Pey-chyou	140	(1) Health
FHB(H)020	0305	PAN Pey-chyou	140	(1) Health
FHB(H)021	0306	WONG Kwok-hing	140	(2) Subvention: Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)022	1401	PAN Pey-chyou	140	(1) Health
FHB(H)023	1402	PAN Pey-chyou	140	(1) Health
FHB(H)024	1403	PAN Pey-chyou	140	(2) Subvention: Hospital Authority
FHB(H)025	1404	PAN Pey-chyou	140	(2) Subvention: Hospital Authority
FHB(H)026	1405	PAN Pey-chyou	140	(2) Subvention: Hospital Authority
FHB(H)027	1406	PAN Pey-chyou	140	(2) Subvention: Hospital Authority
FHB(H)028	1407	PAN Pey-chyou	140	(2) Subvention: Hospital Authority
FHB(H)029	1408	PAN Pey-chyou	140	(3) Subvention: Prince Philip Dental Hospital
FHB(H)030	1442	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)031	1443	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)032	1444	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)033	1445	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)034	1446	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)035	1449	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)036	1450	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
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FHB(H)038	1452	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)039	1453	EU Yuet-mee, Audrey	140	(2) Subvention: Hospital Authority
FHB(H)040	1571	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)041	1572	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)042	1575	CHAN Hak-kan	140	(1) Health
FHB(H)043	1576	CHAN Hak-kan	140	(1) Health
FHB(H)044	1577	CHAN Hak-kan	140	(1) Health
FHB(H)045	1570	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)046	0236	SHEK Lai-him, Abraham	37	(3) Health Promotion

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)047	0240	EU Yuet-mee, Audrey	37	(2) Disease Prevention
FHB(H)048	0241	EU Yuet-mee, Audrey	37	(2) Disease Prevention
FHB(H)049	0242	EU Yuet-mee, Audrey	37	(3) Health Promotion
FHB(H)050	0244	EU Yuet-mee, Audrey	37	(2) Disease Prevention
FHB(H)051	0299	CHAN Kin-por	37	(1) Statutory Functions
FHB(H)052	1398	SHEK Lai-him, Abraham	37	(3) Health Promotion
FHB(H)053	1447	EU Yuet-mee, Audrey	37	(1) Statutory Functions
FHB(H)054	1454	EU Yuet-mee, Audrey	37	(1) Statutory Functions
FHB(H)055	1455	EU Yuet-mee, Audrey	37	(1) Statutory Functions
FHB(H)056	1456	EU Yuet-mee, Audrey	37	(2) Disease Prevention
FHB(H)057	1573	CHAN Hak-kan	37	(2) Disease Prevention
FHB(H)058	1568	CHAN Hak-kan	37	(1) Statutory Functions
FHB(H)059	1569	CHAN Hak-kan	37	(3) Health Promotion
FHB(H)060	1574	CHAN Hak-kan	37	(2) Disease Prevention
FHB(H)061	0361	LEUNG LAU Yau-fun, Sophie	37	(1) Statutory Functions
FHB(H)062	0529	CHAN Wai-yip, Albert	37	(4) Curative Care
FHB(H)063	1629	IP Wai-ming	37	(2) Disease Prevention
FHB(H)064	1645	SHEK Lai-him, Abraham	37	N/A
FHB(H)065	0390	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)066	0391	HO Chun-yan, Albert	140	N/A
FHB(H)067	0392	HO Chun-yan, Albert	140	(1) Health
FHB(H)068	0393	HO Chun-yan, Albert	140	(1) Health
FHB(H)069	0394	HO Chun-yan, Albert	140	(1) Health
FHB(H)070	0510	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)071	0513	CHAN Kin-por	140	(2) Subvention: Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)072	0514	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)073	0515	CHAN Kin-por	140	(1) Health
FHB(H)074	0538	CHAN Kin-por	140	(1) Health
FHB(H)075	1630	IP Wai-ming	140	(2) Subvention: Hospital Authority
FHB(H)076	1664	SHEK Lai-him, Abraham	140	N/A
FHB(H)077	1812	IP LAU Suk-yee, Regina	140	(2) Subvention: Hospital Authority
FHB(H)078	0571	LEE Kok-long, Joseph	140	(1) Health
FHB(H)079	0572	LEE Kok-long, Joseph	140	(1) Health
FHB(H)080	0573	LEE Kok-long, Joseph	140	(1) Health
FHB(H)081	0574	LEE Kok-long, Joseph	140	(1) Health
FHB(H)082	0575	LEE Kok-long, Joseph	140	(1) Health
FHB(H)083	0576	LEE Kok-long, Joseph	140	(1) Health
FHB(H)084	0577	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)085	0578	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)086	0579	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)087	0580	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)088	0581	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)089	0582	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)090	0583	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)091	0584	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)092	0585	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)093	0586	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)094	0670	CHAN Kin-por	140	(1) Health
FHB(H)095	0686	HO Sau-lan, Cyd	140	(2) Subvention: Hospital Authority
FHB(H)096	0721	HO Sau-lan, Cyd	140	N/A

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FHB(H)097	1851	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)098	1852	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)099	1889	WONG Kwok-kin	140	(1) Health
FHB(H)100	0561	CHAN Hak-kan	37	(2) Disease Prevention
FHB(H)101	0710	LAU Sau-shing, Patrick	37	(2) Disease Prevention
FHB(H)102	0719	LEUNG Mei-fun, Priscilla	37	(2) Disease Prevention
FHB(H)103	0741	WONG Yuk-man	37	(2) Disease Prevention
FHB(H)104	1850	CHAN Hak-kan	37	(2) Disease Prevention
FHB(H)105	1953	CHEUNG Kwok-che	37	(2) Disease Prevention
FHB(H)106	1954	CHEUNG Kwok-che	37	(2) Disease Prevention
FHB(H)107	1955	CHEUNG Kwok-che	37	(2) Disease Prevention
FHB(H)108	1974	LEUNG Kwok-hung	37	(3) Health Promotion
FHB(H)109	0512	CHAN Kin-por	140	(1) Health
FHB(H)110	0812	CHAN Kin-por	140	(1) Health (2) Subvention: Hospital Authority (3) Subvention: Prince Philip Dental Hospital
FHB(H)111	0841	LAU Wai-hing, Emily	140	(2) Subvention: Hospital Authority
FHB(H)112	0842	LAU Wai-hing, Emily	140	(2) Subvention: Hospital Authority
FHB(H)113	0860	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)114	0863	LEUNG Ka-lau	140	(1) Health
FHB(H)115	0864	LEUNG Ka-lau	140	(1) Health
FHB(H)116	0867	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)117	0868	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)118	0869	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)119	0870	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)120	0871	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority

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FHB(H)122	0873	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)123	0874	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)124	2215	PAN Pey-chyou	140	(1) Health
FHB(H)125	0861	LEUNG Ka-lau	37	(2) Disease Prevention
FHB(H)126	2195	CHAN Hak-kan	37	(3) Health Promotion
FHB(H)127	2431	FUNG Kin-kee, Frederick	37	(2) Disease Prevention
FHB(H)128	2432	FUNG Kin-kee, Frederick	37	(2) Disease Prevention
FHB(H)129	2433	FUNG Kin-kee, Frederick	37	(1) Statutory Functions
FHB(H)130	0979	LEUNG Ka-lau	37	(1) Statutory Functions
FHB(H)131	0980	LEUNG Ka-lau	37	N/A
FHB(H)132	0981	LEUNG Ka-lau	37	(4) Curative Care
FHB(H)133	0983	LEUNG Ka-lau	37	(2) Disease Prevention
FHB(H)134	2483	CHAN Hak-kan	37	(2) Disease Prevention
FHB(H)135	2618	LI Fung-ying	37	(2) Disease Prevention
FHB(H)136	2619	LI Fung-ying	37	N/A
FHB(H)137	0903	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)138	0959	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)139	0960	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)140	0961	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)141	0962	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)142	0958	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)143	0976	LEUNG Ka-lau	140	(1) Health
FHB(H)144	0977	LEUNG Ka-lau	140	(1) Health
FHB(H)145	0978	LEUNG Ka-lau	140	(1) Health

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FHB(H)149	2794	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)150	2484	CHAN Hak-kan	140	(1) Health
FHB(H)151	2485	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)152	2504	PAN Pey-chyou	140	(1) Health
FHB(H)153	2541	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)154	2643	HO Chun-yan, Albert	140	(1) Health
FHB(H)155	2644	HO Chun-yan, Albert	140	(1) Health
FHB(H)156	2645	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)157	2646	CHEUNG Man-kwong	140	(2) Subvention: Hospital Authority
FHB(H)158	2678	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)159	2879	LEUNG Ka-lau	140	(1) Health
FHB(H)160	2884	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)161	2885	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)162	2886	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)163	2887	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)164	2888	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)165	2889	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)166	2890	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)167	0541	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)168	0542	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)169	3056	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)170	3408	LEONG Kah-kit, Alan	140	(1) Health

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FHB(H)172	3410	LEONG Kah-kit, Alan	140	(1) Health
FHB(H)173	3411	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)174	3412	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)175	3413	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)176	3414	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)177	3415	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)178	3416	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)179	3417	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)180	3418	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)181	3419	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)182	3101	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)183	3421	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)184	3422	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)185	3423	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)186	3424	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)187	3425	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)188	3426	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)189	3427	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)190	3428	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)191	3429	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)192	3430	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)193	3431	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)194	3432	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority
FHB(H)195	3433	LEONG Kah-kit, Alan	140	(2) Subvention: Hospital Authority

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FHB(H)196	3361	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)197	3362	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)198	3363	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)199	3364	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)200	3365	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)201	3366	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)202	3367	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)203	3368	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)204	3369	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)205	3370	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)206	3371	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)207	3372	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)208	3373	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)209	3383	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)210	3360	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)211	3358	CHEUNG Kwok-che	140	(3) Subvention: Prince Philip Dental Hospital
FHB(H)212	3359	CHEUNG Kwok-che	140	(3) Subvention: Prince Philip Dental Hospital
FHB(H)213	3300	LAU Wai-hing, Emily	140	(2) Subvention: Hospital Authority
FHB(H)214	3301	LAU Wai-hing, Emily	140	(2) Subvention: Hospital Authority
FHB(H)215	1176	WONG Kwok-hing	140	(1) Health
FHB(H)216	1123	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)217	1122	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)218	1097	CHENG Kar-foo, Andrew	140	(1) Health (2) Subvention: Hospital Authority
FHB(H)219	1077	LEUNG Yiu-chung	140	(1) Health
FHB(H)220	3674	LEE Kok-long, Joseph	37	(1) Statutory Functions

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)221	3675	LEE Kok-long, Joseph	37	(1) Statutory Functions
FHB(H)222	3676	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)223	3677	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)224	3678	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)225	3679	LEE Kok-long, Joseph	37	(1) Statutory Functions
FHB(H)226	3882	CHEUNG Kwok-che	37	(4) Curative Care
FHB(H)227	3680	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)228	3741	LEUNG Yiu-chung	140	(2) Subvention: Hospital Authority
FHB(H)229	3742	LEUNG Yiu-chung	140	(2) Subvention: Hospital Authority
FHB(H)230	3743	LEUNG Yiu-chung	140	(2) Subvention: Hospital Authority
FHB(H)231	3744	LEUNG Yiu-chung	140	(2) Subvention: Hospital Authority
FHB(H)232	3887	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)233	3798	CHEUNG Kwok-che	140	N/A
FHB(H)234	3799	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)235	3801	CHEUNG Kwok-che	140	(1) Health
FHB(H)236	3807	LEUNG Ka-lau	140	(1) Health
FHB(H)237	3808	LEUNG Ka-lau	140	(1) Health
FHB(H)238	3809	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)239	3810	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)240	3822	LEUNG Mei-fun, Priscilla	140	(1) Health
FHB(H)241	3841	CHAN Mo-po, Paul	140	(1) Health
FHB(H)242	3865	LAU Sau-shing, Patrick	140	(2) Subvention: Hospital Authority
FHB(H)243	3883	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)244	3884	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)245	3885	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)246	3886	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)247	1098	CHENG Kar-foo, Andrew	37	(1) Statutory Functions
FHB(H)248	1099	CHENG Kar-foo, Andrew	37	(3) Health Promotion
FHB(H)249	1100	CHENG Kar-foo, Andrew	37	(3) Health Promotion
FHB(H)250	1183	WONG Kwok-hing	37	(2) Disease Prevention
FHB(H)251	1184	PAN Pey-chyou	37	(2) Disease Prevention
FHB(H)252	1185	PAN Pey-chyou	37	(2) Disease Prevention
FHB(H)253	3397	LEONG Kah-kit, Alan	37	(5) Rehabilitation
FHB(H)254	3398	LEONG Kah-kit, Alan	37	(5) Rehabilitation
FHB(H)255	3399	LEONG Kah-kit, Alan	37	(5) Rehabilitation
FHB(H)256	3400	LEONG Kah-kit, Alan	37	(5) Rehabilitation
FHB(H)257	3401	LEONG Kah-kit, Alan	37	(5) Rehabilitation
FHB(H)258	3402	LEONG Kah-kit, Alan	37	(5) Rehabilitation
FHB(H)259	3403	LEONG Kah-kit, Alan	37	(5) Rehabilitation
FHB(H)260	3404	LEONG Kah-kit, Alan	37	(5) Rehabilitation
FHB(H)261	3862	TONG Ka-wah, Ronny	140	(2) Subvention: Hospital Authority
FHB(H)262	1154	WONG Kwok-hing	37	N/A
FHB(H)263	1155	WONG Kwok-hing	37	N/A
FHB(H)264	1156	WONG Kwok-hing	37	N/A
FHB(H)265	1180	PAN Pey-chyou	37	(1) Statutory Functions
FHB(H)266	1181	PAN Pey-chyou	37	(1) Statutory Functions
FHB(H)267	1182	PAN Pey-chyou	37	(1) Statutory Functions
FHB(H)268	3195	TAM Wai-ho, Samson	37	N/A
FHB(H)269	3375	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)270	3774	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)001

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1293

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the numbers of participants and the amounts of subsidies involved by type of public-private partnership scheme for the year 2010-11.

Asked by: Hon. CHAN Hak-kan

Reply:

One of the proposals in the healthcare reform is to promote public-private partnership (PPP) in the delivery of healthcare services so as to make better use of resources within the healthcare system in both the public and private sectors. To this end, the Government has implemented a number of PPP programmes through the Hospital Authority (HA). The number of patients and the amount of direct subsidy involved are summarised below –

	Programme	Number of patients (Note)	Amount of direct subsidy
(a)	Cataract Surgeries Programme (CSP)	9 939	$5,000 subsidy per patient
(b)	Tin Shui Wai Primary Care Partnership Project (TSWPPP)	1 596	$105 per consultation with a maximum of ten consultations per patient per year
(c)	Haemodialysis Public-Private Partnership Programme (HD PPP)	55	$195,000 on average per patient per year (with an average of around 130 haemodialysis sessions)
(d)	Patient Empowerment Programme (PEP)	6 205	Around $900 per patient per year
(e)	Public-Private Chronic Disease Management Shared Care Programme ("Shared Care Programme")	88	$1,600 subsidy per year, including a subsidy of $1,200 for chronic disease management, an incentive of up to $200 per patient and a quality incentive of up to $200 per doctor

Note: The table shows the number of patients since inception of the programmes until end February 2011 for programmes (a), (b) and (e), and until end January 2011 for programmes (c) and (d).

In addition to direct subsidy, HA also provides support services, including the required diagnostic and laboratory services, as well as referral of patients by private doctors back to the out-patient clinics of HA where necessary, for patients enrolled in TSWPPP and the Shared Care Programme.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)002

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1294

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In respect of services for non-eligible persons (NEPs) and private cases, please provide the following information :

(a) The criteria adopted by the Hospital Authority for setting charges for NEPs and private cases.

(b) The current charges for chargeable services for NEPs and their comparison with the unit costs of the corresponding services.

(c) The current charges for chargeable services for private cases and their comparison with the unit costs of the corresponding services.

(d) The unit cost per hospital bed for general (acute and convalescent) services, now at $3,660 per day, is higher than the $3,300 per day paid by NEPs for the services. Is there any subsidy provided by the Hospital Authority? If yes, what are the subsidy amounts of these services for the past 3 years (i.e. from 2008-09 to 2010-11)?

Asked by: Hon. CHAN Hak-kan

Reply:

It has been the Government's policy to provide public healthcare services to Hong Kong residents at highly subsidised rates. Non-Hong Kong residents who use our public healthcare services need to pay the fees applicable to non-eligible persons (NEPs), which are in general set on a cost recovery basis. The table below sets out the NEP charges of major services of the Hospital Authority (HA), which was last revised in April 2003 based on the then prevailing costs of the services.

Services	Charge for NEP
Inpatient service (General)	$3,300 per day
Accident & Emergency service	$570 per attendance
Specialist Outpatient service	$700 per attendance
General Outpatient service	$215 per attendance

HA has also implemented a package charge for obstetric service for NEP since 2005. The existing obstetric service package charge for NEP is $39,000 (for booked case) and $48,000 (for non-booked case).

As for HA's private services, they are provided at the public hospitals on the basis that there are specialized expertise and facilities in the public medical sector (especially at the teaching hospitals) which are not generally available in the private sector. The private services in HA serve to provide the public with a

means for accessing these specialized services. These private services are charged on an itemized basis, with each service (e.g. hospitalization, physiotherapy) and procedures/test (e.g. operations, diagnostic radiology or pathology tests) charged separately. It is our policy that HA should charge market rates for its private services, which should at least equal the full costs of providing such services. The table below sets out the private changes of major services.

Services	**Private charges**
Private Ward – Acute Hospitals	1st Class - $3,900 per day; 2nd Class - $2,600 per day
Private Ward – Other Hospitals	1st Class - $3,300 per day; 2nd Class - $2,200 per day
Doctor Fee (Inpatient service)	$550 – $2 250 per attendance
Consultation Fee (Outpatient service)	Initial consultation: $550 - $1,750 per attendance Subsequent consultation: $450 - $1,150 per attendance

The table below sets out the unit cost of HA' major services in 2010-11.

Services	**Unit Cost** 2010-11 (Revised Estimate)
Inpatient service (General)	$3,660 per day
Accident & Emergency service	$800 per attendance
Specialist Outpatient service	$900 per attendance
General Outpatient service	$300 per attendance

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)003

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1295

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 106 of the Budget Speech that Phase I clinical trial centres will be set up in Queen Mary and Prince of Wales Hospitals. What will be the respective expenses involved in operating these centres? Will health care staff be deployed from the said hospitals to work in these centres? And if yes, what will be the number of staff involved and the types of specialties covered?

Asked by: Hon. CHAN Hak-kan

Reply:

To advance the development of the pharmaceutical and biopharmaceutical industries, the Hospital Authority (HA) will set up Phase I clinical trial centres in Queen Mary Hospital and Prince of Wales Hospital, involving a total capital cost of about $42 million. The centres are expected to operate in partnership between HA and the medical faculties of the University of Hong Kong and the Chinese University of Hong Kong respectively. Details on the operational and manpower arrangements and the recurrent costs would be worked out.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)004

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN / SUPPLEMENTARY QUESTION

Question Serial No.

1296

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Paragraph 160 of the Budget Speech mentioned the formulation of Good Manufacturing Practice (i.e. GMP) for propriety Chinese medicines (pCm) manufacturers and the introduction of pharmacovigilance. In this connection, how many pCm manufacturers are expected to close down for the reason of failure to meet the requirements after the implementation of the aforementioned measures? Have any resources been set aside to assist them in raising the standard in this respect? If so, what are the details?

Asked by: Hon. CHAN Hak-kan

Reply:

To facilitate quality management, the Chinese Medicines Board has issued the "Guidelines on Good Manufacturing Practice in respect of Proprietary Chinese Medicines" to provide guidance to pCm manufacturers. At present, compliance with the Good Manufacturing Practice (GMP) requirements is not mandatory. The Government will engage the trade to work out a timeframe for the introduction of mandatory GMP requirements so as to regulate more effectively the manufacturing of pCm.

An additional provision of $6.1 million will be allocated in 2011-12 on GMP requirements for the manufacturing of pCm and implement a pharmacovigilance programme for pCm. Guidelines on GMP have been developed and training will be provided to facilitate the trade to attain GMP standards. To this end, seven posts, namely one Senior Pharmacist, two Pharmacists, three Scientific Officers (Medical) and one general grade post, will need to be created under the Department of Health in 2011-12. A provision of $2.3 million has also been earmarked for Government Laboratory to create four civil service posts, comprising one Chemist and three Science Laboratory Technicians II, to provide analytical support for GMP compliance check.

We expect that the local pCm industry will need to consolidate and adjust their manufacturing practice to cope with the new requirements before implementation of mandatory GMP compliance. We cannot estimate the number of manufacturers that will have to be closed for reason of non-compliance.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)005

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1291

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there will be a net increase of 65 posts to facilitate the implementation of new initiatives in 2011-12. What are the distribution of the newly created posts and the establishment involved? How many of them are involved in the registration of proprietary Chinese medicines?

Asked by: Hon. CHAN Hak-kan

Reply:

Details of the net increase of 65 posts under this Programme are at the Annex. There is no new post for the registration of proprietary Chinese medicines. Seven out of the 65 posts are for preparatory work for introducing mandatory Good Manufacturing Practice for proprietary Chinese medicines.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Creation and Deletion of Posts under Programme 1 – Statutory Functions

Major scope of responsibilities / Rank	Number of posts to be created/deleted: Additional posts	Replacement of non-civil service contract positions	Regrading of posts	Total
Professional, enforcement and technical support				
Assistant Director of Health [Note 1]	1			1
Senior Medical & Health Officer	1			1
Medical & Health Officer	1			1
Chief Pharmacist [Note 1]	1			1
Senior Pharmacist [Note 2]	3			3
Pharmacist [Note 2]	16			16
Scientific Officer (Medical) [Note 2]	8			8
Nursing Officer	1			1
Registered Nurse	1			1
Overseer		1		1
Senior Foreman		2		2
Foreman		10		10
Administration Support				
Chief Executive Officer	1			1
Executive Officer II	2			2
Clerical Officer	2			2
Assistant Clerical Officer [Note 2]	7	3		10
Clerical Assistant	5			5
Office Assistant			-2	-2
Personal Secretary I	1			1
Total	**51**	**16**	**-2**	**65**

Note 1: Directorate posts

Note 2: Posts include one Senior Pharmacist, two Pharmacist, three Scientific Officer (Medical) and one Assistant Clerical Officer for preparatory work for introducing mandatory Good Manufacturing Practice for proprietary Chinese medicines.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)006

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1292

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:

Regarding child assessment centres, please provide the following information -

(a) according to Department of Health's developmental anomalies classification, list the number of children who attended and completed assessments in child assessment centres, and the median waiting time in the past three years (i.e. 2008-09 to 2010-11);

(b) what are the current staff establishment and expenditure of the above centres?

Asked by: Hon. CHAN Hak-kan

Reply:

(a) The numbers of newly diagnosed child developmental anomalies at the six child assessment centres during 2008-09 to 2010-11 are as follows–

Child developmental anomaly	2008-09	2009-10	2010-11 (provisional figures)
Attention problem / disorder	1 341	1 798	2 201
Autistic spectrum disorder	1 130	1 537	1 894
Borderline developmental delay	1 494	1 731	2 007
Dyslexia and mathematics learning disorder	710	784	688
Hearing impairment (moderate to profound grade)	72	79	64
Language delay / disorder and speech problem	2 096	2 378	2 534
Significant developmental delay / mental retardation	1 016	1 049	1 133
Visual impairment (blind or low vision)	39	35	53

Note : A child might have more than one developmental anomaly.

Nearly all new cases were seen within three weeks in the past three years. Assessments for over 90% of newly registered cases were completed within six months in the past three years. Statistics on the median, average and longest waiting time for assessment by child assessment centres are not readily available.

(b) The establishment of the Child Assessment Service (CAS) is as follows–

Grades	Number of posts
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	15
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Nursing Officer / Nursing Officer / Registered Nurse	25
Senior Clinical Psychologist / Clinical Psychologist	16
Occupational Therapist I	6
Physiotherapist I	5
Optometrist	2
Speech Therapist	9
Electrical Technician	2
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	10
Clerical Assistant	16
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**128**

The estimated expenditure for CAS for 2010-11 is $81.0 million.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)007

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1370

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 matters requiring special attention in 2011-12 regarding publicity and education programmes on smoking prevention and cessation, what are the respective annual expenditures in the past three years (i.e. 2008-09 to 2010-11)? How many clients utilised the smoking cessation service provided by the Department of Health (DH) in 2010? What were the respective percentages of adolescents aged under 18 and women among these clients? What was the cessation rate at one year after receiving the smoking cessation service?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

In respect of provision for smoking cessation service, the DH hotline handled 4 335 calls in 2008, 15 500 calls in 2009 and 13 880 calls in 2010.

The enrolment in DH smoking cessation clinics was 329 clients in 2008, 567 in 2009 and 597 in 2010. The smoking cessation rate one year after treatment was 36.7% for clients admitted in 2008 and 29.2% for those in 2009. These cessation rates are comparable to those in overseas countries. The quit rate for the 2010 cohort will be available in 2012.

Commenced in January 2009, the TWGHs programme admitted 717 clients in the year. The smoking cessation rate for these clients one year after treatment was 40.3%. In 2010, TWGHs admitted another 1 288 clients, the quit rate for whom will be available in 2012.

A total of 1 008 clients registered for the POH pilot programme in 2010 which started operation in April. The quit rate for this cohort will be available in 2012.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)008

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1371

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, turnover rates and expenditures of the Tobacco Control Office (TCO) in the past three years (i.e. from 2008-09 to 2010-11) respectively? What are the estimates of the staff establishment and expenditure of TCO in 2011-12?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditures / provision of the TCO of the Department of Health in 2008-09, 2009-10, 2010-11 and 2011-12 are $45.5 million, $59.0 million, $63.2 million and $66.0 million respectively.

Please refer to the Annex for details of staffing of TCO in these four years. The staff turnover rates for TCO in 2008-09, 2009-10 and 2010-11 (up to 28 February 2011) were 31%, 17.3% and 11.2% respectively.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Staffing of Tobacco Control Office

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)009

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1372

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list out the number of prosecution summonses issued by the Tobacco Control Office by types of premises in 2010.

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

In 2010, the Tobacco Control Office of the Department of Health issued 93 summonses and 7 952 fixed penalty notices (FPNs) for smoking offences. Another 128 summonses were issued for other offences under the Smoking (Public Health) Ordinance (e.g. willful obstruction, failure to produce identity document, etc).

Breakdown of the 93 summonses and 7 952 FPNs for smoking offences by types of premises is as follows-

Type of premises where summonses or FPNs were issued	Number of Summonses	Number of FPNs
Amusement Game Centres	15	2 178
Shopping malls and shops	3	1 354
Food premises	1	708
Public pleasure grounds (including parks)	6	418
Markets	10	595
Other statutory no smoking areas	58	2 699
Total	93	7 952

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)010

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1373

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 were the numbers of complaints received, and operations and prosecutions conducted by the Tobacco Control Office in 2008, 2009 and 2010 respectively? What is the average time required for the completion of follow-up actions from the receipt of complaints in each year?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The numbers of complaints received, inspections conducted and summonses and fixed penalty notices issued by the Tobacco Control Office in 2008, 2009 and 2010 were as follows-

	2008	**2009**	**2010**
Complaints received	15 321	17 399	17 089
Inspections conducted	13 302	17 627	23 623
Smoking offence			
- summonses issued	7 305	4 180	93
- fixed penalty notices issued	-	1 477	7 952
Other offences, e.g. willful obstruction, failure to produce identity document, etc.			
- summonses issued	123	118	128

Tobacco Control Inspectors normally initiate investigations within five to ten days of receipt of complaints. Straightforward 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 of a case is about ten working days.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)011

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0243

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the smoking cessation services provided by the Hospital Authority, please provide the following information :

(a) the number of attendances by age group and by sex for the past three years (ie. From 2008-09 to 2010-11); and

(b) the success rate of quitting at one year.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Hospital Authority (HA) operates 3 full-time and 31 part-time smoking cessation clinics. Service throughputs are as follows[1]:

	2008	**2009**	**2010**
Number of telephone hotline enquiries	6 782	6 778	6 844
Number of telephone counseling (including initial and follow-up telephone counseling)	7 583	9 121	11 240
New patients attending smoking cessation clinics[2]	2 109	2 854	4 156
Age < 65	N/A	77.7%	79.0%
Age ≥ 65	N/A	22.3%	21.0%
One-year success quit rate[3]	N/A	49.4%	43.0%
Age < 65	N/A	N/A	41.8%
Age ≥ 65	N/A	N/A	46.9%

Note :

1. The statistics available and shown above are on a calendar year basis. A breakdown by gender is not readily available.
2. HA does not have breakdown of new patients attending smoking cessation clinics by age group for 2008.
3. HA does not have record for one-year success quit rate for 2008 and its breakdown by age group for 2008 and 2009.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)012

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0245

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As revealed from the information provided by the Hospital Authority, the median waiting time for first appointment at specialist clinics for 2010-11 is longer than that for 2009-10. Could the Administration list the number of new cases and the median waiting time for the past three years (i.e. from 2008-09 to 2010-11)? What are the reasons for the increase in the median waiting time for first appointment? What measures are available to shorten the waiting time?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The table below sets out the number of new cases and the median waiting time for first appointment of major specialist outpatient services from 2008-09 to 2010-11.

Specialty	2008-09		2009-10		2010-11 (Up to December 2010)	
	No. of new cases	Median waiting Time (weeks)	No. of new cases	Median waiting Time (weeks)	No. of new cases	Median waiting Time (weeks)
ENT	75 677	5	76 076	4	60 720	5
MED	98 343	9	101 853	9	81 690	10
GYN	54 213	10	53 368	9	40 049	10
OPH	105 470	4	108 812	4	91 160	5
ORT	86 875	11	89 010	12	71 550	13
PAE	27 105	6	23 765	5	19 533	6
PSY	37 035	4	39 770	4	31 673	5
SUR	142 540	16	134 237	13	103 580	12

The slight increase in the median waiting time was mainly due to increasing demand for specialist outpatient services. The Hospital Authority (HA) has taken the following measures within its existing resources to improve the waiting time at Specialist Outpatient Clinics (SOPCs) :

(a) to set up family medicine specialist clinics to serve as gatekeeper for SOPCs and follow-up on routine cases;
(b) to update clinical protocols to refer medically stable patients to receive follow-up primary health care services;

(c) to collaborate with private practitioners and non-governmental organizations to launch shared care programmes for medically stable patients;
(d) to develop referral guidelines on common presentations and diagnoses for referrals to SOPCs;
(e) to establish an electronic referral system to facilitate SOPC referrals; and
(f) to empower HA primary care clinics to use certain special drugs and arrange diagnostic investigations/procedures, with a view to facilitating follow-up of patients.

Abbreviations

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

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)013

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0295

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

According to Programme (2) under Head 140 Government Secretariat : Food and Health Bureau (Health Branch), the median waiting time for first appointment at specialist outpatient clinics for first priority patients increased substantially from less than one week in 2009-10 to two weeks in the past year, and that for second priority patients from five weeks to eight weeks. Please advise this Committee:

(a) what are the expenditures involved in different kinds of specialist outpatient services?

(b) has the Administration earmarked resources to explore ways to minimize abuse of specialist outpatient services by the public?

(c) whether the waiting time for specialist outpatient services can be reduced? What is the expenditure involved?

Asked by: Hon. CHAN Kin-por

Reply:

It has been the targets of the Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for first priority cases (i.e. urgent cases) and second priority cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. The target median waiting time remains the same in the 2010-11 revised estimate and the 2011-12 estimate. The relevant figures as at 31 March 2010 (i.e. one week for first priority patients and five weeks for second priority patients) were HA's actual performance in 2009-10, indicating that HA has achieved its service targets.

HA has taken the following measures within its existing resources to improve the waiting time at SOPCs :

(a) to set up family medicine specialist clinics to serve as gatekeeper for SOPCs and follow-up on routine cases;
(b) to update clinical protocols to refer medically stable patients to receive follow-up primary health care services;
(c) to collaborate with private practitioners and non-governmental organizations to launch shared care programmes for medically stable patients;
(d) to develop referral guidelines on common presentations and diagnoses for referrals to SOPCs;
(e) to establish an electronic referral system to facilitate SOPC referrals; and
(f) to empower HA primary care clinics to use certain special drugs and arrange diagnostic investigations/procedures, with a view to facilitating follow-up of patients.

The table below sets out the total costs of the outpatient services of major specialties in 2009-10:

Specialty	**Total Costs ($ million)**
Medicine	2,557
Surgery	787
Obstetrics & Gynecology	378
Paediatrics	269
Orthopaedics & Traumatology	399
Psychiatry	665
Ear, Nose and Throat	201
Ophthalmology	391

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)014

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0296

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

According to Programme (2) under Health 140 – Government Secretariat : Food and Health Bureau (Health Branch), there is an obvious increasing trend in the number of patient days of the general, infirmary and mentally handicapped patients, but for the mentally ill patients, the number of patient days has dropped from 1 010 256 to 995 000 and the average length of stay has dropped from 74 days to 71 days. Please advise this Committee on :

(a) Whether there is a relevance between the drop in the two figures and the rise in the number of psychiatric outreach attendance?

(b) Whether the cost effectiveness of treating mental illness with outreach services has been assessed?

(c) Why has the average cost per inpatient discharged been increasing while the number of patient days of the mentally ill patients has decreased?

Asked by: Hon. CHAN kin-por

Reply:

To meet the needs of mentally ill patients, the Hospital Authority ("HA") provides a spectrum of mental health services, including in-patient, out-patient, ambulatory and community outreach services. With the increasing importance of mental health services in community settings, HA has in recent years implemented various initiatives to enhance the community support services for mental patients to facilitate their recovery and re-integration into the community. Such initiatives include the "Extended Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone (EXITERS)", the "Recovery Support Programme (RSP)" and the "Case Management Programme for Persons with Severe Mental Illness". With the enhancement of community support services, the demand for inpatient services, both in terms of patient bed-days and the average length of stay, has been decreasing.

HA has since April 2010 implemented in three districts a Case Management Programme for patients with severe mental illness, where patients are provided with intensive, personalized and continuous support through active outreach service to facilitate their recovery in the community. The programme will be extended to another five districts in 2011-12 to benefit more patients. HA will keep the programme under review when it is rolled out across the territory in the coming years.

The unit cost of a particular inpatient service is calculated with reference to the total costs of provision of such service and the corresponding volume of activities. In 2010-11, an additional $47 million has been deployed to enhance the delivery of inpatient psychiatric services, representing an increase of 2.6%, while the number of patients discharged has increased by 1.8%. This results in a slight increase in the unit cost per inpatient discharged by 0.8%.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)015

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0297

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The provision for the Hospital Authority (HA) for 2011-12 is $2,616 million higher than the revised estimate for 2010-11. One of the major reasons for this is the introduction of additional drugs in the HA Drug Formulary, in particular the inclusion of drugs of proven cost effectiveness and efficacy as standard drugs in the Formulary. Under the current mechanism, the updating of the Formulary is mainly conducted through periodic appraisals of new drugs and reviews of existing drugs by the Drug Advisory Committee and the Drug Utilisation Review Committee. These two Committees comprise experts in related areas, such as public doctors, clinical pharmacologists and pharmacists. Please advise whether HA will consider allocating resources to engage private doctors as members of the Committees so as to ensure their neutrality and avoid any conflicts of interests; and whether funding has been earmarked for appointment of consultants to ensure the independence of the Committees in the appraisal of drugs.

Asked by: Hon. CHAN Kin-por

Reply:

The objective of the Hospital Authority Drug Formulary (the Formulary) is to ensure equitable access by patients to cost-effective drugs of proven efficacy and safety, through standardization of drug policy and drug utilization in all public hospitals and clinics. The Formulary is developed by evaluating new drugs and reviewing prevailing list of drugs on a regular basis under an established mechanism. The Drug Advisory Committee (DAC) regularly appraises new drugs, while the Drug Utilization Review Committee (DURC) conducts periodic review on existing drugs in the Formulary. The two committees are supported by expert panels which provide specialist views on the selection of drugs for individual specialties. The review process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness. The committees and expert panels also take into account relevant factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost, and views of professionals and patient groups, etc.

As part of the continuous efforts to enhance its transparency and partnership with the community, HA has established in 2009 a formal consultation mechanism under which annual consultation meetings will be convened to inform patient groups of the latest developments of the Formulary. Patient groups will be invited to submit their views and propose any changes to the Formulary after the meeting. Their views and suggestions will then be presented to the relevant committees for consideration.

Currently, DAC and DURC have external members from the two local universities, and the committees make decisions according to both professional views and objective scientific data. Members also declare their conflict of interests, if any, before the meeting.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)016

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0298

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Concerning the expansion of use of drugs in the Hospital Authority Drug Formulary as mentioned under one of the items of Matters Requiring Special Attention in 2011-12, will the Administration inform this Committee of the following :

(a) Currently, members of the public will not receive any subsidy for purchasing preventive medications such as statins, which are regarded as lifestyle drugs under the categorization of the Hospital Authority Drug Formulary (HADF). Such restriction is simply not conducive to the prevention of cardiovascular disease, which has been a major killer in Hong Kong for years. Moreover, the medical expenses on hospitalized heart disease patients, amounting to hundreds of millions dollars every year, will put even greater financial burden on the Hospital Authority (HA) in the long run. In this regard, has the Administration considered increasing the provision for preventive medications; and what will be the estimated amount of expenditure for this purpose?

(b) It happened that some patients who were allergic to the new HADF drugs which had replaced the drugs they used to take had no alternative but to self-pay for the old drugs. Under such circumstances, can HA make special provision for an interim subsidy for needy patients, such that chronic patients need not worry about any difficulty caused by the exclusion of their old drugs under HADF?

Asked by: Hon. CHAN Kin-por

Reply:

(a) The Hospital Authority (HA) has been providing treatment to patients in need and at the same time contributing towards the government's policy of enhancing primary healthcare, including promotion of patient education. Maintaining a healthy lifestyle such as keeping healthy diets, exercising regularly and staying away from smoking is important for disease prevention.

(b) Suitable drugs or alternative therapies are prescribed for patients according to their clinical needs. There are about 1 300 standard drug items with proven safety, efficacy and cost-effectiveness in the HA's Drug Formulary. HA will provide patients who meet the specific clinical conditions with drugs charged at standard fees. For drugs which are proven to be of benefits but are not included in the Formulary as standard drugs having regard to the considerations of the overall cost-effectiveness, we provide a safety net through the Samaritan Fund to subsidise the drug expenses of patients who have financial difficulties.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)017

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0300

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Programme (1) of the Food and Health Bureau (Health Branch) that the Matters Requiring Special Attention in 2011-12 include analysing the views and suggestions received during the Second Stage Public Consultation on Healthcare Reform and considering the way forward for the proposed voluntary Health Protection Scheme. Will the Government advise the Committee on whether it will consider further injecting funds into the Scheme after the $50 billion fiscal reserve has been used up when considering the way forward for the Scheme?

Asked by: Hon. CHAN Kin-por

Reply:

The second stage public consultation on healthcare reform ended on 7 January 2011. The Food and Health Bureau received over 500 submissions from members of the public and organisations in various sectors in response to the healthcare reform second stage consultation document "My Health, My Choice". We have also commissioned opinion surveys and focus group studies on healthcare reform with a view to collating public views on specific issues concerning healthcare reform. We are now analysing the views of the public received and collated in the second stage consultation on healthcare reform. We will take into account the analysis in working out the way forward including any specific proposals to be taken forward.

Our tentative plan is to complete and publish the Report on Second Stage Public Consultation on Healthcare Reform and announce the way forward within 2011. The reports of completed surveys and studies will be released through the website of the Food and Health Bureau as and when ready together with the consultation report. The workload arising from the second stage public consultation including the analysis of views and formulation of report 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 and manpower required. Resources required for the implementation of any specific proposals for the way forward will be assessed in due course.

As stated in the healthcare reform second stage consultation document, the Government's commitment to healthcare is set to continue to increase as we reform the healthcare system with a view to enhancing the long-term sustainability of the healthcare system as a whole. We will continue to uphold the public healthcare system as the safety net for the whole population, which is strongly supported by the public. The Government's annual recurrent expenditure on health has increased from $30.5 billion in 2007-08 to $39.9 billion in 2011-12, with substantial increase in resources being allocated to improve public healthcare services. Many quarters of the community have also expressed support for reforming the private health insurance and healthcare sector with a view to improving the quality, transparency and affordability of its services. Many views expressed have emphasized the need to increase healthcare capacity and manpower supply and to strengthen the quality assurance and price competitiveness of private healthcare services.

The Financial Secretary has pledged to draw $50 billion from the fiscal reserves to assist the implementation of healthcare reform, after the implementation of supplementary financing arrangements after consultation, no matter what the final arrangements are, so as to help meet the challenge of healthcare to future public finances. During the second stage public consultation on healthcare reform, we have received different

views on the use of the $50 billion earmarked in the fiscal reserve to support healthcare reform, in response to the various options to provide financial incentives for the supplementary financing proposals put forward for consultation. The use of the $50 billion earmarked in the fiscal reserve for implementing healthcare reform, and the possible provision of financial incentives for any supplementary financing proposals to be implemented, will be considered as part of the way forward of healthcare reform.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)018

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0303

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

With respect to "continue to oversee the implementation of the vaccination programmes for pneumococcal and seasonal influenza for the elderly and young children", please advise:

(a) What are the details?

(b) What is the amount of expenditure involved?

(c) What is the number of pneumococcal and seasonal influenza vaccines for the elderly and young children successfully administered against the number of vaccines purchased? What is the expenditure involved for the remaining vaccines?

Asked by: Hon. Pan Pey-chyou

Reply:

(a) In 2010-11, the Government administered the Government Vaccination Programme (GVP), Childhood Influenza Vaccination Subsidy Scheme and Elderly Vaccination Subsidy Scheme. Under the programmes, elders aged 65 or above and children between the age of six months and less than six years are eligible for free or subsidised seasonal influenza vaccination. Elders aged 65 or above who have never received pneumococcal vaccination are also eligible for one dose of free or subsidised pneumococcal vaccine. Moreover, the Government also provided free pneumococcal vaccination for children aged below two years under the Childhood Immunisation Programme. In 2011-12, we will continue to oversee the implementation of these programmes.

(b) The provision for vaccine costs and reimbursement of vaccination subsidies for these vaccination programmes in 2011-12 totalled around $184.7 million.

(c) In 2010-11, the Government procured 300 000 doses of seasonal influenza vaccines for GVP at a total cost of $8.7 million. As at the end of February 2011, about 221 000 doses of seasonal influenza vaccines have been administered to target groups under GVP. The remaining vaccines will continue to be used before their expiry in July 2011.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)019

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0304

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In the Budget Speech,. The Financial Secretary announced that 30 development proposals from local and overseas institutions have already been received in respect of the 4 sites reserved for private hospital development.

(a) What are the details involved?
(b) What is the estimated expenditure involved?
(c) Upon disposal of the sites, when will the respective private hospitals commence service?
(d) What are the details of the facilities and services provided, e.g. the bed capacity as well as the anticipated number of patients served upon commissioning of those private hospitals?
(e) Will those new private hospitals provide Chinese medicine service?
(f) What can the Administration do to ensure that the sites disposed will solely be used as private hospital? How can the Administration ensure that the services provided by those private hospitals meet the general healthcare needs of the public? Upon disposal of the sites, will there be measures to prevent those private hospitals from operating services that are more of a commercial than a medical nature (such as beauty care services) which do not benefit the general public?
(g) Is the "need for enhancing price transparency" a criterion for the site disposal?

Asked by: Hon. PAN Pey-chyou

Reply:

The Government has reserved four sites at Wong Chuk Hang (about 2.8 hectares), Tseung Kwan O (about 3.5 hectares), Tai Po (about 4.8 hectares) and Lantau (about 1.6 hectares) for private hospital development. We invited the market in December 2009 to March 2010 to express their interest in developing the sites. A total of 30 submissions have been received, comprising 12 for the Wong Chuk Hang site, three for the Tseung Kwan O site, six for the Tai Po site, and nine for the Lantau site. Among them, 21 are from local parties, seven from overseas parties and the remaining two from joint partnership of local and overseas parties. Most of the submissions contain a hospital development plan with proposed scope of service, which include various specialties, Chinese Medicine, etc.

In consideration of the suggestions and views in the submissions received, we are formulating the land disposal arrangements for the four reserved hospital sites, including the means and timing for land disposal, the detailed special requirements and the land premium. To ensure that the services provided by the new hospitals would be of good quality, cater for the needs of the general public, and help enhance the professional standards and ethics for furthering the development of medical services, the Government will formulate a set of special requirements for development of the sites, covering such aspects as scope of service, price transparency, service standard, etc. We plan to dispose of the sites in phases starting from end-2011 or 2012.

We will closely monitor the manpower requirements for healthcare professionals, and ensure an adequate supply of manpower for the development of medical services by encouraging the tertiary institutions to

increase student places for relevant professions, including doctors, nurses and other allied health professions. In addition, the Hospital Authority as the major provider of public healthcare services will continue to enhance the training and supply of nurses.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)020

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0305

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the effort to "prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong", please provide the following information:

(a) What are the details and progress of the plan? What are the sites identified for the medical centres? When are they expected to commence operation?

(b) Does the plan involve public-private partnership?

(c) What is the estimated expenditure involved?

(d) How many patients are expected to be served each year?

Asked by: Hon. PAN Pey-chyou

Reply:

The establishment of the multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience will 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 advance the development of the two specialties in their treatment, research and training.

The Steering Committee chaired by the Permanent Secretary for Food and Health (Health), with membership comprising public and private medical professionals, academics and patients' groups, has agreed that the two centres will be built at Kai Tak.

On the Centre of Excellence in Paediatrics (CEP), consensus has been reached on its scale, facilities and sub-specialties to be set up in the CEP. It will adopt the "design and build" mode of delivery. The Technical Feasibility Study for the project has been completed. We are working with various stakeholders on the detailed design which would form the basis for the tendering exercise later.

As for the Centre of Excellence in Neuroscience (CEN), we will continue to work with the medical and academic experts as well as patients' groups on the details of its design.

The Administration will brief the Health Services Panel of LegCo in due course on the detailed timetable, estimated completion date, target number of patients, as well as estimated expenditure of the CEP after we have completed examination of the relevant issues. We will also seek the approval of the Finance Committee for funding. Similarly, we will do the same for CEN when we have worked out these details.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)021

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0306

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the opening of additional beds in the New Territories West Cluster, please advise on the following :

(a) What are the details? How many beds will be added in the Cluster?

(b) Will the additional beds be equally allocated among all hospitals in the Cluster? If not, how will they be allocated? What are the criteria for such allocation?

(c) Please list the total number of beds in each of the hospital clusters upon the opening of additional beds and the estimated number of additional attendances.

(d) What is the total estimated expenditure for the opening of additional beds? What is the average expenditure for each additional bed?

(e) Will the opening of additional beds come with extra medical manpower? If yes, what are the details and estimated expenditure involved? If not, what are the reasons?

(f) Please provide information on the actual and estimated provisions allocated to each hospital in the Cluster in 2010-11 and 2011-12.

Asked by: Hon. WONG Kwok-hing

Reply:

(a) and (b)

In 2011-12, the New Territories West Cluster ("NTWC") will open 21 additional acute beds, of which 13 will be opened in different departments of Pok Oi Hospital and eight in the Clinical Oncology Department of Tuen Mun Hospital.

In allocating beds to different hospitals, the Hospital Authority (HA) has taken into account the increase of service demand as a result of population growth and demographic changes, as well as the organization of services of the clusters and hospitals and the service demand of local community.

(c) The table below sets out the estimated number of hospital beds in each cluster as at 31 March 2012 and the estimated number of additional inpatient and day-patient discharges and deaths in 2011-12:

Cluster	Estimated number of hospital beds as at 31 March 2012	Estimated additional discharges and deaths in 2011-12
HKE	3 029	5 850
HKW	3 135	2 500
KC	3 545	4 650
KE	2 331	6 920
KW	6 582	4 430
NTE	4 514	5 000
NTW	3 926	7 550

It should be noted that the inpatient and day-patient discharges and deaths in 2011-12 of respective clusters is estimated based on a number of factors including demographic changes, addition of new facilities and service programmes as well as changes in care delivery model. Increase in the number of beds is only one factor contributing to the estimated increase in inpatient and day-patient discharges and deaths.

(d) HA has earmarked an additional $32 million for opening additional beds in NTWC in 2011-12. HA's estimated average unit cost per acute bed per patient day is $3,830 in 2011-12.

(e) NTWC will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower requirement is being worked out and is not yet available.

(f) The table below sets out the allocation to the hospitals in NTWC in 2010-11. Allocation for the hospitals in 2011-12 is being worked out and the information is not yet available.

Hospital	Allocation
Tuen Mun Hospital	$2,841 million
Pok Oi Hospital	$521 million
Castle Peak Hospital	$680 million
Siu Lam Hospital	$110 million

Abbreviations

HKE - Hong Kong East
HKW - Hong Kong West
KC - Kowloon Central
KE - Kowloon East
KW - Kowloon West
NTE - New Territories East
NTW - New Territories West

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)022

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1401

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the continuous efforts to explore sites for setting up Chinese medicine clinics in the public sector,

(a) what is the progress made so far;

(b) what are the estimated expenditures involved;

(c) whether the Administration has conducted any research to find out which population group has a greater demand for Chinese medical services. If yes, what are the research findings; if no, what are the reasons?

(d) whether the Administration has considered setting up a hospital of Chinese medicine. If yes, what are the details and the estimated expenditures involved; if no, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

The Government has committed to establish a total of 18 public Chinese medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and to provide training opportunities for local Chinese medicine degree programmes graduates. We have so far set up a total of 14 CMCs in various districts over the territory. Two more CMCs will commence operation in 2011 – one in Southern District in late March and the other in Kowloon City District by year end. We are actively identifying suitable sites in Yau Tsim Mong and Islands Districts with a view to setting up the two remaining CMCs in these districts as early as possible.

In 2011-12, the Government has earmarked $81.5 million to fund the operation of CMCs, to cover the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, the development and provision of training in "evidence-based" Chinese medicine, and enhancement and maintenance of the Chinese Medicine Information System. Additional funding will be provided as and when new CMCs are set up.

According to the Thematic Household Survey Report No. 45 published by the Census and Statistics Department in December 2010, persons aged 35-64 have the highest rate of having consulted Chinese medicine practitioners (CMPs) during the survey period. Analysed by sex, females had a higher rate of having consulted CMPs as compared to males.

The long-term goal of the Government in promoting the development of Chinese medicine is to develop, through an "evidence-based" approach, a model of collaboration between Chinese and Western medical practitioners that can meet the actual circumstances and needs of Hong Kong. The contribution of Chinese medicine to primary care is widely recognised by the public.

For patients who need to be hospitalised or are suffering from severe illnesses, they usually seek treatment from Western medical practitioners and occasionally consult CMPs for supplementary purpose. Setting up a purely traditional Chinese medicine hospital may not provide the most comprehensive treatment to patients. At present, HA has set up integrated Chinese and western medicine wards and service units in a few hospitals. The Government currently has no plan to establish a public Chinese medicine hospital.

In the meantime, to develop our medical services, the Government has reserved four sites at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau, and invited expressions of interest from the market to develop private hospitals. These hospital developments may provide traditional Chinese medicine services in conjunction with western medical services, subject to the special requirements, the scope of specialties, price transparency etc. which the government will determine for the private hospital developments at these sites.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)023

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1402

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the initiative of "continuing to oversee publicity efforts to promote organ donation in collaboration with relevant organizations":

(a) What are the details?

(b) What is the estimated expenditure involved?

(c) Please set out by sign-up methods the numbers of people who voluntarily registered their wish to donate organs in the past five years.

	2006	2007	2008	2009	2010
Number of people registered by method 1					
Number of people registered by method 2					
Number of people registered by method 3					
Total					

(d) Please set out the numbers of patients who have successfully received organ transplants in the past five years (i.e. 2006 to 2010).

Asked by: Hon. PAN Pey-chyou

Reply:

The Food and Health Bureau (FHB) is responsible for the policies on organ donation and transplant including overseeing publicity efforts to promote organ donation, and the Department of Health (DH) is responsible for implementing publicity programmes and specific initiatives to promote organ donation within its overall provision on health promotion in collaboration with the Hospital Authority (HA) and relevant non-governmental organizations. Together we have been stepping up promotional and educational activities to increase public acceptance of and support for organ donation. These activities included institution-based networking via public bodies, private companies, community organizations and religious groups; public education and promotion via roving exhibitions, dissemination of advocacy materials and media campaigns; and e-engagement by inviting organizations to establish hyperlinks with DH's organ donation thematic website (www.organdonation.gov.hk). To further strengthen organ donation promotional efforts, FHB is planning to build a "Garden of Life" within the Kowloon Park.

There are various ways for members of the public to indicate their wish to donate organs after death. They may voluntarily register their wish to donate organs after death through the Centralised Organ Donation Register (CODR) managed by DH, where such wish is systematically kept for retrieval by authorized persons such as the Organ Transplant Coordinators of HA to facilitate arrangement of possible organ donation. Apart from promoting in the community the acceptance of organ donation as a commendable act, our publicity efforts also focus on promoting organ donation registration through the CODR so as to progressively and systematically build up a database of individuals' wish to donate organs. Since the launch of the CODR in November 2008, the number of registrations has been increasing progressively. As at 28 February 2011, there were more than 73 000 registrations at the CODR, representing an increase of more than 28 000 over that at end 2009.

Apart from registering through the CODR, members of the public may continue to express their wish to donate organs by signing and carrying organ donation cards with them. We have distributed more than 1.1 million promotional leaflets with CODR registration form and organ donation card to the public since January 2008. We have not kept statistics on the number of people who express their wish to donate organs after death through means other than the CODR. Also, even in the event that a deceased person had not indicated his/her wish on organ donation through registration with CODR or carrying signed organ donation cards, his/her family members can still contribute to the cause of organ donation by agreeing to donate the organs of the deceased through the Organ Transplant Coordinators at public hospitals.

The number of organ/tissue donations for transplant in public hospitals in the past 5 years is shown as follows. We have not kept statistics on the success or otherwise of the subsequent transplant cases.

	2006	2007	2008	2009	2010
	No.	No.	No.	No.	No.
Skin	8	13	19	17	23
Cornea (piece)	244	198	211	203	250
Bone	3	1	1	0	6
Heart	7	5	6	10	13
Lung	1	1	1	2	2
Liver	71	67	68	84	95
Kidney	66	66	77	95	81
Total	400	351	383	411	470

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)024

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1403

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the target "Access to services", the median waiting time for first appointment as specialist clinics has increased from less than 1 week and 5 weeks for first priority and second priority patients as at 31 March 2010 to the estimated 2 weeks and 8 weeks.

(a) What are the reasons for the anticipated longer waiting time?
(b) What is the estimated amount of expenditure involved?
(c) Will the Administration allocate more provision to shorten the waiting time to the median before? If yes, what is the estimated amount of expenditure involved? If no, what are the reasons?
(d) Will the Administration take other measures to shorten outpatients' waiting time at specialist clinics?

Asked by: Hon. PAN Pey-chyou

Reply:

It has been the targets of the Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for first priority cases (i.e. urgent cases) and second priority cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. The target median waiting time remains the same in the 2010-11 revised estimate and the 2011-12 estimate. The relevant figures as at 31 March 2010 (i.e. one week for first priority patients and five weeks for second priority patients) were HA's actual performance in 2009-10, indicating that HA has achieved its service targets.

HA has taken the following measures within its existing resources to improve the waiting time at SOPCs :

(a) to set up family medicine specialist clinics to serve as gatekeeper for SOPCs and follow-up on routine cases;
(b) to update clinical protocols to refer medically stable patients to receive follow-up primary health care services;
(c) to collaborate with private practitioners and non-governmental organizations to launch shared care programmes for medically stable patients;
(d) to develop referral guidelines on common presentations and diagnoses for referrals to SOPCs;
(e) to establish an electronic referral system to facilitate SOPC referrals; and
(f) to empower HA primary care clinics to use certain special drugs and arrange diagnostic investigations/procedures, with a view to facilitating follow-up of patients.

The table below sets out the total costs of the outpatient services of major specialties in 2009-10:

Specialty	Total Costs ($ million)
Medicine	2,557
Surgery	787
Obstetrics & Gynecology	378
Paediatrics	269
Orthopaedics & Traumatology	399
Psychiatry	665
Ear, Nose and Throat	201
Ophthalmology	391

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)025

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1404

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the indicator "Delivery of services", for "psychiatric services" under "ambulatory and outreach services", the number of psychiatric outreach attendances and the number of psychogeriatric outreach attendances have gone up from 168 000 and 83 000 in the 2010-11 revised estimates to 226 600 and 95 100 in the 2011-12 estimates.

(a) On what grounds did the Administration set a higher indicator for the number of attendances?

(b) What is the estimated amount of expenditure involved?

(c) Which Grades of health care officers are now providing psychiatric outreach services and psychogeriatric outreach services and how many officers are there? Please give a breakdown by Grades.

(d) Is the existing manpower sufficient for copying with the increased number of attendances? Does the Administration have any plan to strengthen manpower to meet the increased demand? If yes, what are the details and the expenditure involved? If no, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

The Hospital Authority (HA) delivers a range of mental health services, including inpatient, outpatient and community psychiatric services, using 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 allows flexible deployment of staff to cope with service needs and operational requirements. As at 31 December 2010, there were 316 psychiatrists, 1 942 psychiatric nurses (including 145 community psychiatric nurses), 44 clinical psychologists and 172 occupational therapists in HA providing various services to psychiatric patients, including psychiatric community outreach services.

The estimated increase in the number of psychiatric outreach attendances from 168 000 in 2010-11 to 226 600 in 2011-12 is mainly due to the expansion of the Case Management Programme for patients with severe mental illness and the setting up of Crisis Intervention Teams in the coming year. To implement the two initiatives, apart from the planned increase in the number of community psychiatric nurses, some 150 case managers including nurses and allied health professionals will also be recruited. The total additional expenditure involved is estimated at $108 million. In addition, HA will expand the psychogeriatric outreach service in 2011-12 to cover about 80 more residential care homes for the elderly. The number of psychogeriatric outreach attendance is expected to increase from 83 000 in 2010-11 to 95 100 in 2011-12. The additional expenditure involved is estimated at $13 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower

requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)026

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1405

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the indicator "Delivery of services", the number of allied health professionals, which comes under "manpower" will increase from 5633 as stated in the Revised Estimate for 2010-11 to 6070 as stated in the Estimate for 2011-12. In this regard, please advise on the following :

(a) What are the types of allied health professionals to be increased, their respective numbers and the services they provide?

(b) What is the estimated increase in the number of attendances with the increase in manpower?

(c) What is the estimated expenditure involved in increasing these allied health professionals?

Asked by: Hon. PAN Pey-chyou

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for healthcare services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and service enhancement plans.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiative, HA plans to recruit about 590 allied health staff in 2011-12, which represents over 90% of the available university graduates as well as some existing practitioners in the market. It is estimated that there will be a net increase of 437 allied health staff in 2011-12. The table below sets out the breakdown by grade of the planned additional allied health staff in 2011-12.

Grade	Number of additional staff to be recruited in 2011-12
Pharmacist and Dispenser	152
Medical Laboratory Technologist	32
Radiographer (Diagnostic Radiographer and Radiation Therapist)	46
Optometrist	10
Clinical Psychologist	18
Occupational Therapist	52
Physiotherapist	60
Social Worker	36

Grade	Number of additional staff to be recruited in 2011-12
Others (including Dietitian, Physicist, Prosthetist & Orthotist, Podiatrist and Speech Therapist)	31
Overall	**437**

A sum of $240 million has been earmarked by HA for the recruitment of the above additional allied health staff in 2011-12. The increase in allied health manpower will mainly be to support the enhanced services in the areas of pharmacy services, mental health services, primary care services, end-of-life care for terminally ill patients, laboratory service for treatment of chronic hepatitis and diabetes, computerized tomography scanning and magnetic resonance imaging services.

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines. Meanwhile, HA will continue to monitor the manpower situation of allied health staff and make appropriate arrangements in manpower planning and deployment to meet the service needs.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)027

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1406

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

On strengthening mental health services through extension of the Integrated Mental Health Programme to all clusters, please provide the following information :

(a) What are the details of this initiative?

(b) What is the estimated expenditure involved?

(c) What criteria will be adopted when allocating resources or funding among clusters? Please set out by clusters the estimated funding to be allocated under this programme.

(d) What is projected number of attendances after the extension? Please provide figures by clusters.

(e) Will the extension involve additional healthcare professionals? If yes, what are the details? What is the estimated expenditure involved? If not, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

Since October 2010, the Hospital Authority has implemented an Integrated Mental Health Programme in five clusters to provide assessment and treatment services to patients with common mental disorders in primary care settings. In 2011-12, this programme will be rolled out to all seven clusters to benefit a total of about 7 000 patients each year. It is estimated that 20 members of multi-disciplinary teams including Family Medicine specialists, nurses and allied health professionals will be involved in the programme for all the seven clusters. The total recurrent expenditure is estimated at $20 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)028

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1407

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the introduction of additional drugs in the Hospital Authority Drug Formulary as standard drugs and the expansion of use of drugs in the Formulary :

(a) What are the details?

(b) What are the numbers and types of additional drugs that will be included in the Formulary as standard drugs?

(c) What is the estimated expenditure involved?

(d) Will the programme affect the quantity of drugs to be provided to patients? Will the increase in expenditure on purchasing drugs lead to a reduction in the quantity of drugs to be provided to patients on each visits?

Asked by: Hon. PAN Pey-chyou

Reply:

The Government has earmarked additional recurrent funding of $237 million to the Hospital Authority (HA) to incorporate a cancer drug as special drug in the Drug Formulary (the Formulary) and expand the clinical applications of eight drug classes in 2011-12. All the eight drug classes are special drugs in the Formulary. The table below sets out the names of drugs/drug classes, their therapeutic use as well as the estimated number of patients who will benefit and the estimated expenditure involved for each drug/drug class each year.

Drug name/class	Therapeutic use	Estimated number of patients benefited	Estimated expenditure involved ($ million)
Incorporation of drug			
1. Capecitabine	Oral drug treatment for colorectal cancer	1 000	20
Expansion of clinical applications			
2. Traditional and recombinant insulin, DDP-IV inhibitor	Treatment for diabetic mellitus	29 000	38
3. Long-acting bronchodilators	Treatment for chronic obstructive pulmonary disease	7 500	44
4. Angiotensin II	Treatment for	6 000	10

Drug name/class	Therapeutic use	Estimated number of patients benefited	Estimated expenditure involved ($ million)
Receptor Blockers	cardiovascular diseases		
5. Atypical antipsychotic drugs (long acting oral and injection)	Treatment for mental illness	4 000	40
6. Epoetins	Treatment for renal anaemia	2 500	44
7. Glaucoma eye drops	Treatment for glaucoma	1 000	5
8. Antivirals	Treatment for Hepatitis B	1 300	26
9. Oral iron chelators	Treatment for thalassaemia major	50	10

The Formulary is developed by evaluating new drugs and reviewing the prevailing list of drugs on a regular basis under an established mechanism. The Drug Advisory Committee (DAC) regularly appraises new drugs, while the Drug Utilization Review Committee (DURC) conducts periodic review on existing drugs in the Formulary. The two committees are supported by expert panels which provide specialist views on the selection of drugs for individual specialties. The review process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness. The committees and expert panels also take into account relevant factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost, and views of professionals and patient groups, etc.

As part of the continuous efforts to enhance its transparency and partnership with the community, HA has established in 2009 a formal consultation mechanism under which annual consultation meetings will be convened to inform patient groups of the latest developments of the Formulary. Patient groups will be invited to submit their views and propose any changes to the Formulary after the meeting. Their views and suggestions will then be presented to the relevant committees for consideration.

The increased provision for drugs is to meet the funding requirements arising from expansion of the Formulary based on the latest scientific evidence and medical technology development. The consideration for dosage and quantity of drug prescription for individual patients is based on professional judgment on the patient's clinical needs and therapeutic outcome, and should not be affected by funding consideration.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)029

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1408

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

Subhead (No. & title):

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

The estimated total financial provision for 2011-12 is $155.7 million, representing an increase of 21.9% over the revised estimate of $127.7 million for 2010-11.

(a) What are the reasons for the increase in estimated total provision?

(b) What are the specific items to be covered by the increased expenditure and what are the corresponding estimates of these items?

Asked by: Hon. PAN Pey-chyou

Reply:

Provision for 2011-12 is $28.0 million (21.9%) higher than the revised estimate for 2010-11. This is mainly due to the increased cashflow requirement of approved capital projects ($19.9 million), including the replacement of central air-conditioning system for the Prince Philip Dental Hospital and the installation of a Central Sterile Supplies Unit with associated electrical, mechanical and building works; increased provision for filling of posts ($4.4 million) as well as the increase in other operating expenses in the Prince Philip Dental Hospital ($3.7 million).

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)030

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1442

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of permanent and contract staff of all principal ranks of all specialties and hospitals, their average length of service, as well as their wastage rate in the past three years (2008-09 to 2010-11).

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The table below sets out the number of permanent and contract staff of the principal ranks of all specialties in the Hospital Authority (HA), their average length of service and wastage rate in the past three years (i.e. from 2008-09 to 2010-11).

Specialty	Principal Ranks (Note 1)	Manpower Strength (Note 2)		Average Length of Service (Note 3)	Wastage Rate		
		Permanent	Contract		2008-09	2009-10	2010-11 (Annualized)
Accident and Emergency	Senior Medical Officer ("SMO") / Associate Consultant ("AC")	108	2	7.37	2.0%	0.0%	6.1%
	Medical Officer ("MO") / Resident	90	185	5.16	5.8%	4.5%	4.7%
	Nursing Officer ("NO") / Advanced Practice Nurse ("APN") [Including NO (Psychiatric) ("NO(Psy)"), APN(Psy)]	156	0	8.99	2.7%	0.7%	2.6%
	Enrolled Nurse ("EN") (Including EN(Psy))	21	6	11.59	6.5%	3.6%	10.9%
	Registered Nurse ("RN") (Including RN(Psy))	344	140	8.42	4.9%	3.5%	5.2%
Anaesthesia	SMO / AC	109	19	4.20	5.1%	7.4%	7.6%
	MO / Resident	19	160	3.68	3.3%	5.6%	3.0%
	NO / APN (Including NO(Psy), APN(Psy))	50	0	9.02	0.0%	0.0%	0.0%
	EN (Including EN(Psy))	23	5	14.71	0.0%	0.0%	6.3%
	RN (Including RN(Psy))	158	38	8.09	6.3%	9.5%	4.0%

Specialty	Principal Ranks (Note 1)	Manpower Strength (Note 2)		Average Length of Service (Note 3)	Wastage Rate		
		Permanent	Contract		2008-09	2009-10	2010-11 (Annualized)
Family Medicine and Outpatient Department/Staff Clinics/General Outpatient Clinic	SMO / AC	57	5	7.11	2.2%	3.7%	2.2%
	MO / Resident	115	317	6.43	7.3%	6.4%	6.4%
Medicine	SMO / AC	251	5	6.85	3.2%	3.4%	3.3%
	MO / Resident	231	503	4.45	5.9%	5.7%	5.9%
	NO / APN (Including NO(Psy), APN(Psy))	690	3	7.28	2.1%	1.7%	1.8%
	EN (Including EN(Psy))	680	59	15.26	4.4%	3.2%	5.4%
	RN (Including RN(Psy))	2467	651	8.79	5.1%	3.9%	5.5%
Obstetrics and Gynaecology	SMO / AC	29	14	2.98	14.0%	21.3%	22.0%
	MO / Resident	10	110	3.12	4.3%	2.5%	3.3%
	NO / APN (Including NO(Psy), APN(Psy))	181	0	7.90	2.4%	1.2%	0.7%
	EN (Including EN(Psy))	1	0	18.00	37.5%	0.0%	0.0%
	RN (Including RN(Psy))	583	142	9.89	4.9%	4.1%	8.8%
Ophthalmology	SMO / AC	36	1	3.35	3.1%	2.9%	10.5%
	MO / Resident	14	81	2.53	6.5%	3.1%	6.9%
	NO / APN (Including NO(Psy), APN(Psy))	16	0	6.00	7.3%	6.5%	8.2%
	EN (Including EN(Psy))	24	6	13.60	7.3%	0.0%	4.5%
	RN (Including RN(Psy))	65	12	10.25	3.0%	0.0%	1.9%
Orthopaedics and Traumatology	SMO / AC	67	0	5.68	4.4%	4.2%	5.9%
	MO / Resident	77	116	3.97	7.5%	3.2%	6.3%
	NO / APN (Including NO(Psy), APN(Psy))	127	0	6.54	2.0%	3.3%	0.0%
	EN (Including EN(Psy))	42	10	11.90	1.5%	1.6%	5.2%
	RN (Including RN(Psy))	357	127	7.11	5.9%	2.7%	4.7%
Paediatrics	SMO / AC	71	4	6.71	2.6%	2.6%	3.4%
	MO / Resident	53	134	4.01	9.2%	3.6%	9.7%
	NO / APN (Including NO(Psy), APN(Psy))	157	2	6.85	1.4%	2.0%	6.7%
	EN (Including EN(Psy))	23	3	15.15	0.0%	6.5%	5.2%
	RN (Including RN(Psy))	617	207	10.16	7.4%	6.9%	10.3%
Pathology	SMO / AC	64	5	6.87	0.0%	2.8%	1.9%
	MO / Resident	14	73	3.17	2.6%	7.8%	0.0%
	NO / APN (Including NO(Psy), APN(Psy))	7	0	5.29	0.0%	0.0%	0.0%
	RN (Including RN(Psy))	17	5	8.64	0.0%	0.0%	0.0%
Psychiatry	SMO / AC	78	4	5.05	4.7%	1.3%	11.7%
	MO / Resident	64	145	4.37	3.0%	1.9%	5.1%

Specialty	Principal Ranks (Note 1)	Manpower Strength (Note 2)		Average Length of Service (Note 3)	Wastage Rate		
		Permanent	Contract		2008-09	2009-10	2010-11 (Annualized)
	NO / APN (Including NO(Psy), APN(Psy))	294	1	8.24	0.0%	1.4%	4.2%
	EN (Including EN(Psy))	454	28	17.23	1.8%	3.1%	4.6%
	RN (Including RN(Psy))	916	151	9.47	1.5%	2.2%	2.7%
Radiology	SMO / AC	56	12	5.46	9.4%	2.7%	11.0%
	MO / Resident	1	120	3.25	2.9%	2.7%	1.2%
	NO / APN (Including NO(Psy), APN(Psy))	10	0	5.90	0.0%	0.0%	13.3%
	EN (Including EN(Psy))	45	0	17.67	0.0%	0.0%	3.0%
	RN (Including RN(Psy))	63	6	13.33	5.3%	0.0%	13.6%
Surgery	SMO / AC	136	12	4.35	6.7%	4.1%	4.5%
	MO / Resident	63	307	3.09	2.6%	3.1%	1.8%
	NO / APN (Including NO(Psy), APN(Psy))	270	0	6.56	2.8%	1.5%	2.4%
	EN (Including EN(Psy))	115	12	13.49	4.3%	5.4%	9.2%
	RN (Including RN(Psy))	810	316	8.80	6.1%	5.7%	5.4%
Others	SMO / AC	98	6	4.67	3.4%	3.1%	6.6%
	MO / Resident	52	138	3.91	5.2%	1.5%	4.1%
	NO / APN (Including NO(Psy), APN(Psy))	904	18	6.59	3.6%	2.1%	4.2%
	EN (Including EN(Psy))	755	66	16.80	4.0%	3.7%	5.0%
	RN (Including RN(Psy))	3128	1558	7.88	5.5%	5.3%	6.1%
	Health Care Assistant	3144	0	12.86	3.7%	5.4%	5.7%
	General Services Assistant	1816	6442	2.08	16.7%	13.7%	16.8%
	Technical Services Assistant	889	2096	1.98	14.4%	13.0%	15.9%
	Clerk III	1658	253	12.17	1.5%	2.0%	2.1%
	Workman II	3183	0	16.01	5.1%	6.3%	8.0%

The table below sets out the number of permanent and contract staff in the HA Head Office and different clusters, their average length of service and wastage rate in the past three years (i.e. from 2008-09 to 2010-11).

Cluster	Hospital	Manpower Strength (Note 2)		Average Length of Service (Note 4)	Wastage Rate		
		Permanent	Contract		2008-09	2009-10	2010-11 (Annualized)
HA Head Office		637	731	9.56	6.69%	4.35%	6.14%
Hong Kong East cluster	CCH	139	32	11.48	6.46%	8.73%	6.96%
	HEC	283	154	10.85	13.11%	7.34%	9.70%
	PYN	2480	1304	10.84	7.07%	6.86%	9.06%
	RHTSK	888	313	12.51	7.95%	6.12%	9.87%
	SJH	94	14	14.13	5.44%	5.48%	2.43%
	TBA	7	1	16.63	0.00%	0.00%	0.00%
	TEH	376	163	11.26	8.18%	6.80%	7.71%
	WCH	125	25	12.65	5.89%	10.99%	3.34%
	Sub-total	4392	2007	11.31	7.43%	6.86%	8.81%
Hong Kong West cluster	DKH	172	45	13.28	4.74%	8.20%	12.01%
	FYK	186	77	11.34	9.05%	7.82%	7.45%
	GH	391	135	12.37	8.50%	9.18%	10.02%
	HWC	29	23	9.67	0.00%	57.14%	24.00%
	MMR	109	30	13.13	8.51%	4.85%	12.32%
	QMH	3123	1551	11.42	7.13%	6.40%	8.99%
	TWH	581	164	12.21	6.24%	7.24%	7.38%
	Sub-total	4591	2025	11.66	7.18%	6.81%	9.06%
Kowloon Central cluster	BH	248	86	12.64	4.31%	3.87%	4.59%
	BTS	198	103	11.87	6.61%	8.68%	10.68%
	CKC	39	19	11.74	0.00%	10.00%	7.23%
	HKE	188	72	11.95	5.97%	3.70%	6.26%
	KH	1279	420	12.11	4.73%	4.22%	6.98%
	QEH	3370	1603	11.57	6.81%	5.96%	8.32%
	RC	19	4	12.39	12.37%	3.97%	17.56%
	Sub-total	5341	2307	11.76	6.20%	5.51%	7.91%
Kowloon East cluster	HHH	461	135	12.22	4.90%	4.67%	7.08%
	KEC	6	1	17.43	0.00%	14.81%	0.00%
	TKO	769	405	10.22	8.09%	6.21%	7.10%
	UCH	2662	1280	10.77	5.72%	5.60%	7.35%
	Sub-total	3898	1820	10.82	6.09%	5.63%	7.26%
Kowloon West cluster	CMC	1526	600	11.65	5.53%	5.29%	7.45%
	KCH	958	240	13.86	5.17%	5.05%	6.08%
	KWH	2099	802	11.91	5.73%	5.46%	6.89%
	OLM	418	192	11.17	6.78%	5.76%	7.16%
	PMH	2559	1143	11.25	7.40%	5.82%	6.73%
	WKC	141	57	12.41	38.10%	0.00%	16.25%
	WTS	476	98	13.67	4.39%	5.53%	7.85%
	YCH	1306	341	12.75	4.39%	5.13%	4.21%

Cluster	Hospital	Manpower Strength (Note 2)		Average Length of Service (Note 4)	Wastage Rate		
		Permanent	Contract		2008-09	2009-10	2010-11 (Annualized)
	Sub-total	9483	3474	12.02	5.96%	5.47%	6.66%
New Territories East cluster	AHN	971	405	11.30	6.39%	5.13%	5.91%
	BBH	35	14	12.04	10.38%	8.15%	5.25%
	NDH	1094	426	11.22	5.14%	5.00%	4.80%
	NEC	313	76	12.92	4.51%	5.49%	7.71%
	PWH	2655	1321	11.46	6.82%	5.82%	7.21%
	SCH	148	56	12.03	3.47%	7.06%	11.00%
	SH	586	172	13.18	4.60%	7.13%	7.68%
	TPH	596	218	10.90	3.61%	4.97%	6.60%
	Sub-total	6398	2687	11.57	5.86%	5.64%	6.69%
New Territories West cluser	CPH	1003	224	13.98	4.05%	4.88%	5.60%
	NWC	33	29	9.52	0.00%	0.00%	7.59%
	POH	473	550	8.09	6.26%	9.09%	10.11%
	SLH	257	57	13.18	5.96%	5.02%	12.16%
	TMH	3074	1633	10.81	6.17%	5.83%	6.65%
	Sub-total	4840	2493	11.05	5.80%	6.03%	7.18%
Grand Total		**39581**	**17544**	**11.49**	**6.29%**	**5.88%**	**7.47%**

Notes

1. Principal ranks refer to ranks with over 1 000 staff strength
2. Manpower strength refers to the manpower on full-time equivalent basis as at 31 Dec 2010
3. Average length of service refers to the average year of service in the rank
4. Average length of service refers to the average year of service in HA

Abbreviations

AHN - Alice Ho Miu Ling Nethersole Hospital
BBH - Bradbury Hospice
BH - Hong Kong Buddhist Hospital
BTS - HK Red Cross Blood Transfusion Service
CCH - Cheshire Home, Chung Hom Kok
CKC - Kowloon Central Cluster Office
CMC - Caritas Medical Centre
CPH - Castle Peak Hospital
DKH - Duchess of Kent Children's Hospital
FYK - Tung Wah Group of Hospitals Fung Yiu King Hospital
GH - Grantham Hospital
HEC - Hong Kong East Cluster Office
HHH - Haven of Hope Hospital
HKE - Hong Kong Eye Hospital
HWC - Hong Kong West Cluster Office
KCH - Kwai Chung Hospital
KEC - Kowloon East Cluster Office
KH - Kowloon Hospital
KWH - Kwong Wah Hospital
MMR - MacLehose Medical Rehabilitation Centre
NDH - North District Hospital

NEC - New Territories East Cluster Office
NWC - New Territories West Cluster Office
OLM - Our Lady of Maryknoll Hospital
PMH - Princess Margaret Hospital
POH - Pok Oi Hospital
PWH - Prince of Wales Hospital
PYN - Pamela Youde Nethersole Eastern Hospital
QEH - Queen Elizabeth Hospital
QMH - Queen Mary Hospital
RC - Rehabaid Centre
RHTSK - Ruttonjee & Tang Shiu Kin Hospitals
SCH - Cheshire Home, Shatin
SH - Shatin Hospital
SJH - St. John Hospital
SLH - Siu Lam Hospital
TBA - HK Tuberculosis, Chest & Heart Diseases Association
THE - Tung Wah Eastern Hospital
TKO - Tseung Kwan O Hospital
TMH - Tuen Mun Hospital
TPH - Tai Po Hospital
TWH - Tung Wah Hospital
UCH - United Christian Hospital
WCH - Wong Chuk Hang Hospital
WKC - Kowloon West Cluster Office
WTS - Tung Wah Group of Hospitals Wong Tai Sin Hospital
YCH - Yan Chai Hospital

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)031

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1443

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority indicates that it will enhance provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, and expansion of the Cancer Case Manager Programme. Would the Administration elaborate how the services will be enhanced, with details including the staffing provision, the estimated resources and the anticipated number of beneficiaries?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Hospital Authority (HA) will enhance haemodialysis service, cardiac service, clinical oncology service, palliative care and expand the cancer case manager programme in 2011-12. Details of these initiatives are set out in the table below. The detailed manpower requirements are being worked out and are not yet available.

Programme	Description	Estimated Recurrent Expenditure
Haemodialysis (HD) service	HA will enhance HD service for patients with end-stage renal disease by providing additional 37 hospital HD places and 30 home HD places, as well as developing home automated peritoneal dialysis for 55 patients.	$18 million
Cardiac service	HA will improve acute cardiac service by providing two additional cardiac care unit beds and enhance the provision of primary and emergency percutaneous coronary intervention service. HA aims to provide enhanced cardiac service to 30 additional patients in 2011-12.	$5 million
Clinical oncology service	HA will enhance provision of onsite clinical oncology service and chemotherapy day care at the United Christian Hospital of the Kowloon East cluster. An additional 750 consultations and 750 day attendances will be provided in 2011-12.	$7 million
Palliative care for terminally ill patients	HA will enhance palliative care, including pain control, symptom management, psychosocial spiritual care and	$20 million

Programme	Description	Estimated Recurrent Expenditure
	home care support for patients with terminal cancer and end stage organ failure, through a multi-disciplinary team approach. HA aims to provide the service to 2,000 additional patients in 2011-12.	
Expansion of the cancer case manager program	HA will expand the cancer case manager programme to streamline and enhance coordination in management of cancer patients in Hong Kong East and Kowloon Central Clusters. HA aims to provide the service to 350 additional breast cancer patients and 600 additional colorectal cancer patients in 2011-12.	$4 million

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)032

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1444

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the 2010-11 Estimates, target numbers of 395 community nurses, 154 community psychiatric nurses and 639 geriatric day places were set for 2010-11. However, none of them are met as shown in the Estimates this year. The target numbers of geriatric day places and community psychiatric nurses are even slightly adjusted downwards to 619 and 152 respectively. Would the Administration give reasons for the revision and advise on the change in the expenditure involved?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for healthcare services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement.

To meet the rise in service demand, HA will increase the number of its community nurses from 388 in 2010-11 to 398 in 2011-12. The number of home visits by community nurses is expected to increase from 827 000 in 2010-11 to 834 000 in 2011-12. HA will continue to monitor the manpower situation of community nurses and make appropriate arrangements in manpower planning and deployment to meet the service needs.

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines. Meanwhile, HA nursing schools will continue to provide training places to ensure continuous supply of nursing manpower.

HA delivers a range of mental health services, including inpatient, outpatient and community psychiatric services, using 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 allows flexible deployment of staff to cope with service needs and operational requirements. As at 31 December 2010, there were 316 psychiatrists, 1 942 psychiatric nurses (including 145 community psychiatric nurses), 44 clinical psychologists and 172 occupational therapists in HA providing various services to psychiatric patients, including psychiatric community outreach services.

It is estimated that the number of psychiatric outreach attendances will increase from 168 000 in 2010-11 to 226 600 in 2011-12, mainly due to the expansion of the Case Management Programme for patients with severe mental illness and the setting up of Crisis Intervention Teams in the coming year. To implement the two initiatives, apart from the planned increase in the number of community psychiatric nurses, some 150 case managers including nurses and allied health professionals will also be recruited. The total additional expenditure involved is estimated at $108 million. In addition, HA will expand the psychogeriatric outreach service in 2011-12 to cover about 80 more residential care homes for the elderly. The number of psychogeriatric outreach attendance is expected to increase from 83 000 in 2010-11 to 95 100 in 2011-12. The additional expenditure involved is estimated at $13 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

In 2010-11, HA operates a total of 639 geriatric day places, including 619 day places provided as a part of HA's elderly service and 20 day places provided under the Integrated Discharge Support Programme for elderly patients implemented by the Labour and Welfare Bureau. The figures presented in the 2010-11 revised estimate and 2011-12 estimates refer to the 619 day places provided under HA's elderly service.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)033

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1445

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Matters Requiring Special Attention in 2011-12 that the Hospital Authority (HA) will introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the Hospital Authority Drug Formulary, and it is stated in the Budget Speech that HA will enhance the efficacy of treating nine diseases by incorporating more drugs into the Hospital Authority Drug Formulary. Please advise us on the relevant details, the justifications for introducing these drugs as standard drugs or expanding their use, the respective amounts of additional annual expenditure involved and the estimated number of people benefiting therefrom.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Government has earmarked additional recurrent funding of $237 million to the Hospital Authority (HA) to incorporate a cancer drug as special drug in the Drug Formulary (the Formulary) and expand the clinical applications of eight drug classes in 2011-12. All the eight drug classes are special drugs in the Formulary. The table below sets out the names of drugs/drug classes, their therapeutic use as well as the estimated number of patients who will benefit and the estimated expenditure involved for each drug/drug class each year.

Drug name/class	Therapeutic use	Estimated number of patients benefited	Estimated expenditure involved ($ million)
Incorporation of drug			
1. Capecitabine	Oral drug treatment for colorectal cancer	1 000	20
Expansion of clinical applications			
2. Traditional and recombinant insulin, DDP-IV inhibitor	Treatment for diabetic mellitus	29 000	38
3. Long-acting bronchodilators	Treatment for chronic obstructive pulmonary disease	7 500	44
4. Angiotensin II Receptor Blockers	Treatment for cardiovascular diseases	6 000	10
5. Atypical antipsychotic drugs (long acting oral and injection)	Treatment for mental illness	4 000	40

Drug name/class	Therapeutic use	Estimated number of patients benefited	Estimated expenditure involved ($ million)
6. Epoetins	Treatment for renal anaemia	2 500	44
7. Glaucoma eye drops	Treatment for glaucoma	1 000	5
8. Antivirals	Treatment for Hepatitis B	1 300	26
9. Oral iron chelators	Treatment for thalassaemia major	50	10

The Formulary is developed by evaluating new drugs and reviewing prevailing list of drugs on a regular basis under an established mechanism. The Drug Advisory Committee (DAC) regularly appraises new drugs, while the Drug Utilization Review Committee (DURC) conducts periodic review on existing drugs in the Formulary. The two committees are supported by expert panels which provide specialist views on the selection of drugs for individual specialties. The review process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness. The committees and expert panels also take into account relevant factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost, and views of professionals and patient groups, etc.

As part of the continuous efforts to enhance its transparency and partnership with the community, HA has established in 2009 a formal consultation mechanism under which annual consultation meetings will be convened to inform patient groups of the latest developments of the Formulary. Patient groups will be invited to submit their views and propose any changes to the Formulary after the meeting. Their views and suggestions will then be presented to the relevant committees for consideration.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)034

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1446

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list for each cluster the number of doctors, the number of nurses, the ratio between doctors and overall cluster population, the ratio between nurses and overall cluster population, the number of beds, and the bed occupancy rate.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The table below sets out the numbers and ratio of doctors and nurses in the Hospital Authority per 1 000 population, as well as the number of hospital beds and the bed occupancy rate by clusters :

Cluster	**Number of healthcare professionals as at 31 December 2010**				**Hospital Beds**	
	Doctors		**Nurses**		**Number**	**Occupancy Rate (April - December 2010)**
	Number	**Ratio per 1 000 population**	**Number**	**Ratio per 1 000 population**		
Hong Kong East	555	0.7	2 081	2.5	3 029	84%
Hong Kong West	573	1.1	2 422	4.5	3 135	73%
Kowloon Central	654	1.3	2 784	5.6	3 545	88%
Kowloon East	586	0.6	2 090	2.2	2 271	86%
Kowloon West	1 204	0.6	4 708	2.5	6 582	81%
New Territories East	837	0.6	3 243	2.5	4 514	85%
New Territories West	665	0.6	2 623	2.5	3 905	88%
Total	**5 074**	**0.7**	**19 951**	**2.8**	**26 981**	**83%**

It should be noted that the ratio of doctors and nurses per 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; and

(b) some specialized services are available only in a number of hospitals and the doctors and nurses in these hospitals are also providing services for patients in other clusters.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)035

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1449

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the estimated number of psychiatric outreach attendances is 226 600, an increase of about 35% as compared with 168 000 in 2010-11. However, there is only an addition of 7 community psychiatric nurses, an increase of merely 5% over the previous year. Would the Administration list how many times on average that each community psychiatric nurse provided outreach services annually in the past three years (i.e. from 2008-09 to 2010-11) and explain why the targeted increase in psychiatric outreach services is not commensurate with the addition in respect of community psychiatric nurses?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Hospital Authority (HA) delivers a range of mental health services, including inpatient, outpatient and community psychiatric services, using 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 allows flexible deployment of staff to cope with service needs and operational requirements. As at 31 December 2010, there were 316 psychiatrists, 1 942 psychiatric nurses (including 145 community psychiatric nurses), 44 clinical psychologists and 172 occupational therapists in HA providing various services to psychiatric patients, including psychiatric community outreach services.

The estimated increase in the number of psychiatric outreach attendances from 168 000 in 2010-11 to 226 600 in 2011-12 is mainly due to the expansion of the Case Management Programme for patients with severe mental illness and the setting up of Crisis Intervention Teams in the coming year. To implement the two initiatives, apart from the planned increase in the number of community psychiatric nurses, some 150 case managers including nurses and allied health professionals will also be recruited. The total additional expenditure involved is estimated at $108 million. In addition, HA will expand the psychogeriatric outreach service in 2011-12 to cover about 80 more residential care homes for the elderly. The number of psychogeriatric outreach attendance is expected to increase from 83 000 in 2010-11 to 95 100 in 2011-12. The additional expenditure involved is estimated at $13 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)036

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1450

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list by district the respective numbers of home visits by community nurses, geriatric outreach attendances and psychiatric outreach attendances.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The table below sets out the number of home visits by community nurses, geriatric outreach attendances and psychiatric outreach attendances by clusters in 2009-10 and 2010-11 (as at 31 December 2010).

Cluster	No. of home visits by community nurses	No. of psychogeriatric outreach attendances	No. of psychiatric outreach attendances
2009-10			
Hong Kong East	98 650	114 604	13 845
Hong Kong West	54 750	35 723	7 351
Kowloon Central	65 961	74 700	8 679
Kowloon East	157 727	37 795	11 672
Kowloon West	235 955	179 454	37 130
New Territories East	123 222	77 595	22 970
New Territories West	87 642	106 416	34 280
Overall	**823 907**	**626 287**	**135 927**
2010-11 (as at 31 December 2010)			
Hong Kong East	75 855	86 722	10 166
Hong Kong West	43 604	28 828	5 533
Kowloon Central	49 330	51 269	6 496
Kowloon East	118 139	27 591	17 423
Kowloon West	178 092	136 032	34 120
New Territories East	93 567	61 479	16 849
New Territories West	64 615	75 904	34 593
Overall	**623 202**	**467 825**	**125 180**

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)037

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN / SUPPLEMENTARY QUESTION

Question Serial No.

1451

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the manpower responsible for and the relevant estimates in connection with overseeing the implementation of the registration system for proprietary Chinese medicines and strengthening the regulation of Chinese medicine, working out a timetable for mandatory compliance with the Good Manufacturing Practice for the manufacture of proprietary Chinese medicines, and overseeing the setting of standards for Chinese herbal medicines commonly used in Hong Kong.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

There are 38 civil service posts under the Department of Health (DH)'s Chinese Medicines Section responsible for the regulatory duties. Details on the posts are at the Annex. There is no additional provision earmarked in 2011-12 for this function.

To facilitate quality management, the Chinese Medicines Board has issued the "Guidelines on Good Manufacturing Practice in respect of Proprietary Chinese Medicines" to provide guidance to pCm manufacturers. At present, compliance with the Good Manufacturing Practice (GMP) requirements is not mandatory. The Government will engage the trade to work out a timeframe for the introduction of mandatory GMP requirements so as to regulate more effectively the manufacturing of pCm.

An additional provision of $6.1 million will be allocated in 2011-12 on GMP requirements for the manufacturing of pCm and implement a pharmacovigilance programme for pCm. Guidelines on GMP have been developed and training will be provided to facilitate the trade to attain GMP standards. To this end, seven posts, namely one Senior Pharmacist, two Pharmacists, three Scientific Officers (Medical) and one general grade post, will need to be created under the Department of Health in 2011-12. A provision of $2.3 million has also been earmarked for Government Laboratory to create four civil service posts, comprising one Chemist and three Science Laboratory Technicians II, to provide analytical support for GMP compliance check.

An additional provision of $12.7 million will also be allocated in 2011-12 to expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. Standards for 60 herbs have already been developed and published. Research work for another 36 herbs has been completed and that on the remaining 104 herbs is expected to be completed by 2012. No civil service post will be created for this initiative in 2011-12. At present, two civil service Scientific Officers (Medical) and nine NCSC positions, include two Chinese Medicine Officers, two Chinese Medicine Assistants, four project Officers and one Administration Assistant in DH, are responsible for the job.

Annex

Chinese Medicines Section

Breakdown of civil service posts

Rank	Number
Senior Pharmacist	3
Pharmacist	18
Scientific Officer (Medical)	4
Foreman	4
Executive Officer I	1
Executive Officer II	1
Clerical Officer	4
Assistant Clerical Officer	2
Clerical Assistant	1
Total:	**38**

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)038

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1452

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration indicate the proportion represented by the number of cases of unpaid hospital maintenance fees in the total number of people treated, as well as the proportion of local residents and non-local residents in write-off cases for the past three years (i.e. From 2008-09 to 2010-11)?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The table below sets out the number of in-patient write-off cases in the Hospital Authority, the percentages of cases for eligible persons and non-eligible persons over the total write-off cases, as well as the percentage of write-off cases over the total in-patient cases for 2008-09, 2009-10 and 2010-11 (up to 31 December 2010).

	In-patient write-off cases			**Percentage of total number of write-off cases over total number of in-patient cases**
	Total number of write-off cases	**Percentage of eligible persons**	**Percentage of non-eligible persons**	
2008-09	9 686	82%	18%	0.8%
2009-10	9 928	86%	14%	0.7%
2010-11 (up to 31 December 2010)	6 865	87%	13%	0.6%

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)039

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1453

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list by cluster the number of patients in each accident and emergency triage category, the average waiting time for them, and the proportions of patients granted medical fee remission who are Comprehensive Social Security Assistance (CSSA) recipients, non-CSSA recipients and non-local residents.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The tables below set out the number of Accident and Emergency (A&E) attendances in various triage categories in each hospital cluster for 2009-10 and 2010-11 (up to December 2010) :

2009-10

Cluster	**Number of A&E attendances**				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKE	2 095	3 186	51 468	164 684	17 741
HKW	1 080	1 873	31 488	77 286	10 385
KC	4 129	4 309	82 380	94 737	13 927
KE	2 391	3 588	94 569	169 807	35 397
KW	5 486	8 079	181 377	312 951	33 696
NTE	2 820	5 973	94 723	260 141	22 250
NTW	1 456	6 145	85 001	209 554	30 178
Overall	**19 457**	**33 153**	**621 006**	**1 289 160**	**163 574**

2010-11 (April - December 2010)

Cluster	Number of A&E attendances				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKE	1 548	2 258	37 564	124 305	14 921
HKW	771	1 285	24 347	59 844	7 148
KC	2 961	2 826	64 624	71 116	8 845
KE	1 701	2 964	72 560	131 526	23 897
KW	4 251	5 408	138 064	236 400	25 993
NTE	2 137	4 497	73 143	194 010	15 124
NTW	1 060	4 407	67 748	148 238	37 952
Overall	**14 429**	**23 645**	**478 050**	**965 439**	**133 880**

The tables below set out the average waiting time for A&E services of patients in various triage categories in each hospital cluster for 2009-10 and 2010-11 (up to December 2010) :

2009-10

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKE	0	5	16	68	113
HKW	0	5	18	70	119
KC	0	6	18	77	104
KE	0	7	15	76	114
KW	0	6	18	92	101
NTE	0	8	19	69	68
NTW	0	3	14	61	65
Overall	**0**	**6**	**17**	**75**	**95**

2010-11 (April - December 2010)

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKE	0	5	15	55	102
HKW	0	5	18	69	117
KC	0	5	16	65	99
KE	0	7	15	79	139
KW	0	6	17	92	113
NTE	0	8	21	73	74
NTW	0	2	13	63	78
Overall	**0**	**6**	**17**	**74**	**101**

The table below sets out the percentage of total number of A&E attendances granted with medical fee waivers with breakdown by recipients of Comprehensive Social Security Assistance (CSSA), eligible persons and non-eligible persons :

	Percentage of total number of A&E attendances granted with medical fee waivers			
	CSSA recipients	**Non-CSSA recipients**		**Total**
		Eligible persons	**Non-eligible persons**	
2009-10	20.6%	1.0%	0.3%	21.9%
2010-11 (April -December 2010)	20.1%	0.9%	0.3%	21.3%

Abbreviations

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

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)040

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1571

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please give a breakdown of the average working hours per week and turnover rates of doctors and nurses by different specialties for the past 3 years (i.e. from 2008-09 to 2010-11).

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the average weekly work hour of doctors according to the survey conducted on the work hour of doctors in 2009-10, and the turnover rates of doctors by specialty from 2008-09 to 2010-11. The Hospital Authority (HA) had not conducted any survey on the work hour of doctors in 2008-09. Data on the work hour of doctors for 2010-11 are being collected.

Specialty	2008-09	2009-10		2010-11
	Turnover rate (1 April 2008 to 31 March 2009)	**Average weekly work hour [1]**	**Turnover rate (1 April 2009 to 31 March 2010)**	**Turnover rate (1 January 2010 to 31 December 2010)**
Accident & Emergency	4.9%	43.7	3.0%	4.9%
Anaesthesia	3.8%	51.1	6.0%	5.1%
Cardiothoracic Surgery	3.3%	54.6	6.9%	3.5%
Family Medicine	6.8%	44.4	6.1%	5.6%
Medicine	4.8%	53.4	5.2%	5.6%
Neurosurgery	3.5%	57.9	3.4%	5.8%
Obstetrics & Gynaecology	6.0%	59.8	8.3%	10.3%
Ophthalmology	6.5%	50.5	3.4%	7.4%
Orthopaedics & Traumatology	6.2%	57.9	3.7%	5.6%
Paediatrics	6.6%	56.3	3.5%	6.4%
Pathology	1.1%	46.9	4.4%	2.5%
Psychiatry [2]	4.1%	47.6	1.9%	5.7%
Radiology	5.6%	47.2	3.7%	4.4%
Surgery	4.3%	58.4	4.5%	3.7%
Overall	**5.0%**	**51.9**	**4.4%**	**5.4%**

Notes :

1. The average weekly work hours are calculated based on rostered hours and self-reported hours of called back duties during off-site calls from July to December 2009.
2. The services of the psychiatric department include services for the mentally handicapped.

Nurses are generally rostered to work on shift with an average weekly work hour of 44 hours per nurse. The table below sets out the turnover rates of nurses by specialty from 2008-09 to 2010-11.

Specialty	**Turnover Rate**		
	2008-09 (1 April 2008 to 31 March 2009)	**2009-10 (1 April 2009 to 31 Mach 2010)**	**2010-11 (1 January to 31 December 2010)**
Medicine	4.5%	3.5%	4.6%
Obstetrics & Gynaecology	5.0%	4.2%	6.2%
Orthopaedics & Traumatology	4.8%	2.7%	4.0%
Paediatrics	6.5%	6.0%	8.8%
Psychiatry [1]	1.7%	2.3%	3.3%
Surgery	5.4%	4.9%	5.6%
Others [2]	5.0%	4.4%	5.1%
Overall	**4.7%**	**4.1%**	**5.1%**

Notes :

1. The services of the psychiatric department include services for the mentally handicapped.
2. About 4 000 nursing staff are posted under the "central pool" of Nursing Management or Nursing Administration department. The exact figures deployed to the individual departments from the pool are not readily available. The turnover of these 4 000 staff is not reflected in the turnover figures for the major specialties as indicated above.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)041

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1572

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the number of applications received, the number of applications approved (including cases granted a full subsidy and those granted a partial subsidy) and the average amount of subsidy granted in each case under the Samaritan Fund in the past three years (i.e. 2008-09 to 2010-11) respectively.

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the total number of applications received by the Hospital Authority for assistance under the Samaritan Fund; the number of cases approved for subsidy (including cases granted a full subsidy and those granted a partial subsidy); and the average amount of subsidy granted in each case for 2008-09, 2009-10 and 2010-11 (up to 31 December 2010).

Year	**Total number of applications received**	**Number of applications approved**		**Average amount of subsidy granted in each approved case**
		Full subsidy granted	**Partial subsidy granted**	
2008-09	4 448	3 812	614	$35,000
2009-10	4 768	4 094	642	$35,924
2010-11 (up to 31 December 2010)	4 102	3 437	647	$43,362

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)042

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1575

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the provision of training opportunities for graduates of local Chinese medicine degree programmes, please provide the following information:

(a) How many such graduates were employed in the past three years (i.e. 2008-09 to 2010-11) respectively by the Chinese medicine clinics in the public sector?

(b) How many healthcare workers are currently employed by each of the Chinese medicine clinics in the public sector and what is their structure? Has funding been earmarked for such clinics to recruit additional personnel?

(c) What are the starting salary point and maximum salary point of the Chinese medicine practitioners working in the aforesaid clinics?

(d) Will funding be earmarked for setting up hospitals of Chinese medicine to further provide the graduates with opportunities for clinical diagnosis?

Asked by: Hon. CHAN Hak-kan

Reply:

The services of public CMCs are provided through tripartite collaboration of the Hospital Authority, a non-governmental organisation (NGO) and a university for each of the clinics. The NGO partner is responsible for the day-to-day operation of the clinic and training opportunities are provided to graduates of the universities. Fresh graduates of local Chinese medicine degree programmes will be engaged as junior Chinese medicine practitioners (JCMPs) in the first year and as Chinese medicine practitioner trainees (CMPTs) in the second and third years. Each NGO is required to employ at least four part-time (or two full-time) senior Chinese medicine practitioners and 12 JCMPs/CMPTs. The number of graduates employed by public CMCs in 2008-09, 2009-10 and 2010-11 (up to end 2010) was 83, 171 and 193 respectively. The NGO may decide to engage other clinical and supporting staff (including registered/enrolled nurse, Chinese medicine pharmacist, Chinese medicine dispensers and general support staff) to meet operational needs. These employees are engaged as staff of the respective NGO and their salaries are determined by the NGO concerned.

The long-term goal of the Government in promoting the development of Chinese medicine is to develop, through an "evidence-based" approach, a model of collaboration between Chinese and Western medical

practitioners that can meet the actual circumstances and needs of Hong Kong. The contribution of Chinese medicine to primary care is widely recognised by the public. To this end, the Government has established CMCs in 14 districts since 2003 and will add two more later this year to promote the development of Chinese medicine services.

For patients who need to be hospitalised or are suffering from severe illnesses, they usually seek treatment from Western medical practitioners and occasionally consult CMPs for supplementary purpose. Setting up a purely traditional Chinese medicine hospital may not provide the most comprehensive treatment to patients. At present, HA has set up integrated Chinese and western medicine wards and service units in a few hospitals. The Government currently has no plan to establish a public Chinese medicine hospital.

In the meantime, to develop our medical services, the Government has reserved four sites at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau, and invited expressions of interest from the market to develop private hospitals. These hospital developments may provide traditional Chinese medicine services in conjunction with western medical services, subject to the special requirements, the scope of specialties, price transparency etc. which the government will determine for the private hospital developments at these sites.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)043

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1576

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

How many public Chinese medicine clinics does the Administration plan to set up in the coming three years (i.e. from 2011-12 to 2013-14)? Will specialist clinics be included? In which districts will the clinics be located? What is the estimated number of patients that can be handled? What are the expenditure and manpower involved?

Asked by: Hon. CHAN Hak-kan

Reply:

The Government has committed to establish a total of 18 public Chinese medicine clinics (CMCs) to develop "evidence-based" Chinese medicine and to provide training opportunities for local Chinese medicine degree programmes graduates. We have so far set up a total of 14 CMCs in various districts over the territory. Two more CMCs will commence operation in 2011 – one in Southern District in late March and the other in Kowloon City District by year end. We are actively identifying suitable sites in Yau Tsim Mong and Islands Districts with a view to setting up the two remaining CMCs in these districts as early as possible.

The services of public CMCs are provided through tripartite collaboration of the Hospital Authority, a non-governmental organisation (NGO) and a university for each of the clinics. The NGO partner is responsible for the day-to-day operation of the clinic and training opportunities are provided to graduates of the universities. Fresh graduates of local Chinese medicine degree programmes will be engaged as junior Chinese medicine practitioners (JCMPs) in the first year and as Chinese medicine practitioner trainees (CMPTs) in the second and third years. Each NGO is required to employ at least four part-time (or two full-time) senior Chinese medicine practitioners and 12 JCMPs/CMPTs. The number of graduates employed by public CMCs in 2008-09, 2009-10 and 2010-11 (up to end 2010) was 83, 171 and 193 respectively. The NGO may decide to engage other clinical and supporting staff (including registered/enrolled nurse, Chinese medicine pharmacist, Chinese medicine dispensers and general support staff) to meet operational needs. These employees are engaged as staff of the respective NGO and their salaries are determined by the NGO concerned.

Apart from Chinese medicine general consultation, the CMCs may also provide Chinese medicine specialist consultation services such as acupuncture, bone-setting, "Tui-na", oncology, gynecology, etc. On average, each CMC can provide about 160 Chinese medicine consultations per day. The actual daily attendances depend on patient demand.

In 2011-12, the Government has earmarked some $81.5 million to fund the operation of CMCs, to cover the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese

medicine herbs, the development and provision of training in "evidence-based" Chinese medicine, and enhancement and maintenance of the Chinese Medicine Information System. Additional funding will be provided as and when new CMCs are set up.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)044

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1577

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Paragraph 104 of the Budget Speech mentioned that the Administration has so far received 30 proposals for private hospital development from local and overseas institutions, and four reserved sites would be disposed in phases. In this connection, please provide the following information:

(a) the number of proposals received for each site;

(b) the sequence of disposing the four reserved sites;

(c) the regions to which the above overseas institutions belong, and whether these institutions have acquired experience in running private hospitals in their regions;

(d) the regulation of private hospitals by the Administration in respect of the number of beds, charges, the scale of development, and the regions of origin of the patients;

(e) whether assessment has been made regarding the impact on the manpower of the public medical sector after the above private hospitals commence operation, and whether the turnover of the healthcare staff in the public medical sector will be aggravated.

Asked by: Hon. CHAN Hak-kan

Reply:

The Government has reserved four sites at Wong Chuk Hang (about 2.8 hectares), Tseung Kwan O (about 3.5 hectares), Tai Po (about 4.8 hectares) and Lantau (about 1.6 hectares) for private hospital development. We invited the market in December 2009 to March 2010 to express their interest in developing the sites. A total of 30 submissions have been received, comprising 12 for the Wong Chuk Hang site, three for the Tseung Kwan O site, six for the Tai Po site, and nine for the Lantau site. Among them, 21 are from local parties, seven from overseas parties and the remaining two from joint partnership of local and overseas parties. Most of the submissions contain a hospital development plan with proposed scope of service, which include various specialties, Chinese Medicine, etc.

In consideration of the suggestions and views in the submissions received, we are formulating the land disposal arrangements for the four reserved hospital sites, including the means and timing for land disposal, the detailed special requirements and the land premium. To ensure that the services provided by the new hospitals would be of good quality, cater for the needs of the general public, and help enhance the professional standards and ethics for furthering the development of medical services, the Government will formulate a set of special requirements for development of the sites, covering such aspects as scope of service, price transparency, service standard, etc. We plan to dispose of the sites in phases starting from end-2011 or 2012.

We will closely monitor the manpower requirements for healthcare professionals, and ensure an adequate supply of manpower for the development of medical services by encouraging the tertiary institutions to increase student places for relevant professions, including doctors, nurses and other allied health professions. In addition, the Hospital Authority as the major provider of public healthcare services will continue to enhance the training and supply of nurses.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)045

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1570

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please indicate the progress of various capital projects of the Hospital Authority in 2011-12, including the names, contents, locations and expenditures of projects completed, underway and expected to commence. What are the criteria by which the Administration decides on the priorities of the projects?

Asked by: Hon. CHAN Hak-kan

Reply:

Details of the Hospital Authority's capital projects with estimated expenditure to be incurred in 2011-12 are set out below :

Project Title	**Project status**	**Estimated expenditure in 2011-12 ($'000)**
Redevelopment and expansion of Pok Oi Hospital	Completed	31,000
Establishment of a Radiotherapy Centre and redevelopment of the Accident and Emergency Department at Princess Margaret Hospital	Completed	100
Redevelopment of staff quarters for the establishment of a rehabilitation block at Tuen Mun Hospital	Completed	10,000
Construction of a new infectious disease centre attached to Princess Margaret Hospital	Completed	6,177
Development of Chinese medicine clinics in the public sector (second batch) (Note)	Completed	510
Prince of Wales Hospital – extension block	Completed	55,000
Redevelopment of Caritas Medical Centre, phase 2 – preparatory works	In progress	2,000
Redevelopment of Caritas Medical Centre, phase 2	In progress	150,000

Project Title	Project status	Estimated expenditure in 2011-12 ($'000)
Redevelopment of Yan Chai Hospital – preparatory works	In progress	2,000
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	140,000
Expansion of Tseung Kwan O Hospital	In progress	550,000
Relocation of Siu Lam Hospital to Block B of Castle Peak Hospital	In progress	40,000
North Lantau Hospital, phase 1	In progress	650,000

Note: 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 projects under planning for which funding approval has yet to be sought from the Legislative Council and no expenditure will be incurred in 2011-12. The proposals for new projects will be considered and prioritized according to their needs and justifications.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)046

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0236

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 Department's work on health promotion,

(a) it is observed that the number of smokers has increased despite the increase in tobacco duty in 2009. Has the Department looked into the reasons behind? Please provide possible explanations to this observation; and

(b) it is not clear whether the existing smoking prevention and cessation programmes are entirely effective. Would the Department be planning new initiatives, in addition to the further increase in tobacco duty, to bring about better results? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. SHEK Lai-him, Abraham

Reply:

The Government's tobacco control policy seeks to contain the proliferation of tobacco use and protect the public from second-hand smoke as far as possible. We adopt a progressive and multi-pronged approach which includes promotion, education, legislation, enforcement, smoking cessation and taxation. The Administration assesses its tobacco control efforts by monitoring various statistics and indicators relating to tobacco control, such as smoking pattern and cigarette consumption in Hong Kong. Through progressive tobacco control efforts on various fronts taken since the early 1980s, smoking prevalence (proportion of daily smokers in the population aged 15 or above) gradually declined from 23.3% in 1982 to 12% in 2009-10. Cigarette consumption has also been on a general trend of decline.

No significant change in overall smoking prevalence has been observed in the two surveys on smoking pattern conducted by the Census and Statistics Department in December 2007 to March 2008 and in November 2009 to February 2010 at 11.8% and 12.0% respectively. However, the percentage of daily cigarette smokers in the younger age group of 15-29 has declined substantially from 8.9% to 8.0% between the two surveys. The average daily cigarette consumption has also declined from 13.9 to 13.7 sticks, while that of heavy smokers (those smoking more than 20 cigarettes daily) has declined from 33.9 to 28.5 sticks. This is in line with the findings of the World Health Organization that tobacco tax is an effective way to curb tobacco use, especially among young people and those people who are more price sensitive.

Another indication of the impact of the increase in tobacco duty was the number of calls handled by the Department of Health (DH) smoking cessation hotline. The number of calls received after announcement of increase in tobacco duty from February 26 to April 30 in 2009 was 6 135, a six-fold increase compared to the number received in the same period in 2008.

Since the increase in tobacco duty in the 2009 Budget, DH has significantly enhanced its resources for smoking cessation. Leveraging community efforts, DH has entered into funding and service agreements with the Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) in providing additional

smoking cessation sessions, education for the public, training for health care professionals and research projects. Key statistics of smoking cessation services provided by DH are as follows-

Services	Clients served			Cessation rates		
	2008	**2009**	**2010**	**2008**	**2009**	**2010**
DH (hotline enquiries)	4 335	15 500	13 880	N/A	N/A	N/A
DH (clinic attendance)	329	567	597	36.7%	29.2%	N/A
TWGHs Programme (started in January 2009)	N/A	717	1 288	N/A	40.3%	N/A
POH Programme (started in April 2010)	N/A	N/A	1 008	N/A	N/A	N/A

N/A: not available

The above cessation rates at one year after treatment are comparable to those in overseas countries.

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the existing cessation services by TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for health care professionals in provision of smoking cessation service in the community. HA will also provide smoking cessation service in 2011-12 targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counselling, and pharmacotherapy.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)047

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0240

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 much resources have been earmarked for the "territory-wide oral health survey"? What is the estimated number of people to be randomly selected when conducting the study?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Department of Health has earmarked $7.2 million in 2011-12 to conduct the territory-wide oral health survey. The estimated sample size of each selected index age group is:

Selected Index Age Group	**Estimated Sample Size (Number of people)**
5-year-old children	1 200
12-year-old children	1 132
35-44-year-old adults	525
65-74-year-old non-institutionalised elderly	525
Elderly 65 years old and above receiving long term care services at residential institutions and receiving community care services at home and at day care centres	1 520
Total	**4 902**

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)048

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0241

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:

	2009-10	2010-11	2011-12 (Estimate)
Annual expenditure ($)			
Unit cost for each student ($)			
Total number of target students			
Number of participating students			
Total number of health care personnel responsible for SDCS			
Ratio of dental health care personnel to participating students			
Number of students requiring subsequent follow-ups after oral examination			
Percentage of students with healthy teeth against the overall number of participants (%)			

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The annual expenditure of the School Dental Care Service (SDCS) and the unit cost of service for each participating student in the financial years of 2009-10, 2010-11 and 2011-12 are as follows-

Financial Year	2009-10	2010-11 (Revised Estimate)	2011-12 (Estimate)
Annual expenditure ($ million)	189.2	192.3	227.2
Unit cost for each student ($)	717	757	814

Note: The increase in expenditure in 2011-12 is due to the replacement for dental units in school dental clinics.

Other requested information of SDCS in the service years of 2009-10, 2010-11 and 2011-12 are as follows-

Service Year [Note 1]	2009-10	2010-11 (Estimate)	2011-12 (Estimate)
Total number of target students	345 408	331 000	324 300
Number of participating students	328 308	315 000	308 000
Total number of health care personnel responsible for SDCS (dentists, dental therapists & dental surgery assistants)	332	331	327
Ratio of dental health care personnel to participating students	1 : 989	1 : 952	1 : 942
Number of students requiring subsequent follow-ups after oral examination	75 900	73 000	71 000
Percentage of students with healthy teeth against the overall number of participants	86%	86%	86%

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

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)049

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0242

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 provision of smoking prevention and cessation services, would the Administration advise -

(a) the annual expenditures in the past three years (i.e. 2008-09 to 2010-11);

(b) a breakdown of the number of clients attending smoking cessation clinics of the Department of Health (DH), the Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) (pilot programme using traditional Chinese medicine) in the past three years (i.e. 2008-09 to 2010-11) by age group and gender;

(c) the cessation rate at one year after the above-mentioned smoking cessation programmes; and

(d) the number of enquiries received by smoking cessation hotline in the past three years (i.e. 2008-09 to 2010-11).

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

The statistics of clients enrolled in smoking cessation services provided by DH, TWGHs and POH are set out below:

	2008	2009		2010		
	DH	DH	TWGHs	DH	TWGHs	POH
Number of clients	329	567	717	597	1 288	1 008
Distribution by gender						
- male	83.3%	81.5%	75.5%	83.8%	70.3%	61.5%
- female	16.7%	18.5%	24.5%	16.2%	29.7%	38.5%
Distribution by age						
- ≦17	1.5%	0.4%	0.1%	0.2%	2.6%	0.0%
- 18-29	7.9%	7.4%	16.6%	5.7%	15.1%	11.1%
- 30-39	28.6%	29.5%	33.8%	33.2%	33.2%	29.8%
- 40-49	29.5%	30.0%	24.1%	27.3%	25.5%	30.0%
- 50-59	20.4%	21.3%	16.3%	20.8%	14.3%	19.5%
- ≧60	12.2%	11.5%	9.1%	12.9%	9.3%	9.6%

The smoking cessation rate at one year after treatment at DH clinics was 36.7% for clients admitted in 2008 and 29.2% for those in 2009. The cessation rate for TWGHs clients admitted in 2009 at one year after treatment was 40.3%. These cessation rates are comparable to those in overseas countries. The quit rate for the 2010 cohort will be available in 2012.

The number of enquiries received by DH's smoking cessation hotline in Years 2008, 2009 and 2010 were 4 335, 15 500 and 13 880 respectively.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)050

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0244

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:

Why is the revised total estimate reduced by 22.5% as compared with the original total estimate for 2010-11 under Programme (2)?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The revised estimate for 2010-11 under Programme (2) is lower than the original estimate due mainly to the following reasons-

(a) lower than expected demand for claims under the subsidised vaccination schemes;

(b) lower than expected demand for claims under the health care voucher pilot scheme;

(c) price reduction of pneumococcal vaccines for children; and

(d) slippage in procurement of equipment.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)051

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0299

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:

As early as 2006, Fu Shan Public Mortuary had mistakenly released a body, resulting in the body of a 90-year old man claimed and cremated by the family of another deceased person. Last year, a serious negligence took place again in Fu Shan Public Mortuary, involving autopsy being wrongly conducted on a woman's body. The management of public mortuaries is a statutory function of the Department of Health though serious negligence kept taken place in Fu Shan Public Mortuary again and again. Please advise this Committee on -

(a) What are the annual management and operating expenses involved in public mortuaries?

(b) Has the Administration any plan to enhance the resources on staff training or recruitment of additional manpower, and establish a better compliance mechanism?

(c) Has the Administration set a target to assess the effectiveness of the improvement measures?

Asked by: Hon. CHAN Kin-por

Reply:

(a) The expenditures of public mortuaries form an integral part of the Forensic Pathology Service (FPS). The estimated expenditure for 2010-11 and the provision for 2011-12 of FPS are $39.1 million and $40.9 million, respectively.

(b) The Department of Health (DH) is committed to improving mortuary operations by allocating additional resources, including manpower in public mortuaries. Since 2006, additional posts comprising ten Mortuary Attendants, three Mortuary Officers and one Hospital Administrator II have been created. DH will continue to arrange staff of various ranks to attend customer service training and other relevant programmes for capacity building. Resources have also been allocated for continuous enhancement of the computer system to improve the operation and monitoring in all public mortuaries. Advice and consultancy have also been sought to review mortuary operations and help refine the quality management system. To ensure that public mortuaries comply with the requirements of the procedural guidelines, all operating public mortuaries are now preparing for ISO 9001:2008 Certification.

(c) To assess the effectiveness of improvement measures at public mortuaries, regular reviews are being conducted to ensure compliance with procedures and guidelines by staff in public mortuaries. Moreover, all operating public mortuaries are required to obtain the aforementioned ISO accreditation.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)052

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1398

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 Matters Requiring Special Attention in 2011-12 under the programme of Health Promotion, the Department of Health (DH) will continue to strengthen the publicity and education programmes and adopt a community approach on smoking prevention and cessation. The Financial Secretary also mentioned in Paragraph 161 of the 2011-12 Budget Speech that the Government would make greater effort to provide smoking cessation services. However, according to the Government's plan, the number of publicity/educational activities delivered by the Hong Kong Council on Smoking and Health (COSH) in 2011 will be 340, which is the same as in 2009 and 2010. Will the Administration advise:

(a) its strategy to enhance smoking cessation services as pledged;

(b) the estimated expenditure and establishment for the work of smoking cessation services in 2011, with a comparison with that in 2009 and 2010; and

(c) whether it has other means apart from COSH to promote smoking cessation in Hong Kong.

Asked by: Hon. SHEK Lai-him, Abraham

Reply:

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

In 2011-12, TCO will continue its work on publicity, health education and promotional activities on tobacco control through TV and radio announcements in the public interest, giant outdoor advertisements, internet, hotline, campaigns, on-line games, health education materials and seminars. The aim of these activities is to encourage smokers to quit smoking and prevent people from picking up smoking habit.

In parallel, COSH will focus on promoting smoking cessation and a smoke-free living environment. It will conduct publicity campaigns to encourage smokers to quit smoking and garner public support for a

smoke-free Hong Kong. COSH will also continue its education and publicity efforts at kindergartens, primary and secondary schools through health talks and theatre programmes. The aim is to educate students on the hazards of smoking as well as how to resist the temptation of smoking and support a smoke-free environment. With the same baseline provision for 2009 and 2010 (when the expenditure for a one-off project targeting at Women is excluded), the output of COSH in terms of number of publicity/educational activities is also estimated to be at the same level for all three years.

In respect of provision for smoking cessation service, the DH hotline handled 4 335 calls in 2008, 15 500 calls in 2009 and 13 880 calls in 2010.

The enrolment in DH smoking cessation clinics was 329 clients in 2008, 567 in 2009 and 597 in 2010. The smoking cessation rate one year after treatment was 36.7% for clients admitted in 2008 and 29.2% for those in 2009. These cessation rates are comparable to those in overseas countries. The quit rate for the 2010 cohort will be available in 2012.

Commenced in January 2009, the TWGHs programme admitted 717 clients in the year. The smoking cessation rate for these clients one year after treatment was 40.3%. In 2010, TWGHs admitted another 1 288 clients, the quit rate for whom will be available in 2012.

A total of 1 008 clients registered for the POH pilot programme in 2010 which started operation in April. The quit rate for this cohort will be available in 2012.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the existing cessation services by TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for health care professionals in provision of smoking cessation service in the community. HA will also provide smoking cessation service in 2011-12 targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counselling, and pharmacotherapy.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex 1

Staffing of Tobacco Control Office of the Department of Health

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Annex 2

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)053

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1447

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the inspection of medicine traders, wholesalers and manufacturers (including that for proprietary Chinese medicines), would the Administration provide the following information-

(a) what is the responsible staffing establishment?

(b) how many non-compliance cases were found by the Administration in the past three years (i.e. 2008-09 to 2010-11) respectively?

(c) has the Department of Health revised the staffing establishment in response to the commencement of the provisions on the registration of proprietary Chinese medicines under the Chinese Medicine Ordinance?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

(a) The staffing establishment responsible for inspections of medicine traders, comprising retailers, wholesalers and manufacturers, are as follows-

	Inspections of western medicine traders	Inspections of Chinese medicine traders (including proprietary Chinese medicines)
Senior Pharmacist	4	2
Pharmacist	31	10
Scientific Officer (Medical)	1	0

(b) The numbers of court convicted cases handled by the Pharmacy and Poisons Board in 2008-09, 2009-10 and 2010-11 (up to February 2011) were 49, 76 and 68 respectively; and the court convicted cases handled by the Chinese Medicines Board for the same period were zero, three and three respectively.

(c) To strengthen the regulation of proprietary Chinese medicines (pCm) upon commencement of the provisions concerning registration of pCm under the Chinese Medicine Ordinance (Cap.549), 13 civil service posts (including one Senior Pharmacist, one Pharmacist, five Scientific Officers (Medical), two Medical Technologists, two Foremen, one Senior Executive Officer and one Clerical Assistant) were created in 2010-11 under the Department of Health.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)054

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1454

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 advise on the respective expenditure and staff establishment of the Tobacco Control Office (TCO) of the Department of Health (DH) in the three financial years from 2008-09 to 2010-11.

Has the Administration set aside resources to recruit additional staff to enforce the smoking ban in outdoor public transport facilities that came into effect on 1 December 2010? If yes, what are the details involved?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The expenditures of the TCO in 2008-09, 2009-10 and 2010-11 are $45.5 million, $59.0 million and $63.2 million respectively. Please refer to the Annex for details of staffing of TCO in these three years.

The number of TCO staff for carrying out frontline enforcement duties was increased from 85 in 2008-09 to 99 in 2009-10. To cope with the workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 11 non-civil service contract positions will be converted to civil service posts in 2011-12.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Staffing of Tobacco Control Office

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)055

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1455

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In enforcing both the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, would the Administration list out the number of complaints received and the number of enforcement actions and prosecutions instituted by the Tobacco Control Office in the past three years (i.e. 2008-09 to 2010-11) by districts and premises?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The numbers of complaints received, inspections conducted and summonses and fixed penalty notices (FPNs) issued for smoking and other offences under the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance by the Tobacco Control Office in 2008, 2009 and 2010 were as follows-

	2008	**2009**	**2010**
Complaints received	15 321	17 399	17 089
Inspections conducted	13 302	17 627	23 623
Smoking offence			
- summonses issued	7 305	4 180	93
- fixed penalty notices issued	-	1 477	7 952
Other offences, e.g. willful obstruction, failure to produce identity document, etc.			
- summonses issued	123	118	128

Breakdown of summonses/FPNs issued for smoking offences by types of premises in these three years is as follows-

Type of Premises where summonses or FPNs were issued	2008	2009		2010	
	Summonses	Summonses	FPNs	Summonses	FPNs
Amusement Game Centres	2 229	1 266	413	15	2 178
Shopping malls and shops	1 210	657	225	3	1 354
Food premises	1 247	581	186	1	708
Public pleasure grounds (including parks)	615	374	103	6	418
Markets	533	236	68	10	595
Other statutory no smoking areas	1 471	1 066	482	58	2 699
Total	7 305	4 180	1 477	93	7 952

Breakdown of summonses/FPNs issued for smoking offences by districts is as follows-

District	Summonses issued for smoking offence in 2008	2009		2010	
		Summonses issued for smoking offence	FPNs issued	Summonses issued for smoking offence	FPNs issued
Hong Kong Island	1 427	631	268	12	1 253
Kowloon	3 421	2 052	705	34	4 292
New Territories	2 457	1 497	504	47	2 407
Total	7 305	4 180	1 477	93	7 952

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)056

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1456

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 estimated that the number of primary school students who would participate in the Student Health Service in 2011 is 315 000. However, according to the Education Bureau, the estimated number of primary school students in the 2011-12 school year is 324 000 (refer to page 364 of Volume IA) (Head 156 - Government Secretariat: Education Bureau). Could the Administration account for the discrepancy between the two numbers?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The estimated number of primary school students who would participate in the Student Health Service (SHS) in 2011 is the number of primary school students who have already enrolled in SHS at the beginning of the school year 2010-11. As participation in SHS is voluntary, the number of students enrolled in SHS may not be the same as the total number of primary school students in that school year.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)057

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1573

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the continual launching of the Elderly Health Care Voucher Pilot Scheme, please list out the number of elderly people who have used health care vouchers and the percentage of total number of elderly people within that age group; and the number of elderly people who have used up all their $250 of vouchers.

Asked by: Hon. CHAN Hak-kan

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

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

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements in the public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

Monitoring of claims and handling of complaints

DH routinely monitors claim transactions through the eHealth System, checks claims and examines service records through inspection of service providers, and checks with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. Any irregularities detected would be followed up and rectified. In case of proven abuses, the healthcare service providers concerned will be removed from the Pilot Scheme. Where suspected fraud is involved, the case will be reported to the Police for investigation.

Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

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more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

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If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows -

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
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Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)058

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1568

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 provide information on the expenditures and manpower of the Tobacco Control Office (TCO) in the past three years (i.e. 2008-09 to 2010-11). How many staff are responsible for frontline inspection and prosecution duties respectively? What was the total number of prosecutions during these periods? What were the types of establishments involved? Has the Administration set aside resources to recruit more staff for TCO?

Asked by: Hon. CHAN Hak-kan

Reply:

The expenditures of TCO in 2008-09, 2009-10 and 2010-11 were $45.5 million, $59.0 million and $63.2 million respectively. Please refer to the Annex for details of staffing of TCO in these three years.

The number of TCO staff for carrying out frontline enforcement duties was increased from 85 in 2008-09 to 99 in 2009-10. To cope with the workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 11 non-civil service contract positions will be converted to civil service posts in 2011-12.

Breakdown of summonses and fixed penalty notices (FPN) issued in 2008, 2009 and 2010 for smoking offences by types of premises is as follows-

Type of Premises where summonses or FPNs were issued	**2008**	**2009**		**2010**	
	Summonses	**Summonses**	**FPNs**	**Summonses**	**FPNs**
Amusement Game Centres	2 229	1 266	413	15	2 178
Shopping malls and shops	1 210	657	225	3	1 354
Food premises	1 247	581	186	1	708
Public pleasure grounds (including parks)	615	374	103	6	418
Markets	533	236	68	10	595
Other statutory no smoking areas	1 471	1 066	482	58	2 699
Total	7 305	4 180	1 477	93	7 952

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Annex

Staffing of Tobacco Control Office

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)059

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1569

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 provision of smoking prevention and cessation services,

(a) please provide a breakdown on the number of smokers in the past three years (i.e. 2008-09 to 2010-11) by gender and age group.

(b) what were the number of enquiries, number of new cases handled by smoking cessation clinics of the Department of Health and the cessation rate of the smokers attended the clinics in the past three years (i.e. 2008-09 to 2010-11)?

(c) have resources been earmarked for setting up more smoking cessation clinics? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHAN Hak-kan

Reply:

The Government's tobacco control policy seeks to contain the proliferation of tobacco use and protect the public from second-hand smoke as far as possible. We adopt a progressive and multi-pronged approach which includes promotion, education, legislation, enforcement, smoking cessation and taxation. The Administration assesses its tobacco control efforts by monitoring various statistics and indicators relating to tobacco control, such as smoking pattern and cigarette consumption in Hong Kong. Through progressive tobacco control efforts on various fronts taken since the early 1980s, smoking prevalence (proportion of daily smokers in the population aged 15 or above) gradually declined from 23.3% in 1982 to 12% in 2009-10. Cigarette consumption has also been on a general trend of decline.

No significant change in overall smoking prevalence rate has been observed in the two surveys on smoking pattern conducted by the Census and Statistics Department in December 2007 to March 2008 and in November 2009 to February 2010 (at 11.8% and 12.0% respectively). However, the percentage of daily cigarette smokers in the younger age group of 15-29 has declined substantially from 8.9% to 8.0% between the two surveys. The average daily cigarette consumption has also declined from 13.9 to 13.7 sticks, while that of heavy smokers (those smoking more than 20 cigarettes daily) has declined from 33.9 to 28.5 sticks. This is in line with the findings of the World Health Organization that tobacco tax is an effective way to curb tobacco use, especially among young people and those people who are more price sensitive.

The numbers of smokers identified in the surveys by gender and age group were as follows-

Age	December 2007 – March 2008			November 2009 – February 2010		
	Male	Female	Overall	Male	Female	Overall
15-19	7 900 (3.5%)	2 500 (1.2%)	10 500 (2.4%)	6 100 (2.7%)	1 600 (0.8%)	7 700 (1.8%)
20-29	81 000 (18.4%)	26 900 (6.1%)	107 800 (12.2%)	72 400 (16.3%)	26 800 (5.8%)	99 200 (11.0%)
30-39	121 000 (25.7%)	35 400 (6.4%)	156 400 (15.3%)	121 000 (26.2%)	36 100 (6.6%)	157 100 (15.6%)
40-49	145 700 (24.2%)	20 700 (3.1%)	166 400 (13.2%)	147 600 (25.9%)	23 000 (3.6%)	170 600 (14.0%)
50-59	122 700 (24.2%)	10 500 (2.1%)	133 300 (13.2%)	141 400 (26.1%)	14 100 (2.6%)	155 500 (14.3%)
60 and over	92 600 (17.3%)	9 900 (1.7%)	102 500 (9.2%)	98 200 (17.0%)	10 300 (1.7%)	108 500 (9.1%)
Total	**571 000** (20.5%)	**105 900** (3.6%)	**676 900** (11.8%)	**586 800** (20.8%)	**112 000** (3.7%)	**698 700** (12.0%)

Notes: 1. Owing to rounding, there is a slight discrepancy between the sum of individual items and the total as shown in the table.

2. Figures in brackets show the rate of daily cigarette smokers as a percentage of all persons in the respective age and gender subgroups.

Since the increase in tobacco duty in the 2009 Budget, the Department of Health (DH) has significantly enhanced its resources for smoking cessation. Leveraging community efforts, DH has entered into funding and service agreements with the Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) in providing additional smoking cessation sessions, education for the public, training for health care professionals and research projects. Key statistics of smoking cessation services provided by DH are as follows-

Services	**Clients served**			**Cessation rates**		
	2008	**2009**	**2010**	**2008**	**2009**	**2010**
DH (hotline enquiries)	4 335	15 500	13 880	N/A	N/A	N/A
DH (clinic attendance)	329	567	597	36.7%	29.2%	N/A
TWGHs Programme (started in January 2009)	N/A	717	1 288	N/A	40.3%	N/A
POH Programme (started in April 2010)	N/A	N/A	1 008	N/A	N/A	N/A

N/A: not available

The above cessation rates at one year after treatment are comparable to those in overseas countries.

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation

service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the cessation services by NGOs including TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for healthcare professionals in provision of smoking cessation service in the community.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)060

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1574

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the continual launching of the Elderly Health Care Voucher Pilot Scheme (the Scheme) -

(a) please list out the numbers of respective healthcare professionals and organisations which have participated in the Scheme by 18 districts.

(b) since the implementation of the Scheme, how many healthcare professionals and organisations have withdrawn from or joined the Scheme? What were the reasons?

(c) how many complaints involving the Scheme has the Administration received? What were the categories of complaint contents? To date, how many investigations have been completed?

(d) how many healthcare professionals and organisations have been disqualified from the Scheme so far? To which medical professions do they belong? What were the reasons for de-listing?

Asked by: Hon. CHAN Hak-kan

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so

how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

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

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

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Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

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(as at 31 December 2010)

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Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

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(as at 31 December 2010)

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Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)061

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0361

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) Would the Administration please provide the expenditure and staff establishment of the Tobacco Control Office (TCO) of the Department of Health (DH) in 2010-11?

(b) In 2011-12, what is the detailed estimate of TCO? Have resources been set aside to enhance the health education and smoking cessation service, strengthen the staff establishment and take forward more tasks?

(c) In the past three years, how many people have successfully quitted smoking under various programmes of TCO?

(d) It is mentioned in the Budget Highlights that $26 million will be allocated to strengthen tobacco control. Please advise on the estimated provision allocated to the "health education and smoking cessation service" of TCO. In the past year, the manpower involved was less then ten people. What tasks will be specifically dealt with this year? Is there any service indicators and evaluation of effectiveness?

(e) At present, what is the percentage of the expenditure on tobacco control against the tobacco duty of more than $3 billion? Would the Administration consider establishing a substantive standard for allocating a specified portion of the tobacco duty to the tasks related to smoking cessation?

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

Reply:

The staffing provision for TCO is at Annex 1. In respect of enforcement work, DH created in 2010-11 four civil service posts and converted 37 non-civil service contract (NCSC) positions to civil service posts. Conversion of a further 11 NCSC positions will be done in 2011-12. To enhance smoking cessation services, DH created in 2010-11 six NCSC positions (two included under "Administrative and General Support" and four under "Health Education and Smoking Cessation" as per Annex 1).

The expenditures / provision of tobacco control activities managed by TCO from 2008-09 to 2011-12 breakdown by types of activities are at Annex 2.

The 2010-11 Revised Estimate under Programme 1 for enforcement of legislation relating to tobacco control is $33.9 million, of which $3 million relating to the designation of no-smoking areas at public transport facilities (PTFs) will lapse in 2011-12. The 2011-12 Estimate of $36.6 million under Programme 1 has included a new allocation of $5 million (part of the $26 million mentioned in the Budget Highlights for strengthening tobacco control) to support the installation and maintenance of signage for no-smoking areas at PTFs. It should be noted that the above provision does not cover enforcement activities performed by other government departments as enforcement agencies.

As for health promotion under Programme 3, it should also be noted that various DH Services other than TCO do contribute to the provision of health promotion activities relating to tobacco control and

smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million (balance of the $26 million mentioned in the Budget Highlights for strengthening tobacco control) has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Leveraging community efforts, DH has entered into funding and service agreements with the Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) in providing additional smoking cessation sessions, education for the public, training for health care professionals and research projects. Key statistics of smoking cessation services are as follows:

Services	**Clients served**			**Cessation rates**		
	2008	**2009**	**2010**	**2008**	**2009**	**2010**
DH (hotline enquiries)	4 335	15 500	13 880	N/A	N/A	N/A
DH (clinic attendance)	329	567	597	36.7%	29.2%	N/A
TWGHs Programme (started in January 2009)	N/A	717	1 288	N/A	40.3%	N/A
POH Programme (started in April 2010)	N/A	N/A	1 008	N/A	N/A	N/A

N/A: not available

The above cessation rates at one year after treatment are comparable to those in overseas countries.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

In accordance with the Public Finance Ordinance, any moneys raised or received for the purposes of the Government shall form part of the general revenue. The allocation for smoking cessation services will be made taking into account the actual requirements and priorities of different policy initiatives.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex 1

Staffing of Tobacco Control Office of the Department of Health

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Annex 2

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)062

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0529

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 pledge of DH's dermatology clinics is that over 90% of the new skin cases should be seen within 12 weeks.

- What were the reasons for the figure in 2010 being dropped further from 65% in 2009 to 56 % in 2010?
- What was the average waiting time for a new dermatology appointment?
- Are there any measures to rectify the current situation?

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

The change in waiting time for new dermatology appointment was attributed mainly to the increasing demand for service and high departure and turnover rate of doctors, which was probably due to high demand for dermatology service in the private sector. The median waiting time for new dermatology appointment was less than 12 weeks.

The Department of Health (DH) endeavors to fill vacancies arising from staff departure through recruitment of new doctors and internal deployment within DH. Furthermore, the dermatology clinics have implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)063

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1629

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 low participation rates for maternal and child health programme in 2009 and 2010 because babies born here have non-local parents, would the Administration please fill in the following table for newborns in the past five years-

Year	Both parents are local residents		Mother is non-local resident		Father is non-local resident		Both parents are non-local residents	
	Born in private hospitals	Born in public hospitals	Born in private hospitals	Born in public hospitals	Born in private hospitals	Born in public hospitals	Born in private hospitals	Born in public hospitals
2006								
2007								
2008								
2009								
2010								

Asked by: Hon. IP Wai-ming

Reply:

The Department of Health does not have the requested information. The birth statistics provided by the Immigration Department and the Census and Statistics Department are as follows-

Year	Number of registered live births born in Hong Kong (HK)[4]	Registered live births born to local women*			Registered live births born to Mainland mothers					
		Number	Public hospitals (%)[2]	Private hospitals (%)[2]	whose spouses are HK permanent residents	whose spouses are not HK permanent residents	Others[1]	Sub-total	Public hospitals (%)[2]	Private hospitals (%)[2]
2006	65 195	39 063	-	-	9 438	16 044	650	26 132	-	-
2007	70 394	42 820	71%	29%	7 989	18 816	769	27 574	33%	67%
2008	78 751	45 186	68%	32%	7 228	25 269	1 068	33 565	32%	68%
2009	82 906	45 653	69%	31%	6 213	29 766	1 274	37 253	28%	72%
2010[3]	88 200	47 552	68%	32%	6 169	32 653	1 826	40 648	26%	74%

Note: (1) Mainland mothers who had not provided details about the resident status of babies' fathers.

(2) Relevant statistics for 2006 or before is not available in the Census and Statistics Department.

(3) Provisional figures.

* Including the number of registered live births born to non-HK resident women other than Mainland mothers.

(4) Figures are provided based on the date of registration of newborns with the Immigration Department.

Sources: Census & Statistics Department and Immigration Department

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)064

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1645

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

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the Department of Health will increase 125 non-directorate posts. What are the justifications for such an increase? What is the actual expenditure involved? Please also provide a breakdown for the 125 posts including their ranks and salaries, and distribution of these posts?

Asked by: Hon. SHEK Lai-him, Abraham

Reply:

The total annual recurrent staff costs for the net 125 posts are calculated at $59.6 million. The justifications, distribution, ranks and salaries of the net increase of 125 posts are at the Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Creation and Deletion of Non-Directorate Posts in Department of Health in 2011-12

Major scope of responsibilities / Rank	Number of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Programme 1 – Statutory Functions		
(a) Establishing a dedicated office to strengthen the capacity of the pharmaceutical service in the regulation of drugs		
Senior Pharmacist	2	1,993,440
Pharmacist	14	9,347,520
Scientific Officer (Medical)	5	3,338,400
Chief Executive Officer	1	996,720
Executive Officer II	2	705,600
Clerical Officer	2	611,040
Assistant Clerical Officer	5	952,500
Clerical Assistant	4	594,240
Personal Secretary I	1	305,520
Sub-total:	*36*	*18,844,980*
(b) Enhancing the capacity for regulation of private healthcare institutions		
Senior Medical & Health Officer	1	996,720
Medical & Health Officer	1	762,120
Nursing Officer	1	508,920
Registered Nurse	1	320,820
Assistant Clerical Officer	1	190,500
Clerical Assistant	1	148,560
Sub-total:	*6*	*2,927,640*
(c) Implementing preparatory work for introducing mandatory Good Manufacturing Practice for proprietary Chinese medicines		
Senior Pharmacist	1	996,720
Pharmacist	2	1,335,360
Scientific Officer (Medical)	3	2,003,040
Assistant Clerical Officer	1	190,500
Sub-total:	*7*	*4,525,620*
(d) Conversion of non-civil service contract positions to civil service posts for tobacco control		
Overseer	1	291,060
Senior Foreman	2	455,760
Foreman	8	1,437,600
Assistant Clerical Officer	3	571,500
Sub-total:	*14*	*2,755,920*
(e) Conversion of non-civil service contract positions to civil service posts for port health control		

Major scope of responsibilities / Rank	Number of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Foreman	2	359,400
Sub-total:	*2*	*359,400*
(f) Offsetting deletion		
Office Assistant	-2	-261,840
Sub-total:	*-2*	*-261,840*
Total (Programme 1):	***63***	***29,151,720***

Programme 2 – Disease Prevention

(a) Implementing the universal screening of Group B Streptococcus under the antenatal shared-care programme of the Hospital Authority and Department of Health		
Medical & Health Officer	3	2,286,360
Registered Nurse	3	962,460
Medical Laboratory Technician II	2	502,800
Sub-total:	*8*	*3,751,620*
(b) Improving child-care services and support for families and children in need		
Medical & Health Officer	4	3,048,480
Registered Nurse	17	5,453,940
Speech Therapist	2	846,960
Sub-total:	*23*	*9,349,380*
(c) Lapse of time-limited posts for the introduction of Pneumococcal Conjugate Vaccine in the Childhood Immunisation Programme		
Senior Executive Officer	-1	-730,680
Executive Officer II	-1	-352,800
Accounting Officer I	-1	-532,800
Assistant Clerical Officer	-1	-190,500
Sub-total:	*-4*	*-1,806,780*
(d) Conversion of non-civil service contract positions to civil service posts for the implementation of the Comprehensive Child Development Service		
Registered Nurse	7	2,245,740
Clerical Assistant	2	297,120
Sub-total:	*9*	*2,542,860*
(e) Regrading		
Medical & Health Officer	1	762,120
Scientific Officer (Medical)	1	667,680

Major scope of responsibilities / Rank	Number of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Registered Nurse	1	320,820
Medical Technologist	3	1,598,400
Medical Laboratory Technician II	3	754,200
Senior Clinical Psychologist	1	996,720
Clinical Psychologist	-1	-667,680
Senior Occupational Therapist	1	667,680
Occupational Therapist I	-1	-508,920
Senior Systems Manager	1	996,720
Accounting Officer I	-2	-1,065,600
Statistical Officer II/ Student Statistical Officer	2	377,040
Assistant Clerical Officer	-1	-190,500
Office Assistant	-1	-130,920
Sub-total:	*8*	*4,577,760*
Total (Programme 2):	***44***	***18,414,840***

Programme 4 – Curative Care

(a) Regrading and offsetting deletion

Radiographer II	1	305,520
Radiographic Technician	-1	-202,260
Office Assistant	-3	-392,760
Darkroom Technician	-1	-158,340
Total (Programme 4):	***-4***	***-447,840***

Programme 7 – Medical and Dental Treatment for Civil Servants

(a) Enhancing general dental services for civil service eligible persons

Dental Officer	9	6,285,060
Senior Dental Surgery Assistant	1	336,780
Dental Surgery Assistant	9	1,933,740
Assistant Clerical Officer	1	190,500
Clerical Assistant	2	297,120
Assistant Supplies Officer	1	291,060
Workman II	1	118,080
Sub-total:	*24*	*9,452,340*

(b) Offsetting deletion

Office Assistant	-2	-261,840
Sub-total:	*-2*	*-261,840*
Total (Programme 7):	***22***	***9,190,500***

Major scope of responsibilities / Rank	Number of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Posts supporting more than one Programme		
(a) Regrading		
Scientific Officer(Medical)	1	667,680
Executive Officer I	1	532,800
Executive Officer II	1	352,800
Hospital Administrator I	2	1,065,600
Hospital Administrator II	-2	-673,560
Senior Treasury Accountant	1	996,720
Treasury Accountant	1	698,340
Senior Clerical Officer	1	404,520
Assistant Clerical Officer	1	190,500
Office Assistant	-1	-130,920
Typist	-2	-297,120
Property Attendant	-4	-511,440
Total (across Programmes):	***0***	***3,295,920***
Total (Overall):	**125**	**59,605,140**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)065

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0390

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 96 of the Financial Secretary Budget Speech that professional services are a high-value-added component of our service industries, and medical services are one of the professions that has distinct advantages. It is also mentioned that "Business support and professional services made a contribution of 13.1 percent to our GDP in 2009 and provided employment opportunities for nearly 460 000 people, representing over one-eighth of our total workforce. The value of our professional and other business services exported in 2010 reached $69.6 billion……" In this connection, please set out :

(a) The statistics indicating that medical services are a high-value component of our service industries;

(b) The respective percentage contribution of public and private medical services to the Gross Domestic Product (GDP) in 2009, the respective number of employment opportunities provided and their job categories;

(c) The value of total medical services exported in 2010;

(d) The numbers of non-residents receiving services of Hong Kong's medical professionals in 2008, 2009 and 2010 respectively; what are the costs and revenue involved and what are the respective numbers of doctors and nurses providing medical services to non-residents each year?

(e) The respective costs incurred by universities and the Hospital Authority in training a general practitioner, a specialist and a nurse.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a) According to the statistics compiled by the Census and Statistics Department (C&SD), the value added of medical services was $24.1 billion in 2009, representing 1.6% of the nominal Gross Domestic Product (GDP). Compared with the figure in 2008, the value added of medical services increased by 7.3% in 2009. During the same period, a year-on-year decline of 2.6% was recorded for the nominal GDP in terms of total gross value added.

(b) In 2009, the value added of public and private medical services accounted for 2.2% and 1.6% of the GDP respectively. In compiling statistics on the economic contribution of medical services, C&SD adopts the "value added" method which is used by the international communities. Value added refers to the net output of an economic activity, i.e. the value of goods and services produced less the value of goods and services used in production (e.g. purchase of materials and supplies, rental and other business charges). Sum of value added of all economic activities in an economy equals to its GDP.

It should be noted that value added is not equivalent to expenditure on healthcare services (expenditure is greater than value added in general). The Hong Kong's Domestic Health Accounts compiled by the Food and Health Bureau, in accordance with the standard developed by Organisation for Economic Co-operation and Development (OECD), capture the expenditure on healthcare services. In 2006-07 (latest available figure), total health expenditure amounted to 5.0% as a ratio to GDP, with public and private health expenditure both at 2.5% as a ratio to GDP.

In 2009, the numbers of employees in the public and private sector of medical services were about 67 790 and 71 990 respectively. The corresponding percentages to the total employment were 1.9% and 2.1% respectively. We do not have further details on their job categories.

(c) We do not have the breakdown for medical services in the statistics of Hong Kong's exports of services collated by C&SD. We also do not have economic and employment statistics on medical services provided by Hong Kong's medical professionals to non-residents in general.

(d) The table below sets out information of services provided to Non-eligible Persons (NEPs) by the Hospital Authority (HA) in 2008-09, 2009-10 and 2010-11. We do not have the relevant figures for the private sector.

Services	**2008-09**		**2009-10**		**2010-11 (Up to 31 December 2010)**	
	Number	**% of overall HA services**	**Number**	**% of overall HA services**	**Number**	**% of overall HA services**
In-patient / day patient discharges and deaths	16 061	1.3%	15 431	1.1%	12 689	1.2%
Patient days (includes in-patient bed days occupied and day patient discharges and deaths)	45 031	0.6%	42 088	0.6%	36 151	0.7%
Accident & emergency attendances	24 233	1.2%	23 633	1.1%	18 539	1.1%
Specialist outpatient attendances	20 696	0.3%	20 561	0.3%	19 396	0.4%
General outpatient attendances	2 173	0.04%	2 593	0.1%	2 179	0.1%

The table below sets out the relevant cost of and revenue in regard to services provided by HA to NEPs in 2008-09, 2009-10 and 2010-11.

	2008-09 ($ million)	**2009-10** ($ million)	**2010-11 (up to December 2010)** ($ million)
Cost of Service	362.4	324.2	272.8 (estimate)
Revenue	471.3	434.8	369.2

All HA staff, including doctors and nurses, are responsible for a range of duties and no HA staff are designated for provision of services for NEPs only. Hence the specific number of HA staff providing services to NEPs is not available.

(e) According to the University Grants Committee (UGC), the discipline of medicine and nursing are classified under the Academic Programme Category (APC) "Medicine" and "Student Allied to Medicine and Health" respectively. For 2009-10 academic year, the student unit costs of the two APCs for undergraduate places were $647,000 and $227,000 respectively.

As for training provided by HA to specialist trainees and serving doctors and nurses, it is mainly provided through on-the-job training, and is included as a part of the services provided by the trainees. HA do not have the breakdown cost for training provided to specialists.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)066

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0391

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 97 of the Budget Speech by the Financial Secretary that "under the CEPA framework, the Government will make continuous efforts to assist our professional services to access the Mainland market. Such efforts include encouraging mutual recognition of professional qualifications and facilitating the Hong Kong professionals' practice and business start-ups in the Mainland….with a view to assisting Hong Kong's professional services in expanding the scope for development." Regarding the encouragement of mutual recognition of physicians' professional qualifications with the Mainland, has the Government drawn up a timetable or carried out a study? How many general practitioners and specialists of Hong Kong are expected to start up their practices in the Mainland? Has any study been made on the additional training places required for medical students and specialists so that sufficient manpower is ensured for the provision of medical services to Hong Kong residents? How much time is needed to train a general practitioner or a specialist as mentioned above?

Asked by: Hon. HO Chun-yan, Albert

Reply:

Supplement V to the Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA) was signed on 29 July 2008. The liberalisation measures thereunder, in particular the Guangdong pilot measures, have facilitated business expansion of Hong Kong's medical service sector in Guangdong Province. These measures allow Hong Kong service providers to set up out-patient clinics on a wholly-owned, equity joint venture or contractual joint venture basis, with no minimum investment requirements. There is also no restriction on shareholding ratio for equity joint venture or contractual joint venture. The approval of projects is undertaken directly by the Guangdong Provincial Health Administrative Authority to reduce the lead time and streamline the procedures. Under Supplement VII to CEPA signed on 27 May 2010, the medical services market in Guangdong Province will be further expanded and opened up. Hong Kong service providers are allowed to establish wholly-owned hospitals in Guangdong Province. The approval for project establishment for setting up medical institutions by Hong Kong service providers on an equity joint venture or contractual joint venture basis in Guangdong Province will be undertaken by the Guangdong Provincial Health Administrative Authority. Twelve types of statutory registered healthcare professionals in Hong Kong are allowed to provide short-term services in the Mainland. We will continue to work in collaboration with the Mainland health authorities to explore other liberalisation measures for early and pilot implementation in Guangdong Province.

General practitioners and specialists of Hong Kong make their own decision to start up their practices in the Mainland and we do not have an estimated number.

Medical students of the University of Hong Kong and Chinese University of Hong Kong are required to undergo one-year of housemanship at a recognised hospital of the Hospital Authority (HA) upon completing a five-year basic training programme and passing the examinations, in order to qualify as a Bachelor of Medicine and Bachelor of Surgery and may apply to the Medical Council of Hong Kong for his name to be entered into the General Register.

The Hong Kong Academy of Medicine (HKAM) is responsible for arranging, monitoring and assessing all the specialist medical training through its 15 Colleges and awards specialist qualifications to qualifying candidates. Upon completion of 6 years of specialist training and the passing of HKAM's specialist examinations, doctors will be admitted as a Fellow by the HKAM and may apply to the Medical Council of Hong Kong for his name to be entered into the relevant Specialist Register.

We expect an increase in demand for doctors. The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)067

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0392

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated in paragraph 104 of his Budget Speech that support would be given to medical services. Please advise this Committee of:

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

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

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

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

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

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

Asked by: Hon. HO Chun-yan, Albert

Reply:

The Government has reserved four sites at Wong Chuk Hang (about 2.8 hectares), Tseung Kwan O (about 3.5 hectares), Tai Po (about 4.8 hectares) and Lantau (about 1.6 hectares) for private hospital development. We invited the market in December 2009 to March 2010 to express their interest in developing the sites. A total of 30 submissions have been received, comprising 12 for the Wong Chuk Hang site, three for the Tseung Kwan O site, six for the Tai Po site, and nine for the Lantau site. Among them, 21 are from local parties, seven from overseas parties and the remaining two from joint partnership of local and overseas parties. Most of the submissions contain a hospital development plan with proposed scope of service, which include various specialties, Chinese Medicine, etc.

In consideration of the suggestions and views in the submissions received, we are formulating the land disposal arrangements for the four reserved hospital sites, including the means and timing for land disposal, the detailed special requirements and the land premium. To ensure that the services provided by the new hospitals would be of good quality, cater for the needs of the general public, and help enhance the professional standards and ethics for furthering the development of medical services, the Government will formulate a set of special requirements for development of the sites, covering such aspects as scope of service, price transparency, service standard, etc. We plan to dispose of the sites in phases starting from end-2011 or 2012.

We will closely monitor the manpower requirements for healthcare professionals, and ensure an adequate supply of manpower for the development of medical services by encouraging the tertiary institutions to increase student places for relevant professions, including doctors, nurses and other allied health professions. In addition, the Hospital Authority as the major provider of public healthcare services will continue to enhance the training and supply of nurses.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)068

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0393

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

Subhead (No. & title):

Programme: Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 105 of the Financial Secretary's Budget Speech that a "Health and Medical Research Fund" will be set up. Please advise:

(a) The reasons for subsuming the existing "Health and Health Services Research Fund" and "Research Fund for the Control of Infectious Diseases" under the "Health and Medical Research Fund";

(b) The respective vetting and funding mechanisms for research projects of the existing "Health and Health Services Research Fund" and "Research Fund for the Control of Infectious Diseases" as well as the new "Health and Medical Research Fund";

(c) The maximum amount of funding for individual research projects under the "Health and Health Services Research Fund" and "Research Fund for the Control of Infectious Diseases" in 2009-10;

(d) The maximum amount of funding for individual research projects, the estimated total amount of funding and the total commitment of the "Health and Medical Research Fund" each year.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The medical industry is one of the six pillar industries where Hong Kong enjoys clear advantages and which is crucial to the development of a sustainable economy in the long run. Research and development is an essential component in developing the medical industry. Hong Kong has the potential to conduct advanced medical research in specific areas including paediatrics, neuroscience and clinical genetics. Such advanced researches would give better insight into the diseases, maximise treatment outcomes, improve quality of care and population health. They could also help to attract and retain talents, both local and overseas, which is essential to the development as a centre for medical research and clinical excellence.

The Food and Health Bureau plans to set up a "Health and Medical Research Fund" (Fund), which would consolidate the existing "Health and Health Services Research Fund" (HHSRF) and "Research Fund for the Control of Infectious Diseases" (RFCID) into the new Fund. Apart from continuing to fund projects within the original research ambits (covering a broad range of topics including infectious diseases, health and medical services like chronic disease prevention and management, primary and elderly healthcare, public health issues and Chinese medicine), the additional funding for the new Fund will also finance research projects and facilities in areas of advanced medical research where Hong Kong enjoys comparative advantages. The new Fund will fund health and medical research projects and research infrastructure in a more comprehensive and coordinated manner.

The existing HHSRF and RFCID are administered through a well established scientific review mechanism in place. All eligible research applications have to undergo a stringent two-tier peer review process to ensure

all funded projects are of appropriate scientific design and high scientific merits. The first tier of peer review is performed by external referees who are chosen for their expertise in specific research areas. The second tier is independently performed by the Grant Review Board (GRB) which comprises a multidisciplinary panel of local experts (such as doctors, nurses, allied health professionals, academics) with technical skills and experience in a wide spectrum of health sciences. They assess the scientific merits of the research projects, such as originality, significance of the research questions, quality of scientific content, credibility of design and methods and applicability to local context. Other objective assessment criteria including research ethics, justification of budget, and track record of grant applicant will also be considered. The GRB will make funding recommendation for consideration and endorsement by the Research Council (RC) which is chaired by the Secretary for Food and Health and comprises prominent members of the health care system and academic institutions in Hong Kong. For the existing HHSRF and RFCID, the normal grant ceiling for any single project is $1 million. In 2009/10, the HHSRF approved a total of 29 research projects amounting to $13.58 million and the RFCID approved a total of 62 research projects amounting to $48.99 million.

For the new Fund, the vetting and funding mechanism would be modeled upon the established mechanism of the existing funds with appropriate adjustment to cater for the broadened scope of the new Fund. We expect the new Fund to support more research projects with grant ceilings increased as appropriate to cater for new projects to be funded. We also expect the proposed $1 billion new funding for injection into the new Fund to fund research projects and infrastructure over the next five years or more.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)069

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0394

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the $50 billion committed by the Financial Secretary for implementing the healthcare reform, please advise on the following:

(a) how the $50 billion will be used if the voluntary Health Protection Scheme proposed in the Second Stage Public Consultation on Healthcare Reform is not going to be implemented;

(b) the anticipated expenditure items of the $50 billion, the annual expenditure for each item, and the number of people to be benefited if the Government is going to make use of the $50 billion for implementing the voluntary Health Protection Scheme; and

(c) whether approval from the Legislative Council is required if the Government is going to make use of the $50 billion for implementing the voluntary Health Protection Scheme.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The second stage public consultation on healthcare reform ended on 7 January 2011. The Food and Health Bureau received over 500 submissions from members of the public and organisations in various sectors in response to the healthcare reform second stage consultation document "My Health, My Choice". We have also commissioned opinion surveys and focus group studies on healthcare reform with a view to collating public views on specific issues concerning healthcare reform. We are now analysing the views of the public received and collated in the second stage consultation on healthcare reform. We will take into account the analysis in working out the way forward including any specific proposals to be taken forward.

Our tentative plan is to complete and publish the Report on Second Stage Public Consultation on Healthcare Reform and announce the way forward within 2011. The reports of completed surveys and studies will be released through the website of the Food and Health Bureau as and when ready together with the consultation report. The workload arising from the second stage public consultation including the analysis of views and formulation of report 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 and manpower required. Resources required for the implementation of any specific proposals for the way forward will be assessed in due course.

As stated in the healthcare reform second stage consultation document, the Government's commitment to healthcare is set to continue to increase as we reform the healthcare system with a view to enhancing the long-term sustainability of the healthcare system as a whole. We will continue to uphold the public healthcare system as the safety net for the whole population, which is strongly supported by the public. The Government's annual recurrent expenditure on health has increased from $30.5 billion in 2007-08 to $39.9 billion in 2011-12, with substantial increase in resources being allocated to improve public healthcare services. Many quarters of the community have also expressed support for reforming the private health

insurance and healthcare sector with a view to improving the quality, transparency and affordability of its services. Many views expressed have emphasized the need to increase healthcare capacity and manpower supply and to strengthen the quality assurance and price competitiveness of private healthcare services.

The Financial Secretary has pledged to draw $50 billion from the fiscal reserves to assist the implementation of healthcare reform, after the implementation of supplementary financing arrangements after consultation, no matter what the final arrangements are, so as to help meet the challenge of healthcare to future public finances. During the second stage public consultation on healthcare reform, we have received different views on the use of the $50 billion earmarked in the fiscal reserve to support healthcare reform, in response to the various options to provide financial incentives for the supplementary financing proposals put forward for consultation. The use of the $50 billion earmarked in the fiscal reserve for implementing healthcare reform, and the possible provision of financial incentives for any supplementary financing proposals to be implemented, will be considered as part of the way forward of healthcare reform.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)070

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0510

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The frequent occurrence of medical incidents in public hospitals is partly due to the negligence of nursing staff and the fact that they are fully occupied. According to the data provided by the Association of Hong Kong Nursing Staff, each nurse in public hospitals needs to take care of about 12 to 16 patients and the situation is the worst for specialist wards. Under the circumstances that our economy has stablised and private hospitals are in the process of proactive expansion, there is a constant shortage of junior and senior nursing staff in public hospitals. With the shortage of manpower and heavy workload, the international standard for each nurse to take care of 4 to 6 patients on average cannot be reached. In this connection, please inform this Committee of the percentage of the remunerations and benefits of nurses in the total expenditure of the Hospital Authority. Has the Administration assessed the impact of shortage of nursing staff on the quality of healthcare as a whole? What is the approximate number of patients under the care of each nurse in private and public hospitals respectively? If the number of nursing staff in public hospitals has to be increased so as to attain the international standard mentioned above, what is the additional expenditure to be incurred?

Asked by: Hon. CHAN Kin-por

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for healthcare services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 1 720 nursing staff in 2011-12, which represents 90% of the available nurse graduates in Hong Kong as well as some existing nurses in the market. It is estimated that there will be a net increase of 868 nurses in 2011-12. HA will continue to monitor the manpower situation of nurses and make appropriate arrangements in manpower planning and deployment to meet the service needs.

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines. Meanwhile, HA nursing schools will continue to provide nurse training places to ensure continuous supply of nursing manpower.

Healthcare systems of different regions and countries vary and are not directly comparable. There is also no universally applicable set of international standard on nurse to patient ratios. Furthermore, the nursing manpower requirements will be affected by the care delivery model, patient dependency, care setting and service needs.

It is estimated that the remunerations and benefits of nurses account for about 29.3% of the total expenditure of HA in 2010-11.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)071

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0513

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The expansion of private hospitals in recent years has led to a large-scale brain drain of doctors from public hospitals. Most of them are experienced doctors who can handle emergency events independently and have acquired their specialist qualifications. The Hospital Authority (HA) projected earlier that the turnover rate of cardiac surgeons, obstetricians and gynaecologists in 2009-10 might reach 6.8%. In this regard, please advise this Committee:

(a) has HA assessed the implication of the departure of a large number of experienced doctors on the risk of sentinel events in public hospitals? What is the additional expenditure involved if the salary gap between them and their counterparts in the private market is to be narrowed to address retention problem?

(b) has HA assessed whether the high turnover of obstetricians and gynaecologists, coupled with many Mainland women giving birth in Hong Kong, has affected the quality of obstetric and gynaecology services provided for local residents in public hospitals? Would the Administration allocate additional resources to obstetric and gynaecology services accordingly?

Asked by: Hon. CHAN Kin-por

Reply:

(a)

The Hospital Authority (HA) has deployed additional resources over the past few years to address manpower issues. Apart from recruiting additional healthcare staff to cope with increase in demand, HA has been striving to enhance the professional training of its healthcare staff, provide them with better working environment, promotion prospect and remuneration package so as to attract and retain talents. HA plans to implement the following initiatives for doctors, nurses and allied health staff in 2011-12 to further increase manpower strength and improve staff retention.

Doctors

(i) To recruit about 330 doctors to meet service needs;
(ii) To further enhance promotion opportunities of doctors;
(iii) To offer additional training opportunities to doctors, including increasing the number of overseas training places;
(iv) To extend the part-time employment pilot scheme in the Obstetrics & Gynaecology specialty to other specialties;

(v) To further deploy the special honorarium scheme on on-site overnight call duties; and
(vi) To increase clerical support and 24-hour phlebotomist services to relieve doctors from non-clinical work.

Nurses

(i) To recruit about 1 720 nursing staff to cope with service needs;
(ii) To continue to provide training places for registered nurses and enrolled nurses to enhance the supply of nursing manpower;
(iii) To offer additional training opportunities to nurses, including increasing the number of overseas training places;
(iv) To arrange a preceptorship programme for newly recruited nurses; and
(v) To further improve the working arrangements of nurses by streamlining work processes and reducing the non-clinical work handled by nurses; and

Allied health staff

(i) To recruit about 590 allied health staff to cope with service needs;
(ii) To provide structured on-the-job training to new recruits and offer additional training opportunities to allied health staff, including increasing the number of overseas training places;
(iii) To offer scholarships to students to undertake overseas studies in selected allied health disciplines with an anticipated shortage of local supply; and
(iv) To step up recruitment efforts in the overseas for allied health grades with recruitment difficulties.

Details of the above initiatives are being worked out and the related budget requirements are not yet available.

(b)

It is the Government's policy to ensure that Hong Kong resident women are given proper and adequate obstetric services. To tackle the problem of rapid increase in the demand for obstetric services in Hong Kong by non-local women (i.e. those being non-Hong Kong residents, including Mainland women) in recent years, the Hospital Authority (HA) has implemented since 1 February 2007 revised arrangements for obstetric service for Non-eligible persons (NEPs). The revised arrangements seek to limit the number of NEPs coming to Hong Kong to give births to a level that can be supported by our public healthcare system, and to deter their dangerous behaviour of seeking emergency hospital admissions through Accident & Emergency Departments (A&EDs) shortly before labour. Under the revised arrangements, HA would reserve sufficient places for Hong Kong residents to ensure that they have priority over NEPs in the use of obstetric services, and HA would only accept booking from NEP when spare service capacity is available.

To cope with the increasing demand for obstetric services from local residents, HA has allocated additional resources to enhance the manpower of midwives through recruitment and training. HA has also improved the working condition of staff to boost staff morale and improve staff retention.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)072

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0514

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by items of the numbers of applications received, the numbers of applications approved and the expenditures incurred in the past three years under the Samaritan Fund, and list out by years and months the amount of fund reserves, total expenditures and total incomes with details on the funding from the government and donations from the community since the establishment of the Fund.

Asked by: Hon. CHAN Kin-por

Reply:

The table below sets out the number of applications received and approved and the corresponding amount of subsidy granted under the Samaritan Fund (the Fund) in 2008-09, 2009-10 and 2010-11 (up to 31 December 2010):

2008-09

Item	Number of applications received	Number of applications approved	Amount of subsidy granted ($ million)
Cardiac Pacemakers	438	432	20.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 559	1 552	54.2
Intraocular Lens	1 434	1 433	2.1
Home use equipment, appliances and consumables	76	73	0.4
Drugs	807	803	73.6
Gamma Knife Surgeries in private hospital	32	32	2.1
Harvesting bone marrow in foreign countries	10	10	1.0
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	92	91	1.2
Total	**4 448**	**4 426**	**154.9**

2009-10

Item	Number of applications received	Number of applications approved	Amount of subsidy granted ($ million)
Cardiac Pacemakers	437	435	21.8
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 660	1 640	56.6
Intraocular Lens	1 337	1 337	1.7
Home use equipment, appliances and consumables	72	69	0.6
Drugs	1 098	1 095	84.2
Gamma Knife Surgeries in private hospital	32	32	2.2
Harvesting bone marrow in foreign countries	13	13	1.8
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	119	115	1.2
Total	**4 768**	**4 736**	**170.1**

2010-11 (up to 31 December 2010)

Item	Number of applications received	Number of applications approved	Amount of subsidy granted ($ million)
Cardiac Pacemakers	390	390	19.1
PTCA and other consumables for interventional cardiology	1 286	1 277	43.1
Intraocular Lens	1 225	1 225	1.3
Home use equipment, appliances and consumables	60	58	0.6
Drugs	1 026	1 021	109.5
Gamma Knife Surgeries in private hospital	20	20	1.4
Harvesting bone marrow in foreign countries	10	10	1.2
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	85	83	0.9
Total	**4 102**	**4 084**	**177.1**

The Fund was established as a trust in 1950 by resolution of the Legislative Council. The Fund has been operating on a rolling account basis and it relies largely on Government grants and other donations to meet its expenditure.

The income, expenditure and balance of the Fund for 2008-09 to 2010-11 (projected) are as follows:

Year	**2008-09 ($ million)**	**2009-10 ($ million)**	**2010-11 (projected) ($ million)**
Opening fund balance	337.6	1,273.3	1,208.0
Total expenditure	(129.0)	(141.6)	(253.0)
Donation from charitable organizations	17.5	20.1	17.1
Other income *	47.2	56.2	50.9
Government grants received during the year	1,000.0	-	-
Year-end fund balance	1,273.3	1,208.0	1,023.0

* Other income mainly includes reimbursement from the Government for assistance provided to recipients of the Comprehensive Social Security Assistance and interest income.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)073

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0515

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

According to Programme (1) under Head 140 – Government Secretariat : Food and Health Bureau (Health Branch), the Administration will oversee the strategy for primary care development, including the development and implementation of initiatives aiming to enhance primary care. In this connection, please advise this Committee on the following :

(a) The Hospital Authority has launched the telephone booking service in general out-patient clinics since 2006 and made available appointment by fax for persons with hearing impairment since 2010. What are the expenditures involved in the two measures?

(b) Will the Administration consider further enhancing the mode of operation of appointment services by introducing on-line appointment service so as to increase the penetration of primary care and strengthen measures for the treatment of chronic diseases? Has it assessed the amount of additional expenditure involved?

Asked by: Hon. CHAN Kin-por

Reply:

The service of public general outpatient clinics (GOPCs) of the Hospital Authority (HA) is primarily targeted at the low-income and underprivileged groups, including the chronically ill, frail and vulnerable or disabled elders, and low-income families. In 2009, chronic disease patients, elderly patients and patients receiving Comprehensive Social Security Assistance (CSSA) accounted for some 70% of attendances at GOPCs.

The number of attendances at GOPCs from 2008-09 to 2010-11 is as follows -

2008-09 Actual	**2009-10 Actual#**	**2010-11 Revised Estimate#**
4 968 586	4 700 543	4 801 000

Attendances at Designated Flu Clinics operated during the Human Swine Influenza (Influenza A H1N1) pandemic are not included.

The number of doctors and nurses working in GOPCs from 2008 to 2010 is as follows –

2008		**2009**		**2010**	
Doctors	Nursing staff*	Doctors	Nursing staff*	Doctors	Nursing staff*
370	601	361	699	380	713

* Include nursing staff working for GOPCs only and those working for both GOPCs and specialist outpatient clinics. No further breakdown is available.

Since 2006, HA has introduced a Telephone Appointment Service (TAS) for individuals to book a consultation timeslot at GOPCs, in order to improve the crowded queuing situation and reduce the risk of cross-infection at GOPCs. TAS, set up at a one-off capital expenditure of $2.5 million, is designed mainly for use by patients with episodic illnesses. Chronic disease patients requiring regular follow-up consultations are assigned the next timeslot after each consultation, and do not need to book appointments through TAS for their follow-up consultations. The TAS accords priority to elderly people, CSSA recipients and people granted with medical fee waiver. In 2009, 93% of elderly patients were allocated a GOPC timeslot within two working days through the TAS. Since TAS allocates current consultation timeslots for episodic illnesses, no waiting list or new case waiting time is available for GOPC services.

To facilitate patients with hearing impairment to make use of GOPC services, HA has introduced fax booking service since 2010. The cost for setting up the fax service was absorbed within HA's financial provision and no separate expenditure figures are available.

HA has no plan to introduce internet booking for GOPC services at this stage as internet is a relatively less accessible means for its target groups, namely the low-income and underprivileged groups, including the chronically ill, frail and vulnerable or disabled elders, and low-income families.

The Government will, in collaboration with HA, continue to monitor the operation and service utilisation of GOPCs. In anticipation of an increase in service demand and taking into consideration the service capacity of GOPCs, the number of GOPC attendances is expected to increase by 16 000 to 4 817 000 in 2011-12. HA will flexibly allocate manpower and other resources having regard to relevant considerations such as district demographics and service needs. It will also consider adopting measures to enhance GOPC services, including strengthening manpower, renovating and/or expanding clinics, and renewing equipment and facilities, with a view to enhancing the quality and level of public primary care services.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)074

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0538

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

According to Programme (1) under Head 140 – Government Secretariat: Food and Health Bureau (Health Branch), the Administration will roll out a pilot initiative in collaboration with non-governmental organizations to enhance dental care and oral health for needy elderly through providing outreach services to residential care homes for the elderly. Please advise this Committee on the following:

(a) The target clients of the dental care services to be provided to the needy elderly in 2011-12, the units providing such services, the numbers of service places and expenditures incurred.

(b) Under the Primary Dental Care Pilot Project, only basic services such as dental check-up and scaling will be provided. For any further services provided to those elderly people who are not recipients under the Comprehensive Social Security Assistance (CSSA) scheme, it will be up to the participating organizations to consider providing these elderly people with financial assistance. Will the Administration consider issuing guidelines or even allocating additional funding to the participating organizations in order to ensure that those elderly people who are receiving CSSA but are in financial difficulties can obtain reasonable financial assistance?

(c) Many elderly people require false teeth due to their age, but they cannot afford the expensive cost. Will the government consider reserving some resources specifically for those elderly people who require false teeth, so that these "teethless elderly people" can also be benefitted from the government dental services?

Asked by: Hon. CHAN Kin-por

Reply:

We will launch a Pilot Project, in partnership with NGOs for a period of three years starting from April 2011, to provide elderly people residing in residential care homes (RCHEs) or receiving services in day care centres (DEs) with outreach primary dental care and oral health care services free of charge, including dental check-up, scaling, polishing and any other necessary pain relief and emergency dental treatments. The costs of all such outreach primary dental care and oral services provided to the elderly by the participating NGOs will be covered by the subvention to the NGOs from the Government. The Government will monitor the implementation of the Pilot Project, and conduct an interim review on its effectiveness after we have gained enough experience from the operation of the Pilot Project.

For elderly people identified as having the need for and considered suitable for receiving follow-up curative treatments, participating NGOs under the Pilot Project will arrange for the necessary treatments. For those who are recipients of Comprehensive Social Security Allowance (CSSA), the NGO concerned will arrange to apply for Dental Grant under the CSSA Scheme for them to cover the actual expenses of the dental treatment, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction. For

those who have financial difficulties but are not recipients of CSSA, the NGO concerned will provide or arrange to provide financial assistance to meet the cost of the further curative treatments, including dentures. The need will be assessed by the NGOs concerned on an individual basis and the cost will be met by their own charity funding. For others who can afford, the NGO concerned will provide the curative treatments at a reasonable cost.

We expect that 17 NGOs will participate in the Pilot Project providing more than 100 000 attendance through 27 outreach teams benefiting some 80 000 elderly in RCHEs and DEs over the three-year pilot period. Each outreach team providing dental care should comprise at least one registered dentist and one dental surgery assistant, and each NGO is required to have at least one experienced registered dentist to supervise the whole operation. We envisage that the manpower requirement arising from the Pilot Project can be absorbed by current supply of dentists and technicians without necessitating increase in training. The total amount of subvention to the NGOs for the three-year Pilot Project is estimated to be about $88 million.

We have not made any estimate on the possible costs involved for providing dental care services to all elderly people.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)075

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1630

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) Please provide the number of new born babies born in public hospitals for the past five years by each hospital cluster.

Hospital Cluster	Hospitals providing Obstetrics and Gynaecology (O&G) inpatient and delivery services in the Cluster	Number of new born babies (2006)	Number of new born babies (2007)	Number of new born babies (2008)	Number of new born babies (2009)	Number of new born babies (2010)
Hong Kong East						
Hong Kong West						
Kowloon Central						
Kowloon East						
Kowloon West						
New Territories East						
New Territories West						

(b) What are the expenditures involved in providing O&G inpatient and delivery services by the above hospital clusters? Please list out by each hospital cluster.

(c) Please provide the number of pregnant women using O&G inpatient and delivery services in New Territories East Hospital Cluster for the past five years by districts (Shatin, Tai Po, North District and Sai Kung District) and their respective percentage in the total number of pregnant women using such services in the Cluster.

Asked by: Hon. IP Wai-ming

Reply:

(a)

The table below sets out the number of live births in each hospital cluster in 2006-07, 2007-08, 2008-09, 2009-10 and 2010-11 (up to 31 December 2010):

Cluster	Hospitals providing Obstetrics and Gynaecology (O&G) inpatient and delivery services	Number of live births				
		2006-07	2007-08	2008-09	2009-10	2010-11 (up to 31 Dec 2010)
HKE	Pamela Youde Netherosole Eastern Hospital	3 661	3 851	3 875	3 576	3 171
HKW	Queen Mary Hospital, Tsan Yuk Hospital*	4 050	4 237	3 971	3 908	3 141
KC	Queen Elizabeth Hospital	5 534	5 900	6 154	5 888	4 658
KE	Tseung Kwan O Hospital* United Christian Hospital	4 464	4 854	5 347	4 833	4 197
KW	Caritas Medical Centre* Kwong Wah Hospital, Our Lady of Maryknoll Hospital* Princess Margaret Hospital	9 999	10 003	10 283	10 512	8 426
NTE	North District Hospital* Prince of Wales Hospital	6 759	6 160	6 689	6 511	5 401
NTW	Pok Oi Hospital* Tuen Mun Hospital	5 679	5 484	5 462	5 816	4 432
Overall HA		**40 146**	**40 489**	**41 781**	**41 044**	**33 426**

Note
* Hospitals providing ante-natal or post-natal and/or gynaecology services but without delivery services.

(b)

The table below sets out the total expenditure on inpatient obstetrics and gynaecology services of each hospital cluster in 2006-07, 2007-08, 2008-09, 2009-10 and 2010-11 (up to 31 December 2010).

Cluster	2006-07 ($ million)	2007-08 ($ million)	2008-09 ($ million)	2009-10 ($ million)	2010-11 (up to 31 December 2010) (Estimate) ($ million)
HKE	116	131	135	131	104
HKW	151	168	177	179	143
KC	158	177	182	184	141
KE	147	158	179	177	145
KW	302	322	333	333	261
NTE	215	219	240	233	187
NTW	149	179	189	173	137
Total	**1,238**	**1,354**	**1,435**	**1,410**	**1,118**

(c)

The tables below set out the number of deliveries in the New Territories East Cluster (i.e. the Prince of Wales Hospital) with breakdown by the mothers' residential district in 2006-07, 2007-08, 2008-09, 2009-10 and 2010-11 (up to 31 December 2010):

Year	2006-07		2007-08		2008-09	
Residential address reported by the mothers	Number of deliveries	As a percentage of the total number of deliveries	Number of deliveries	As a percentage of the total number of deliveries	Number of deliveries	As a percentage of the total number of deliveries
Sha Tin	2 532	38%	2 543	42%	2 820	43%
North	1 550	23%	1 496	25%	1 634	25%
Tai Po	1 221	18%	1 165	19%	1 288	19%
Sai Kung	160	2%	126	2%	127	2%
Other districts	1 225	18%	734	12%	741	11%
Overall	**6 688**	**100%**	**6 064**	**100%**	**6 610**	**100%**

Year	2009-10		2010-11 (up to 31 December 2010)	
Residential address reported by mothers	Number of deliveries	As a percentage of the total number of deliveries	Number of deliveries	As a percentage of the total number of deliveries
Sha Tin	2 859	45%	2 268	43%
North	1 605	25%	1 343	25%
Tai Po	1 210	19%	1 024	19%
Sai Kung	107	2%	101	2%
Other districts	627	10%	589	11%
Overall	**6 408**	**100%**	**5 325**	**100%**

Abbreviations

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

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)076

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1664

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated in paragraph 104 of the 2011-12 Budget Speech that the Government has reserved 4 sites at Wong Chuk Hang, Tai Po, Tseung Kwan O and Lantau for private hospital development and had received 30 development proposals from local and overseas institutions. The Government were formulating the arrangement to dispose of the sites in phases starting from end-2011 or 2012. In this regard, will the Administration advise:

(a) The respective size and the plot ratio of each of the 4 sites, as well as the maximum gross floor area which can be built on each of the 4 sites;

(b) The Government's plan on the number of hospital beds including low-charge beds and services in different specialties that will be provided by the private hospitals on the 4 sites; and

(c) The procedures on the selection of the right institutions to operate the private hospitals on the 4 sites.

Asked by: Hon. Abraham SHEK Lai-him

Reply:

The Government has reserved four sites at Wong Chuk Hang (about 2.8 hectares), Tseung Kwan O (about 3.5 hectares), Tai Po (about 4.8 hectares) and Lantau (about 1.6 hectares) for private hospital development. We invited the market in December 2009 to March 2010 to express their interest in developing the sites. A total of 30 submissions have been received, comprising 12 for the Wong Chuk Hang site, three for the Tseung Kwan O site, six for the Tai Po site, and nine for the Lantau site. Among them, 21 are from local parties, seven from overseas parties and the remaining two from joint partnership of local and overseas parties. Most of the submissions contain a hospital development plan with proposed scope of service, which include various specialties, Chinese Medicine, etc.

In consideration of the suggestions and views in the submissions received, we are formulating the land disposal arrangements for the four reserved hospital sites, including the means and timing for land disposal, the detailed special requirements and the land premium. To ensure that the services provided by the new hospitals would be of good quality, cater for the needs of the general public, and help enhance the professional standards and ethics for furthering the development of medical services, the Government will formulate a set of special requirements for development of the sites, covering such aspects as scope of service, price transparency, service standard, etc. We plan to dispose of the sites in phases starting from end-2011 or 2012.

We will closely monitor the manpower requirements for healthcare professionals, and ensure an adequate supply of manpower for the development of medical services by encouraging the tertiary institutions to increase student places for relevant professions, including doctors, nurses and other allied health professions.

In addition, the Hospital Authority as the major provider of public healthcare services will continue to enhance the training and supply of nurses.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)077

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1812

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the Hospital Authority is committed to providing medical services of the highest possible standard through efficient use of staff resources. However, the turnover of front-line doctors has been very high in recent years as revealed in the news report on the problem of staff shortage in the medical ward of Tuen Mun Hospital. Please provide the turnover figures of front-line healthcare staff in public hospitals for the past three years (i.e. 2008-09 to 2010-11). In this regard, please also provide details on the Administration's long-term proposal to tackle this problem and on the amount of financial commitment involved as well as the rate of increase in such financial commitment?

Asked by: IP LAU Suk-yee, Regina

Reply:

Table 1 to 3 below set out respectively the turnover figures of doctors, nurses and allied health professionals by specialty/grade in the Hospital Authority (HA) in 2008-09, 2009-10 and 2010-11.

Table 1 Turnover of doctors in HA in 2008-09, 2009-10 and 2010-11

Specialty	**Turnover of Doctors**		
	2008-09	**2009-10**	**2010-11 (up to 31 December 2010)**
Accident & Emergency	21	13	17
Anaesthesia	13	21	12
Cardiothoracic Surgery	1	2	1
Family Medicine	34	30	22
Medicine	53	58	45
Neurosurgery	3	3	2
Obstetrics & Gynaecology	12	17	17
Ophthalmology	9	5	9
Orthopaedics & Traumatology	18	11	14
Paediatrics	20	11	18
Pathology	2	8	2
Psychiatry[1]	12	6	16
Radiology	13	9	8
Surgery	19	21	13
Others	14	7	12
Total	**244**	**222**	**208**

Note

1. The services of the psychiatric department include services for the mentally handicapped.

Table 2 Turnover of nurses in HA in 2008-09, 2009-10 and 2010-11

Specialty	Turnover of Nurses		
	2008-09	2009-10	2010-11 (up to 31 December 2010)
Medicine	213	169	173
Obstetrics & Gynaecology	48	41	52
Orthopaedics & Traumatology	34	19	23
Paediatrics	73	66	75
Psychiatry[1]	23	34	47
Surgery	56	68	35
Others[2]	430	375	361
Total	**877**	**772**	**766**

Notes

1. The services of the psychiatric department include services for the mentally handicapped.
2. About 4 000 nursing staff are posted under the "central pool" of Nursing Management or Nursing Administration department. The exact figures deployed to the individual departments from the pool are not readily available. The turnover of these 4 000 staff is not reflected in the turnover figures for the major specialties as indicated above.

Table 3 Turnover of allied health professionals in HA in 2008-09, 2009-10 and 2010-11

Allied Health Grades	Turnover of Allied Health Professionals		
	2008-09	2009-10	2010-11 (up to 31 December 2010)
Medical Laboratory Technician	31	19	21
Occupational Therapist	11	14	15
Physiotherapist	23	29	30
Radiographer (Diagnostic Radiographer and Radiation Therapist)	27	9	27
Dispenser	12	17	14
Pharmacist	11	3	7
Others	25	30	23
Total	**140**	**121**	**137**

HA has deployed additional resources over the past few years to address manpower issues. Apart from recruiting additional healthcare staff to cope with increase in demand, HA has been striving to enhance the professional training of its healthcare staff, provide them with better working environment, promotion prospect and remuneration package so as to attract and retain talents. HA plans to implement the following initiatives for doctors, nurses and allied health staff in 2011-12 to further increase manpower strength and improve staff retention.

Doctors

(i) To recruit about 330 doctors to meet service needs;
(ii) To further enhance promotion opportunities of doctors;
(iii) To offer additional training opportunities to doctors, including increasing the number of overseas training places;
(iv) To extend the part-time employment pilot scheme in the Obstetrics & Gynaecology specialty to other specialties;
(v) To further deploy the special honorarium scheme for on-site overnight call duties; and
(vi) To increase clerical support and 24-hour phlebotomist services to relieve doctors from non-clinical work.

Nurses

(i) To recruit about 1 720 nursing staff to cope with service needs;
(ii) To continue to provide training places for registered nurses and enrolled nurses to enhance the supply of nursing manpower;

(iii) To offer additional training opportunities to nurses, including increasing the number of overseas training places;
(iv) To arrange a preceptorship programme for newly recruited nurses; and
(v) To further improve the working arrangements of nurses by streamlining work processes and reducing the non-clinical work handled by nurses; and

Allied health staff
(i) To recruit about 590 allied health staff to cope with service needs;
(ii) To provide structured on-the-job training to new recruits and offer additional training opportunities to allied health staff, including increasing the number of overseas training places;
(iii) To offer scholarships to students to undertake overseas studies in allied health disciplines with an anticipated shortage of local supply; and
(iv) To step up recruitment efforts in the overseas for allied health grades with recruitment difficulties.

Details of the above initiatives are being worked out and the related budget requirements are not yet available.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)078

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0571

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the initiatives proposed by the Working Group on Primary Care, the Administration states that it will initiate the pilot projects in various districts. Please advise on the details and implementation schedules of these pilot projects, as well as the resources and manpower involved in each project.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Enhancing primary care was one of the proposals put forward in the Healthcare Reform Consultation Document "Your Health, Your Life" and received broad public support during the first stage public consultation on healthcare reform conducted between March and June 2008. In 2009, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health formulated framework recommendations on enhancing primary care in Hong Kong, including –

(i) developing primary care conceptual models and reference frameworks;

(ii) setting up and promoting a Primary Care Directory; and

(iii) devising feasible service models to deliver community-based primary care services through appropriate pilot projects.

Based on WGPC's recommendations, the Government has allocated or earmarked additional funding for primary care and public-private partnership (PPP) in healthcare since 2008-09. By 2011-12, the Government would increase the related annual recurrent expenditure by $1.7 billion (as compared to 2007-08). Moreover, $1.9 billion has been earmarked for non-recurrent and capital works items, for implementing various initiatives in line with the Government's primary care development strategy.

In September 2010, a Primary Care Office (PCO) was set up in the Department of Health (DH) to provide support to the Food and Health Bureau on policy formulation and strategy development on primary care, and co-ordinate the development of better primary care services in Hong Kong. The latest progress and the work plan are as follows –

(a) A web-based version of the Primary Care Development Strategy Document was published in December 2010. PCO will launch a territory-wide "Primary Care Campaign" in partnership with healthcare professionals starting from March 2011 to introduce the Government's primary care development strategy and initiatives to the general public.

(b) A web-based version of the reference frameworks for diabetes mellitus (DM) and hypertension (HT) care in primary care settings was published in January 2011. Development of primary care conceptual models and reference frameworks for the elderly and children will be started in 2011-12.

(c) Enrolment of doctors and dentists in the respective sub-directories of Primary Care Directory started in December 2010. The Directory will be launched in March 2011 to help the public identify primary care practitioners who can cater for their individual needs. We will start developing a sub-directory of Chinese medicine practitioners in 2011-12. The sub-directories of nurses and other allied health professionals will be developed at a later stage.

(d) Various pilot projects based on different Community Health Centre (CHC)-type models with healthcare professionals and providers from the public sector, private sector, non-governmental organisations (NGOs) and universities are being explored. A purpose-built CHC in Tin Shui Wai will be established in the first half of 2012. We will continue to plan CHC pilot projects in consultation with the relevant stakeholders.

The Government will continue to implement, through DH and the Hospital Authority (HA), pilot projects to enhance primary care, with a view to taking forward the primary care development strategy. These include a series of pilot projects to enhance support for chronic disease patients in primary care settings, the Elderly Health Care Voucher Pilot Scheme, various vaccination subsidy schemes, establishment of CHCs and networks, enhancement of primary dental care and oral health promotion, implementation of research projects on primary care, enhancement of primary care related training and capacity building in collaboration with healthcare professionals, etc.

There are five chronic disease management pilot projects with primary care nature, namely the Multi-disciplinary Risk Factor Assessment and Management Programme (RAMP), the Patient Empowerment Programme (PEP), Nurse and Allied Health Clinics (NAHC), the Public-Private Chronic Disease Management Shared Care Programme ("Shared Care Programme") and the Tin Shui Wai Primary Care Partnership Project (TSWPPP). The latest position is as follows –

Programme	Implementation schedule
RAMP	Will be extended to all seven clusters by 2011-12. A total of more than 167 000 patients are expected to benefit from the programme by 2011-12.
PEP	Will be extended to all seven clusters by 2011-12. A total of 32 000 patients are expected to benefit from the programme by 2012-13.
NAHC	Launched in all seven clusters in August 2009. The total number of attendances is expected to be over 224 500 by 2011-12.
Shared Care Programme	Launched in the New Territories East Cluster in March 2010 and extended to the Hong Kong East Cluster in September 2010. As at February 2011, 88 patients had enrolled in the programme.
TSWPPP	Launched in Tin Shui Wai North in June 2008 and extended to Tin Shui Wai South in June 2010. As at February 2011, 1 596 patients had enrolled in the programme.

The total amount of funding earmarked for chronic disease management pilot projects is $224.370 million in 2010-11 and $378.596 million in 2011-12. Staff of different disciplines involved include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, occupational therapists, executive officers, technical service assistants, general service assistants, etc. Set-up of information technology systems is required for making patient referrals and monitoring the programmes. General out-patient clinics running RAMP and NAHC are also provided with the necessary equipment and facilities.

Individual pilot projects to enhance primary care are subject to evaluation based on objective criteria with, where appropriate, assessment by an independent third-party. In this connection, for pilot projects being implemented through HA to strengthen support for chronic disease patients in primary care settings, the medical schools of the Chinese University of Hong Kong and the University of Hong Kong have been engaged as independent assessors to review and evaluate them against set service targets and performance indicators.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)079

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0572

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration states that it will roll out a pilot initiative in collaboration with non-governmental organizations to enhance dental care and oral health for needy elderly. Please advise on the details of the relevant initiative, the estimated number of elders served, as well as the resources and manpower involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

We will launch a Pilot Project, in partnership with NGOs for a period of three years starting from April 2011, to provide elderly people residing in residential care homes (RCHEs) or receiving services in day care centres (DEs) with outreach primary dental care and oral health care services free of charge, including dental check-up, scaling, polishing and any other necessary pain relief and emergency dental treatments. The costs of all such outreach primary dental care and oral services provided to the elderly by the participating NGOs will be covered by the subvention to the NGOs from the Government. The Government will monitor the implementation of the Pilot Project, and conduct an interim review on its effectiveness after we have gained enough experience from the operation of the Pilot Project.

For elderly people identified as having the need for and considered suitable for receiving follow-up curative treatments, participating NGOs under the Pilot Project will arrange for the necessary treatments. For those who are recipients of Comprehensive Social Security Allowance (CSSA), the NGO concerned will arrange to apply for Dental Grant under the CSSA Scheme for them to cover the actual expenses of the dental treatment, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction. For those who have financial difficulties but are not recipients of CSSA, the NGO concerned will provide or arrange to provide financial assistance to meet the cost of the further curative treatments, including dentures. The need will be assessed by the NGOs concerned on an individual basis and the cost will be met by their own charity funding. For others who can afford, the NGO concerned will provide the curative treatments at a reasonable cost.

We expect that 17 NGOs will participate in the Pilot Project providing more than 100 000 attendance through 27 outreach teams benefiting some 80 000 elderly in RCHEs and DEs over the three-year pilot period. Each outreach team providing dental care should comprise at least one registered dentist and one dental surgery assistant, and each NGO is required to have at least one experienced registered dentist to supervise the whole operation. We envisage that the manpower requirement arising from the Pilot Project can be absorbed by current supply of dentists and technicians without necessitating increase in training. The total amount of subvention to the NGOs for the three-year Pilot Project is estimated to be about $88 million.

We have not made any estimate on the possible costs involved for providing dental care services to all elderly people.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)080

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0573

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

To effectively reduce the infection of seasonal influenza among students and sudden surge in demand for hospital services during influenza peak season, would the Administration expand the Childhood Influenza Vaccination Subsidy Scheme to include primary and secondary students as well? If yes, what are the details and the expenditure involved? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the Department of Health makes recommendations on seasonal influenza vaccination every year based on examination of scientific evidence. Presently, children aged between six months and less than six years as well as children who have chronic medical diseases are recommended for seasonal influenza vaccination because they have higher incidence of hospitalisations or deaths arising from influenza related complications. By comparison, the incidence of influenza related complications or deaths among children aged six years and above are comparable to the general population. The SCVPD will review annually the latest scientific evidence in making updated influenza vaccination recommendations with respect to different target groups.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 11.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)081

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0574

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

What is the progress of the preparation for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong? What are the resources and manpower involved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The establishment of the multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience will 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 advance the development of the two specialties in their treatment, research and training.

The Steering Committee chaired by the Permanent Secretary for Food and Health (Health), with membership comprising public and private medical professionals, academics and patients' groups, has agreed that the two centres will be built at Kai Tak.

On the Centre of Excellence in Paediatrics (CEP), consensus has been reached on its scale, facilities and sub-specialties to be set up in the CEP. It will adopt the "design and build" mode of delivery. The Technical Feasibility Study for the project has been completed. We are working with various stakeholders on the detailed design which would form the basis for the tendering exercise later.

As for the Centre of Excellence in Neuroscience (CEN), we will continue to work with the medical and academic experts as well as patients' groups on the details of its design.

The Administration will brief the Health Services Panel of LegCo in due course on the detailed timetable, estimated completion date, target number of patients, as well as estimated expenditure of the CEP after we have completed examination of the relevant issues. We will also seek the approval of the Finance Committee for funding. Similarly, we will do the same for CEN when we have worked out these details.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)082

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0575

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

What are the provisions allocated for the implementation of the recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong? What is the concrete timetable for taking forward the initiatives? What is the number of pharmacists to be increased? Has the Administration reviewed the number of training places fro pharmacists to cope with the demand? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In 2011-12, $27.8 million will be allocated to the Department of Health (DH) to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacists and 14 Pharmacists, five Scientific Officers (Medical) and 15 general grade posts will need to be created.

We expect an increase in demand for pharmacists. The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)083

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0576

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

What are the specific details of the Administration's plan to develop the long-term regulatory framework for medical devices and what are the resources involved? Has a timetable been fixed? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Administration is taking steps to put in place a regulatory framework for medical devices. A voluntary Medical Device Administrative Control System (MDACS) has been established by the Department of Health (DH) since 2004 to raise public awareness of the importance of medical device safety and pave way for implementing the long-term statutory control. The Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services on the proposed regulatory framework of medical devices in November 2010. The regulatory proposal has taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with LegCo, and experience gained from the operation of the MDACS. We will carry out a business impact assessment (BIA) on the regulatory proposal and will report to the LegCo Panel on Health Services on the outcomes of the BIA study together with the details of the legislative proposal in 2011-12.

In 2011-2012, a provision of $ 15.8 million will be allocated to DH for the operation and further developments of the existing MDACS as well as the preparatory work for legislative control of medical devices.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)084

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0577

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Despite the surge in demand for psychiatric services as reflected in the substantial increase in the numbers of psychiatric outreach attendances and psychogeriatric outreach attendances, the expected number of community psychiatric nurses for 2012 is only 152, representing an increase of only 7 over 2011. Given the acute shortage of community psychiatric nurses, how will the Administration ensure that an appropriate level of support can be provided for discharged mental patients in the communities? Will the Administration put in additional resources for training and retaining community psychiatric nurses? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) delivers a range of mental health services, including inpatient, outpatient and community psychiatric services, using 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 allows flexible deployment of staff to cope with service needs and operational requirements. As at 31 December 2010, there were 316 psychiatrists, 1 942 psychiatric nurses (including 145 community psychiatric nurses), 44 clinical psychologists and 172 occupational therapists in HA providing various services to psychiatric patients, including psychiatric community outreach services.

The estimated increase in the number of psychiatric outreach attendances from 168 000 in 2010-11 to 226 600 in 2011-12 is mainly due to the expansion of the Case Management Programme for patients with severe mental illness and the setting up of Crisis Intervention Teams in the coming year. To implement the two initiatives, apart from the planned increase in the number of community psychiatric nurses, some 150 case managers including nurses and allied health professionals will also be recruited. The total additional expenditure involved is estimated at $108 million. In addition, HA will expand the psychogeriatric outreach service in 2011-12 to cover about 80 more residential care homes for the elderly. The number of psychogeriatric outreach attendance is expected to increase from 83 000 in 2010-11 to 95 100 in 2011-12. The additional expenditure involved is estimated at $13 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)085

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0578

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration estimates that the number of allied health (outpatient) attendances will reach 2 107 000 in 2011-12, an increase of 47 000 over 2010-11. Has the Administration set aside any provision for recruiting allied health staff to meet the increased service demand? If yes, please provide the details. If not, please state the reasons.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for healthcare services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and service enhancement plans.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiative, HA plans to recruit about 590 allied health staff in 2011-12, which represents over 90% of the available university graduates as well as some existing practitioners in the market. It is estimated that there will be a net increase of 437 allied health staff in 2011-12. The table below sets out the breakdown by grade of the planned additional allied health staff in 2011-12.

Grade	Number of additional staff to be recruited in 2011-12
Pharmacist and Dispenser	152
Medical Laboratory Technologist	32
Radiographer (Diagnostic Radiographer and Radiation Therapist)	46
Optometrist	10
Clinical Psychologist	18
Occupational Therapist	52
Physiotherapist	60
Social Worker	36
Others (including Dietitian, Physicist, Prosthetist & Orthotist, Podiatrist and Speech Therapist)	31
Overall	**437**

A sum of $240 million has been earmarked by HA for the recruitment of the above additional allied health staff in 2011-12. The increase in allied health manpower will mainly be to support the enhanced services in

the areas of pharmacy services, mental health services, primary care services, end-of-life care for terminally ill patients, laboratory service for treatment of chronic hepatitis and diabetes, computerized tomography scanning and magnetic resonance imaging services.

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines. Meanwhile, HA will continue to monitor the manpower situation of allied health staff and make appropriate arrangements in manpower planning and deployment to meet the service needs.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)086

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0579

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is estimated that the number of rehabilitation day and palliative care day attendances will be 86 500 in 2011-12, showing an increase of 3 600 over 2010-11. Has the Administration reserved resources to employ sufficient manpower to meet the service needs? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The projected increase in the number of rehabilitation and palliative care day attendances in 2011-12 is mainly due to the increase in the service demand arising from the growing and ageing population, and corresponding service enhancement mainly through the enhanced service in the Day Rehabilitation Centre of the Hong Kong Buddhist Hospital.

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)087

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0580

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The total number of nursing staff under the 2011-12 estimate is 21 072, representing an increase of 868 over 2010-11. Will the Administration advise on the following :

(a) Has the Administration assessed whether such a number of nursing staff will be sufficient to cope with the Hospital Authority's existing and new services? If yes, what are the details? If not, what are the reasons?

(b) How will the Administration deploy the additional 868 nursing staff?

(c) What will be the nursing manpower demands generated by the new services to be provided by the Hospital Authority as set out in the Estimates?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and service enhancement plans.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 1 720 nursing staff in 2011-12, which represents 90% of the available registered nurse and enrolled nurse graduates in Hong Kong as well as some existing nurses in the market. It is estimated that there will be a net increase of 868 nurses in 2011-12. HA will continue to monitor the manpower situation of nurses and make appropriate arrangements in manpower planning and deployment to meet the service needs.

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines. Meanwhile, HA nursing schools will continue to provide training places to ensure continuous supply of nursing manpower.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)088

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0581

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration estimates that the total strength of allied health staff in 2011-12 is 6 070, an increase by 437 over 2010-11. Please advise :

(a) if the Administration has assessed if the strength of allied health staff is sufficient to cope with the existing and new services of the Hospital Authority (HA). If yes, please provide the details. If not, please state the reasons.

(b) how the Administration will deploy the 437 additional allied health staff.

(c) the manpower requirement of allied health staff for coping with the new services of HA as outlined in the Budget.

Asked by: LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for healthcare services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and service enhancement plans.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiative, HA plans to recruit about 590 allied health staff in 2011-12, which represents over 90% of the available university graduates as well as some existing practitioners in the market. It is estimated that there will be a net increase of 437 allied health staff in 2011-12. The table below sets out the breakdown by grade of the planned additional allied health staff in 2011-12.

Grade	Number of additional staff to be recruited in 2011-12
Pharmacist and Dispenser	152
Medical Laboratory Technologist	32
Radiographer (Diagnostic Radiographer and Radiation Therapist)	46
Optometrist	10
Clinical Psychologist	18
Occupational Therapist	52

Grade	Number of additional staff to be recruited in 2011-12
Physiotherapist	60
Social Worker	36
Others (including Dietitian, Physicist, Prosthetist & Orthotist, Podiatrist and Speech Therapist)	31
Overall	**437**

A sum of $240 million has been earmarked by HA for the recruitment of the above additional allied health staff in 2011-12. The increase in allied health manpower will mainly be to support the enhanced services in the areas of pharmacy services, mental health services, primary care services, end-of-life care for terminally ill patients, laboratory service for treatment of chronic hepatitis and diabetes, computerized tomography scanning and magnetic resonance imaging services.

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines. Meanwhile, HA will continue to monitor the manpower situation of allied health staff and make appropriate arrangements in manpower planning and deployment to meet the service needs.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)089

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0582

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Question:

To enhance the support for mental patients, the Hospital Authority will set up crisis intervention teams in its hospital clusters to follow up on high risk patients. What are the resources involved in setting up the crisis intervention teams? What is the manpower plan?

Asked by: Hon. LEE Kok-long Joseph

Reply:

The Hospital Authority will set up Crisis Intervention Teams in all seven hospital clusters in 2011-12 to provide intensive support to high-risk mental patients using a case management approach, and to provide rapid and prompt response to emergency referrals involving other patients in the community. Around six doctors and 42 nurses will be required to provide the service and the additional recurrent expenditure involved is estimated at $35 million. About 1 000 patients will benefit each year by the initiative.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)090

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0583

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration plans to extend the Integrated Mental Health Programme to all clusters. As it is expected that the demand for mental health services will increase substantially, what is the provision for the programme and the manpower involved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Since October 2010, the Hospital Authority has implemented an Integrated Mental Health Programme in five clusters to provide assessment and treatment services to patients with common mental disorders in primary care settings. In 2011-12, this programme will be rolled out to all seven clusters to benefit a total of about 7 000 patients each year. It is estimated that 20 members of multi-disciplinary teams including Family Medicine specialists, nurses and allied health professionals will be involved in the programme for all the seven clusters. The total recurrent expenditure is estimated at $20 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)091

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0584

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority will, through the collaboration between multi-disciplinary teams, enhance palliative care for patients with terminal cancer and end stage organ failure. How many resources are involved? Please list the types of allied health staff involved and the respective manpower required.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In 2011-12, the Hospital Authority (HA) will enhance palliative care, including pain control, symptom management, psychosocial spiritual care and home care support for patients with terminal cancer and end stage organ failure, through a multi-disciplinary team approach. HA aims to provide the service to about 2,000 patients in 2011-12. The estimated recurrent expenditure involved is $20 million. The detailed manpower requirements are being worked out and are not yet available.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)092

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0585

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

What are the resources and manpower involved in the proposed establishment of an additional specialist centre for joint replacement by the Administration in 2011-12?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The additional specialist centre for joint replacement (the Centre) will be established at the Yan Chai Hospital in the Kowloon West Cluster. It is estimated that the Centre can provide 400 surgeries and follow-up rehabilitation programmes each year. An estimated amount of $32 million will be required for the setting up of the Centre and its first year of operation. The additional manpower involved include three Associate Consultants; four Resident Trainees; two Advanced Practice Nurses; 11 Registered Nurses; nine Technical Services Assistants for acute services; and two Physiotherapists; two Occupational Therapists; one Assistant Social Welfare Officer and four Technical Services Assistants for rehabilitation service.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)093

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0586

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Administration earmarked any resources for providing magnetic resonance imaging services to 3 400 additional patients and computerised tomography scanning services to 3 000 additional patients each year? What is the manpower required for providing these services?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In 2011-12, the Hospital Authority (HA) has earmarked a total of $14.4 million for enhancing magnetic resonance imaging (MRI) and computerised tomography (CT) scanning services through extension of service hours of MRI and CT scanners. HA will provide MRI service to 3 400 additional patients and CT service to 3 000 additional patients each year starting from 2011-12. The additional manpower required include four Associate Consultants, four Radiographers, two nurses and four supporting staff.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)094

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0670

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Second Stage Consultation on the Health Protection Scheme (the Scheme) has completed. When will the Administration announce its stance? Has the Administration reserved any provision for implementing the Scheme? What is the expected expenditure involved?

Asked by: Hon. CHAN Kin-por

Reply:

The second stage public consultation on healthcare reform ended on 7 January 2011. The Food and Health Bureau received over 500 submissions from members of the public and organisations in various sectors in response to the healthcare reform second stage consultation document "My Health, My Choice". We have also commissioned opinion surveys and focus group studies on healthcare reform with a view to collating public views on specific issues concerning healthcare reform. We are now analysing the views of the public received and collated in the second stage consultation on healthcare reform. We will take into account the analysis in working out the way forward including any specific proposals to be taken forward.

Our tentative plan is to complete and publish the Report on Second Stage Public Consultation on Healthcare Reform and announce the way forward within 2011. The reports of completed surveys and studies will be released through the website of the Food and Health Bureau as and when ready together with the consultation report. The workload arising from the second stage public consultation including the analysis of views and formulation of report 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 and manpower required. Resources required for the implementation of any specific proposals for the way forward will be assessed in due course.

As stated in the healthcare reform second stage consultation document, the Government's commitment to healthcare is set to continue to increase as we reform the healthcare system with a view to enhancing the long-term sustainability of the healthcare system as a whole. We will continue to uphold the public healthcare system as the safety net for the whole population, which is strongly supported by the public. The Government's annual recurrent expenditure on health has increased from $30.5 billion in 2007-08 to $39.9 billion in 2011-12, with substantial increase in resources being allocated to improve public healthcare services. Many quarters of the community have also expressed support for reforming the private health insurance and healthcare sector with a view to improving the quality, transparency and affordability of its services. Many views expressed have emphasized the need to increase healthcare capacity and manpower supply and to strengthen the quality assurance and price competitiveness of private healthcare services.

The Financial Secretary has pledged to draw $50 billion from the fiscal reserves to assist the implementation of healthcare reform, after the implementation of supplementary financing arrangements after consultation, no matter what the final arrangements are, so as to help meet the challenge of healthcare to future public finances. During the second stage public consultation on healthcare reform, we have received different views on the use of the $50 billion earmarked in the fiscal reserve to support healthcare reform, in response to the various options to provide financial incentives for the supplementary financing proposals put forward for consultation. The use of the $50 billion earmarked in the fiscal reserve for implementing healthcare

reform, and the possible provision of financial incentives for any supplementary financing proposals to be implemented, will be considered as part of the way forward of healthcare reform.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)095

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0686

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the relevant numbers and expenditure on psychiatric services of the Hospital Authority for 2009-10 and 2010-11 in the table below :

Cluster	No. of psychiatrist	No. of psychiatric nurses	No. of other medical staff	No. of inpatients	Total annual cost on inpatients	No. of patients of ambulatory and outreach services	Total annual cost of ambulatory and outreach services
Hong Kong East							
Hong Kong West							
Kowloon East							
Kowloon Central							
Kowloon West							
New Territories East							
New Territories West							
Overall							

Asked by: HO Sau-lan, Cyd

Reply:

The Hospital Authority (HA) delivers mental health service using an integrated and multi-disciplinary approach involving psychiatrists, psychiatric nurses, clinical psychologists and occupational therapists etc. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. The table below sets out the number of staff providing psychiatric services in each cluster in 2009-10 and 2010-11 (as at 31 December 2010).

Cluster	Number of Staff [note 1]			
	Psychiatrist	Psychiatric Nurse [note 2]	Allied Health	
			Clinical Psychologist	Occupational Therapist
2009 - 10				
Hong Kong East	32	194	5	13
Hong Kong West	22	80	2	10
Kowloon Central	33	221	5	13
Kowloon East	29	88	5	10
Kowloon West	67	529	12	33
New Territories East	59	269	4	24
New Territories West	68	515	8	39
Overall	**310**	**1 896**	**41**	**142**
2010-11 (as at 31 Dec 2010)				
Hong Kong East	32	190	6	13
Hong Kong West	22	85	2	11
Kowloon Central	32	217	6	13
Kowloon East	34	107	5	14
Kowloon West	68	544	12	48
New Territories East	60	274	6	27
New Territories West	68	525	7	46
Overall	**316**	**1 942**	**44**	**172**

The table below sets out the total costs of psychiatric services in each cluster in 2009-10 and the estimated costs in 2010-11.

Cluster	Inpatient services ($ million)	Day Hospital and outreach services [note 3] ($ million)
2009-10		
Hong Kong East	219	54
Hong Kong West	73	26
Kowloon Central	231	26
Kowloon East	49	47
Kowloon West	422	117
New Territories East	280	89
New Territories West	527	77
Overall	**1 801**	**436**
2010-11 (Revised Estimate)		

Cluster	Inpatient services ($ million)	Day Hospital and outreach services [note 3] ($ million)
Hong Kong East	225	55
Hong Kong West	76	27
Kowloon Central	236	26
Kowloon East	51	68
Kowloon West	432	136
New Territories East	287	92
New Territories West	541	87
Overall	**1 848**	**491**

The table below sets out the service statistics on psychiatric service in each cluster in 2009-10 and 2010-11 (as at 31 December 2010).

Cluster	No. of inpatient discharges and deaths	No. of attendances of ambulatory and outreach services [note 3]
2009-10		
Hong Kong East	2 029	53 673
Hong Kong West	691	34 306
Kowloon Central	2 533	25 763
Kowloon East	599	52 239
Kowloon West	3 393	121 690
New Territories East	4 096	78 894
New Territories West	2 677	64 040
Overall	**16 018**	**430 605**
2010-11 (as at 31 December 2010)		
Hong Kong East	1 430	39 882
Hong Kong West	510	27 003
Kowloon Central	2 044	19 045
Kowloon East	472	49 023
Kowloon West	2 700	99 083
New Territories East	2 978	59 725
New Territories West	2 123	56 758
Overall	**12 257**	**350 519**

Notes:
1. The number of staff is calculated on full-time equivalent basis.
2. The number of psychiatric nurses includes community psychiatric nurses.
3. The attendances include services for psychiatric day hospital, psychiatric and psychogeriatric outreach services.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)096

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0721

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

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

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

(a) Using the table below, please provide information on studies on public policy and strategic public policy for which funds had been allocated between 2008-09 and 2010-11:

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

(b) Are there any projects for which funds have been reserved for conducting consultancy studies in 2011-12? If yes, please provide the following information:

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	For the projects that are expected to be completed in 2011-12, is there any plan to make them public? If yes, through what channels? If no, why?

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

Asked by: Hon. HO Sau-lan, Cyd

Reply:

(a) Please refer to Annex A.

(b) Please refer to Annex B

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

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

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Annex A

Studies on public policy and strategic public policy for which funds had been allocated between 2008-09 and 2010-11

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
The University of Hong Kong	Tender*	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	Jun. 2008	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 Nielsen Company (Hong Kong) Limited	Tender*	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	Sep. 2008	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	Tender*	Survey on Supplementary Financing for Healthcare: to canvass the views of the general public on values and preference in relation to supplementary financing, via telephone interviews.	157,000	Sep. 2008	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 policy reference.

* Adopted the process of direct procurement by calling several quotations.

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
Karl Research Limited	Tender*	Telephone Survey on Supplementary Healthcare Financing (December 2008 and January 2009): to gauge the views of the general public on supplementary financing for healthcare after the starting of economic downturn.	70,000	Dec. 2008	Completed	Findings of this study have been considered by the Food and Health Bureau for the overall planning of healthcare reform public consultation.	Study reports have been released through the website of Food and Health Bureau.
Karl Research Limited	Tender*	Opinion Survey on Smoking Room: to gauge the public's views on the idea of introducing purpose-built smoking rooms for smokers to smoke.	35,000	Jan. 2009	Completed	Results of this study have been considered by the Food and Health Bureau for formulation of its tobacco control policy.	This study is conducted for internal policy reference.
Consumer Search HK Limited	Tender*	Opinion Poll on Tobacco Control Measures: to gauge the public's views on the level of support to various tobacco control measures such as tobacco duty increase.	56,000	Mar. 2009	Completed	Results of this study have been considered by the Food and Health Bureau for formulation of its tobacco control policy.	This study is conducted for internal policy reference.
The Chinese University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Formation of melamine crystals in urine and their effects on human cells	793,686	Mar. 2009	In Progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.

* Adopted the process of direct procurement by calling several quotations.

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

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Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
The Chinese University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Medium- and long-term follow-up of Hong Kong children exposed to melamine	984,091	Apr. 2009	In Progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.
The Chinese University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Prevalence of melamine in stored urine samples and clinical follow-up of affected Hong Kong children	300,715	Apr. 2009	In Progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.
The University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Case-control study of Sichuan and Hong Kong children with melamine-associated renal stones	523,124	Apr. 2009	In Progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.
The Chinese University of Hong Kong	Others: Research project	Studies Related to Melamine Incident: Development and application of novel diagnostic tests for melamine exposure	957,360	Apr. 2009	In Progress	When completed, the results of these studies will be considered by an Assessment Panel comprising experts from the health sector and the Government.	The study is still on-going.

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Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
Consumer Search HK Limited	Tender*	Opinion Poll on Tobacco Control Measures in Entertainment Premises: to gauge the public's views on the implementation of more stringent tobacco control measures in entertainment premises on 1 July 2009.	95,200	Apr. 2009	Completed	Results of this study have been considered by the Food and Health Bureau for formulation of its tobacco control policy.	This study is conducted for internal policy reference.
Consumer Search HK Limited	Tender*	Opinion survey on human swine influenza vaccination: to gauge the public's views and acceptance of human swine influenza vaccination	56,000	May 2009	Completed	Results of this study have been considered by the Food and Health Bureau for the planning of human swine influenza vaccination.	This study is conducted for internal planning of human swine influenza vaccination.
The University of Hong Kong	Tender*	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2007/08 and 2008/09: to further update the estimates of Hong Kong's domestic health expenditure based on the OECD standardization of health accounts, "A System of Health Accounts", and to appraise the applications of domestic health accounts.	1,416,553	Sep. 2009	In progress	When the project is completed, results will be released to public through the website of Food and Health Bureau.	The project is still on-going

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Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
The University of Hong Kong	Tender*	Evaluation of Tobacco Control Measures	201,295	Jan. 2010	Completed	-	The results have been released through the Administration's reply to the Legislative Council Panel on Financial Affairs on tobacco duty, depreciation allowances under "import processing" arrangements and tax appeal mechanism in July 2010.
Consumer Search HK Limited	Tender*	Telephone Survey on Disease Conditions and Healthcare Expenditure: to gauge the public opinion on the impact of disease conditions on their quality of life under different hypothetical situations.	62,000	Feb. 2010	Completed	Findings of this study will be considered by the Food and Health Bureau for the planning of healthcare policies.	This study is conducted for internal policy reference.

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

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

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

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Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
The University of Hong Kong	Tender*	School-based survey on smoking: to study the prevalence of smoking and its pattern among students, assess the impact of relevant policy measures on youth smokers and their smoking patterns, and collect other information related to smoking among students	1,428,230.60	Jul. 2010	In progress	The study is still on-going	The study is still on-going
Consumer Search HK Limited and The Chinese University of Hong Kong	Tender*	Opinion Polls on the Health Protection Scheme: to gauge the views of the general public on the Health Protection Scheme(HPS) as set out in the Healthcare Reform Second stage Consultation Document	465,000	Oct. 2010	In progress	The study is still on-going	The study is still on-going
School of Public Health and Primary Care, CUHK	Tender*	Medical Stakeholders Survey and Interviews on Health Protection Scheme: to gauge the views of stakeholders from the medical sector on the proposed HPS as set out in the Healthcare Reform Second Stage Consultation Document.	808,328	Dec. 2010	In progress	The study is still on-going	The project is still on-going

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Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
Consumer Search HK Limited and The Chinese University of Hong Kong	Tender*	Opinion poll on Tobacco Control & Tobacco Duty: to gauge the public's views on tobacco control and tobacco duty	310,480	Dec. 2010	In progress	The study is still on-going	The project is still on-going
Consumer Search HK Limited	Tender*	Consumer Market Research on the Health Protection Scheme: to gauge the views of the consumers, particularly those who are decision-makers of purchasing private health insurance products for themselves and/or their family members on the proposed HPS as set out in the Healthcare Reform Second Stage Consultation Document.	449,000	Jan. 2011	In progress	The study is still on-going	The project is still on-going
IBM China/ Hong Kong Limited	Restricted Tender	Consultancy Services for the Regulatory Impact Assessment Study for the Proposed Amendments to the Pharmacy and Poisons Ordinance	1,428,000	Jan. 2011	In progress.	The study is still on-going	The study is still on-going

* Adopted the process of direct procurement by calling several quotations.

Annex B

Projects for which funds have been reserved for conducting consultancy studies in 2011-12

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	For the projects that are expected to be completed in 2011-12, is there any plan to make them public? If yes, through what channels? If no, why?
To be selected	Restricted Tender	Provision of Consultancy Service for Business Impact Assessment on Statutory Regulation of Medical Devices	Evaluation of proposals in progress			The Government plans to brief the Legislative Council Panel on Health Services of the study results, together with the details of the legislative proposal in 2011-12.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)097

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1851

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out by hospital and rank the number of newly-appointed and departed doctors, nurses and allied health staff of the Hospital Authority over the past three years (i.e. from 2008-09 to 2010-11).

Asked by: Hon. CHAN Hak-kan

Reply:

The tables setting out the number of newly-appointed and departed doctors, nurses and allied health staff of the Hospital Authority for 2008-09, 2009-10 and 2010-11 (up to 31 December 2010) are at Annexes A and B respectively.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Annex A

Number of newly-appointed doctors, nurses and allied health staff of the Hospital Authority from 2008-09 to 2010-11

Cluster	Hospital	Staff Group	Grade / Rank [1]	Number of newly-appointed Staff [2]		
				2008-09	2009-10	2010-11 (up to December 2010)
Hong Kong East	Pamela Youde Nethersole Eastern Hospital	Medical	Senior Medical Officer/Associate Consultant		1	
			Medical Officer/Resident	28	32	30
		Nursing	Registered Nurse	70	84	122
			Enrolled Nurse	4	12	5
		Allied Health	Medical Laboratory Technologist	5	10	3
			Radiographer (Diagnostic)	6	3	5
			Physicist	1	1	
			Clinical Psychologist	2	1	1
			Dietitian	2	2	
			Medical Social Workers	1	1	1
			Occupational Therapist		2	1
			Physiotherapist	2	5	1
			Prosthetist & Orthotist		1	1
			Pharmacist	2	4	2
			Dispenser	5	4	3
	Ruttonjee Hospital	Medical	Medical Officer/Resident	4	2	3
		Nursing	Registered Nurse	16	24	24
			Enrolled Nurse	2	2	1
		Allied Health	Radiographer (Diagnostic)	1		
			Dietitian		1	
			Medical Social Workers		2	1
			Physiotherapist		1	
			Podiatrist	1		
			Speech Therapist			1
			Pharmacist		1	
	St. John Hospital	Allied Health	Physiotherapist		2	
	Tung Wah Eastern Hospital	Medical	Medical Officer/Resident		4	2
		Nursing	Registered Nurse	4		10
			Enrolled Nurse		1	
		Allied Health	Occupational Therapist		1	1
			Physiotherapist			2
			Podiatrist	1		
	Wong Chuk Hang Hospital	Allied Health	Occupational Therapist	2		
			Physiotherapist	1		
			Dispenser	1		

Cluster	Hospital	Staff Group	Grade / Rank [1]	Number of newly-appointed Staff [2]		
				2008-09	2009-10	2010-11 (up to December 2010)
Hong Kong West	Duchess of Kent Hospital	Nursing	Registered Nurse		1	
		Allied Health	Occupational Therapist		1	1
			Prosthetist & Orthotist		2	
			Dispenser		1	
	Fung Yiu King Hospital	Medical	Medical Officer/Resident	2		1
		Nursing	Registered Nurse	4	3	2
			Enrolled Nurse	1	1	
		Allied Health	Dietitian		1	
	Grantham Hospital	Medical	Medical Officer/Resident	1	1	
		Nursing	Registered Nurse	3	4	2
			Enrolled Nurse	3	5	8
		Allied Health	Radiographer (Diagnostic)			1
			Medical Social Workers		1	
	Maclehose Medical Rehabilitation Centre	Nursing	Registered Nurse		1	2
		Allied Health	Physiotherapist	1		
	Queen Mary Hospital	Medical	Consultant			1
			Senior Medical Officer/Associate Consultant		1	1
			Medical Officer/Resident	47	38	37
		Nursing	APN/NS/NO/WM	1		1
			Registered Nurse	62	81	110
			Enrolled Nurse	7	6	5
		Allied Health	Medical Laboratory Technologist	17	9	8
			Radiographer (Diagnostic)	3	6	4
			Radiographer (Therapeutic)	1	2	1
			Physicist	1		
			Medical Social Workers	1		1
			Occupational Therapist	1	2	1
			Physiotherapist	1	4	7
			Podiatrist			1
			Prosthetist & Orthotist		1	1
			Optometrist			2
			Orthoptist			1
			Pharmacist		2	1
			Dispenser	6	3	2
	Tung Wah Hospital	Medical	Medical Officer/Resident	3	1	1
		Nursing	Registered Nurse	7	3	1
			Enrolled Nurse			1
		Allied Health	Radiographer (Diagnostic)	1		
			Occupational Therapist	1		
			Dispenser	3	1	1

Cluster	Hospital	Staff Group	Grade / Rank [1]	Number of newly-appointed Staff [2]		
				2008-09	2009-10	2010-11 (up to December 2010)
Kowloon Central	Hong Kong Buddhist Hospital	Medical	Medical Officer/Resident	1	4	4
		Nursing	Registered Nurse	3	4	8
		Allied Health	Occupational Therapist		1	1
			Physiotherapist		2	1
			Dispenser		1	
	Hong Kong Blood Transfusion Services	Medical	Medical Officer/Resident		1	
		Nursing	Registered Nurse	5		
			Enrolled Nurse	1		
		Allied Health	Medical Laboratory Technologist	7	2	3
	Hong Kong Eye Hospital	Medical	Medical Officer/Resident	1	3	1
		Nursing	Registered Nurse		4	3
		Allied Health	Optometrist		1	
			Orthoptist	1		
			Pharmacist	1		
	Kowloon Hospital	Medical	Medical Officer/Resident	11	4	10
		Nursing	APN/NS/NO/WM	1	2	
			Registered Nurse	21	10	4
			Enrolled Nurse	1	1	
		Allied Health	Clinical Psychologist		1	
			Occupational Therapist		5	2
			Physiotherapist	3	4	3
			Prosthetist & Orthotist		1	
			Pharmacist	1		
	Queen Elizabeth Hospital	Medical	Senior Medical Officer/Associate Consultant	1	1	
			Medical Officer/Resident	34	39	21
		Nursing	DOM/SNO and above	1		
			APN/NS/NO/WM	5		
			Registered Nurse	75	86	134
			Enrolled Nurse	3	6	9
		Allied Health	Medical Laboratory Technologist	4	7	5
			Radiographer (Diagnostic)	1	4	7
			Scientific Officer(Medical)-Radiology			1
			Radiographer (Therapeutic)	4	3	3
			Physicist	1		
			Clinical Psychologist		1	
			Dietitian	2	1	1
			Medical Social Workers	1	1	
			Occupational Therapist	2	5	6
			Physiotherapist	8	6	19
			Podiatrist	1	1	1
			Pharmacist	2	3	2
			Dispenser	7	5	2

Cluster	Hospital	Staff Group	Grade / Rank [1]	Number of newly-appointed Staff [2]		
				2008-09	2009-10	2010-11 (up to December 2010)
Kowloon East	Haven of Hope Hospital	Medical	Medical Officer/Resident			1
		Nursing	Registered Nurse	6	8	6
			Enrolled Nurse	1		3
		Allied Health	Medical Social Workers	2		1
			Occupational Therapist		2	
			Physiotherapist		3	
	Tseung Kwan O Hospital	Medical	Medical Officer/Resident	6	9	16
		Nursing	Registered Nurse	27	42	46
			Enrolled Nurse	2	1	7
		Allied Health	Medical Laboratory Technologist	3	3	1
			Radiographer (Diagnostic)			1
			Dietitian			1
			Occupational Therapist	1	1	1
			Physiotherapist	1	4	1
			Pharmacist	1		1
			Dispenser			2
	United Christian Hospital	Medical	Consultant		2	
			Senior Medical Officer/Associate Consultant	1		
			Medical Officer/Resident	33	27	20
		Nursing	Registered Nurse	77	70	75
			Enrolled Nurse	2	1	17
		Allied Health	Medical Laboratory Technologist	3	2	4
			Radiographer (Diagnostic)	3	3	1
			Clinical Psychologist	2		
			Dietitian		1	
			Medical Social Workers		2	1
			Occupational Therapist	2	1	5
			Physiotherapist	7	4	7
			Podiatrist	1		
			Prosthetist & Orthotist			1
			Speech Therapist	1		1
			Optometrist		1	1
			Pharmacist	2	2	1
			Dispenser	7	8	3

Cluster	Hospital	Staff Group	Grade / Rank [1]	Number of newly-appointed Staff [2]		
				2008-09	2009-10	2010-11 (up to December 2010)
Kowloon West	Caritas Medical Centre	Medical	Medical Officer/Resident	12	13	13
		Nursing	Registered Nurse	32	18	26
			Enrolled Nurse			6
		Allied Health	Medical Laboratory Technologist		1	1
			Radiographer (Diagnostic)			2
			Clinical Psychologist			2
			Medical Social Workers	3	2	3
			Occupational Therapist	2	2	2
			Physiotherapist	2	2	
			Optometrist	1		
			Pharmacist	1		2
			Dispenser	2	1	1
	Kwai Chung Hospital	Medical	Medical Officer/Resident	5	3	3
		Nursing	Registered Nurse	1	3	6
			Enrolled Nurse			3
		Allied Health	Clinical Psychologist	2	2	1
			Medical Social Workers	1	7	
			Occupational Therapist		1	8
			Physiotherapist		1	
			Pharmacist	1		
			Dispenser		1	1
	Kwong Wah Hospital	Medical	Consultant	2		
			Medical Officer/Resident	25	16	20
		Nursing	Registered Nurse	35	36	44
			Enrolled Nurse	1		3
		Allied Health	Medical Laboratory Technologist	3	1	2
			Radiographer (Diagnostic)	1	2	3
			Clinical Psychologist	1		1
			Dietitian		1	
			Medical Social Workers		1	
			Occupational Therapist		2	1
			Physiotherapist	1	2	1
			Podiatrist	1		
			Speech Therapist	1		
			Pharmacist	1	1	1
			Dispenser	1		1
	Our Lady of Maryknoll Hospital	Medical	Medical Officer/Resident	5	4	10
		Nursing	Registered Nurse	4	6	5
			Enrolled Nurse	1		3
		Allied Health	Dietitian	1	3	1
			Medical Social Workers	1		
			Physiotherapist		3	
			Optometrist			3
			Pharmacist	4	1	1

Cluster	Hospital	Staff Group	Grade / Rank [1]	Number of newly-appointed Staff [2]		
				2008-09	2009-10	2010-11 (up to December 2010)
	Princess Margaret Hospital	Medical	Senior Medical Officer/Associate Consultant	2	1	
			Medical Officer/Resident	22	20	12
		Nursing	Registered Nurse	79	68	73
			Enrolled Nurse	2	2	7
		Allied Health	Medical Laboratory Technologist	7	7	6
			Scientific Officer(Medical)-(Pathology)	1		
			Radiographer (Diagnostic)	5	3	1
			Radiographer (Therapeutic)	4	4	2
			Clinical Psychologist			1
			Dietitian	1		1
			Medical Social Workers		1	
			Occupational Therapist	4		2
			Physiotherapist	4	1	2
			Prosthetist & Orthotist	1	1	1
			Pharmacist	5	6	6
			Dispenser	2	4	3
	Wong Tai Sin Hospital	Medical	Medical Officer/Resident		1	1
		Nursing	Registered Nurse	2	1	2
			Enrolled Nurse			1
		Allied Health	Medical Social Workers		1	
			Occupational Therapist	2		2
			Dispenser			1
	Yan Chai Hospital	Medical	Medical Officer/Resident	11	3	7
		Nursing	Registered Nurse	20	19	11
			Enrolled Nurse	1		
		Allied Health	Medical Laboratory Technologist	1		1
			Radiographer (Diagnostic)		1	
			Occupational Therapist	1		
			Physiotherapist		1	1
			Dispenser		1	1
New Territories East	Alice Ho Miu Ling Nethersole Hospital	Medical	Medical Officer/Resident	9	9	4
		Nursing	Registered Nurse	25	29	13
			Enrolled Nurse	1		2
		Allied Health	Medical Laboratory Technologist		2	
			Radiographer (Diagnostic)			2
			Clinical Psychologist	3		
			Medical Social Workers			1
			Occupational Therapist	1		
			Physiotherapist	1		1
			Podiatrist		1	
			Pharmacist			1
			Dispenser	1		
	Bradbury Hospice	Medical	Medical Officer/Resident		2	
		Nursing	Registered Nurse			1
		Allied Health	Medical Social Workers	2		1

Cluster	Hospital	Staff Group	Grade / Rank [1]	Number of newly-appointed Staff [2]		
				2008-09	2009-10	2010-11 (up to December 2010)
	North District Hospital	Medical	Medical Officer/Resident	10	7	8
		Nursing	Registered Nurse	28	29	30
			Enrolled Nurse	3		2
		Allied Health	Radiographer (Diagnostic)		2	1
			Occupational Therapist	2		
			Physiotherapist	2	1	2
			Pharmacist	1	1	
			Dispenser		1	1
	Prince of Wales Hospital	Medical	Consultant	1		
			Senior Medical Officer/Associate Consultant	3		
			Medical Officer/Resident	39	38	21
		Nursing	Registered Nurse	64	67	76
			Enrolled Nurse	4		6
		Allied Health	Medical Laboratory Technologist	3	8	3
			Scientific Officer(Medical)-(Pathology)		1	
			Radiographer (Diagnostic)	5	2	1
			Radiographer (Therapeutic)	1	2	5
			Physicist	1		1
			Dietitian		1	
			Occupational Therapist		2	1
			Physiotherapist		4	3
			Podiatrist	1	2	1
			Prosthetist & Orthotist	1	1	1
			Speech Therapist	3	1	
			Pharmacist	5	1	2
			Dispenser	5	2	3
	Cheshire Home, Shatin	Medical	Medical Officer/Resident		1	
		Nursing	Enrolled Nurse			2
		Allied Health	Occupational Therapist	1		
	Shatin Hospital	Medical	Medical Officer/Resident	3	4	2
		Nursing	Registered Nurse	3	7	4
			Enrolled Nurse	5	2	7
		Allied Health	Dietitian			1
			Occupational Therapist		3	3
			Physiotherapist			2
	Tai Po Hospital	Medical	Medical Officer/Resident	6	5	2
		Nursing	Registered Nurse	7	11	10
			Enrolled Nurse	8	1	12
		Allied Health	Clinical Psychologist	1		
			Occupational Therapist	3	4	4
			Physiotherapist	5	5	1
			Pharmacist		1	
			Dispenser	1	1	1

Cluster	Hospital	Staff Group	Grade / Rank [1]	Number of newly-appointed Staff [2]		
				2008-09	2009-10	2010-11 (up to December 2010)
New Territories West	Castle Peak Hospital	Medical	Medical Officer/Resident	3	5	6
		Nursing	APN/NS/ NO/WM	1	1	
			Registered Nurse		7	5
			Enrolled Nurse			3
		Allied Health	Medical Social Workers			2
			Occupational Therapist	2	8	9
			Dispenser	1	1	
	Pok Oi Hospital	Medical	Medical Officer/Resident	18	18	18
		Nursing	Registered Nurse	31	66	52
			Enrolled Nurse	1	3	4
		Allied Health	Medical Laboratory Technologist		5	
			Radiographer (Diagnostic)	2	1	
			Medical Social Workers	2	2	1
			Occupational Therapist		1	2
			Physiotherapist			1
			Podiatrist	1		1
			Speech Therapist		1	
			Optometrist			1
			Dispenser	1	3	3
	Siu Lam Hospital	Nursing	Enrolled Nurse			3
	Tuen Mun Hospital	Medical	Consultant	2		
			Senior Medical Officer/Associate Consultant	1		
			Medical Officer/Resident	45	32	22
		Nursing	Registered Nurse	93	104	68
			Enrolled Nurse	7	3	12
		Allied Health	Medical Laboratory Technologist	7	6	6
			Radiographer (Diagnostic)	3	1	2
			Radiographer (Therapeutic)	2		1
			Physicist			1
			Clinical Psychologist	1		
			Dietitian	1	1	1
			Medical Social Workers	2	2	
			Occupational Therapist	1	5	2
			Physiotherapist	3	4	3
			Podiatrist	1		
			Prosthetist & Orthotist		4	
			Speech Therapist		2	
			Optometrist		1	
			Pharmacist	2	2	2
			Dispenser	3	1	3

Notes :

1. Numbers of newly-appointed staff are presented in the following manner :
   (a) Medical : by individual rank, namely Medical Officer/Resident, Senior Medical Officer/Associate Consultant and Consultant
   (b) Nursing : by four major categories, namely Enrolled Nurse, Registered Nurse, Advanced Practice Nurse / Nurse Specialist / Nursing Officer / Ward Manager (APN/NS/NO/WM) and Department Operations Manager / Senior Nursing Officer and above (DOM/SNO and above)
   (c) Allied Health: by individual grade, e.g. “Clinical Psychologist” includes the ranks of Clinical Psychologist and Senior Clinical Psychologist

2. Number of newly-appointed staff refers to the number of external recruits (on headcount basis) appointed on permanent or contract full-time / part-time terms.

Annex B

Number of departed doctors, nurses and allied health staff of the Hospital Authority from 2008-09 to 2010-11

Cluster	Hospital	Staff Group	Grade / Rank [1]	Number of Departed Staff [2]		
				2008-09	2009-10	2010-11 (up to December 2010)
Hong Kong East	Pamela Youde Nethersole Eastern Hospital	Medical	Consultant	1	3	3
			Senior Medical Officer/Associate Consultant	3	7	8
			Medical Officer/Resident	20	15	7
		Nursing	DOM/SNO and above	2		1
			APN/NS/NO/WM	4	4	8
			Registered Nurse	55	69	59
			Enrolled Nurse	7	10	8
		Allied Health	Medical Laboratory Technologist	4	2	6
			Radiographer (Diagnostic)	5	1	1
			Scientific Officer(Medical)-Radiology	1		
			Dietitian			1
			Medical Social Workers	1	1	
			Occupational Therapist	1		
			Physiotherapist	3	2	2
			Podiatrist	1		
			Prosthetist & Orthotist			1
			Pharmacist	1		
			Dispenser		1	2
	Ruttonjee Hospital	Medical	Senior Medical Officer/Associate Consultant	1		2
			Medical Officer/Resident	4		2
		Nursing	APN/NS/NO/WM	3	1	2
			Registered Nurse	18	20	26
			Enrolled Nurse	4	1	3
			Midwife/Others	1		
		Allied Health	Medical Laboratory Technologist		1	
			Dietitian		1	
			Medical Social Workers			1
			Podiatrist	1		1
			Speech Therapist			1
	St. John Hospital	Medical	Medical Officer/Resident		1	
		Nursing	Registered Nurse		2	
			Enrolled Nurse		1	
		Allied Health	Dispenser		1	
	Tung Wah Eastern Hospital	Medical	Medical Officer/Resident	1	3	1
		Nursing	APN/NS/NO/WM	1		
			Registered Nurse	4	3	6
			Enrolled Nurse	3	4	
		Allied Health	Medical Social Workers	1		
			Occupational Therapist		1	
			Physiotherapist		1	
			Podiatrist	1		
			Pharmacist			1
	Wong Chuk Hang Hospital	Nursing	Registered Nurse	1	3	
			Enrolled Nurse	2	1	1
		Allied Health	Dietitian	1		
			Occupational Therapist	1	1	
			Physiotherapist		1	

Cluster	Hospital	Staff Group	Grade / Rank	Number of Departed Staff		
				2008-09	2009-10	2010-11 (up to December 2010)
Hong Kong West	Duchess of Kent Hospital	Nursing	APN/NS//NO/WM	1	1	1
			Registered Nurse			1
			Enrolled Nurse		2	
		Allied Health	Occupational Therapist		2	1
			Physiotherapist			1
	Fung Yiu King Hospital	Medical	Medical Officer/Resident	1	1	
		Nursing	APN/NS/NO/WM	1		
			Registered Nurse	4	1	
			Enrolled Nurse	1	1	1
		Allied Health	Dietitian		1	
	Grantham Hospital	Medical	Consultant			1
			Senior Medical Officer/Associate Consultant		2	
			Medical Officer/Resident	1	1	
		Nursing	DOM/SNO and above		3	
			APN/NS/NO/WM	4	1	
			Registered Nurse	11	1	3
			Enrolled Nurse	8	4	2
			Midwife/Others	1	1	
		Allied Health	Medical Laboratory Technologist	1		
			Radiographer (Diagnostic)			1
	Maclehose Medical Rehabilitation Centre	Nursing	Registered Nurse	1		3
			Enrolled Nurse		1	
		Allied Health	Occupational Therapist	1		
			Physiotherapist		2	3
	Queen Mary Hospital	Medical	Consultant	5	6	5
			Senior Medical Officer/Associate Consultant	5	6	4
			Medical Officer/Resident	14	13	9
		Nursing	DOM/SNO and above	2	1	1
			APN/NS/NO/WM	10	11	5
			Registered Nurse	59	55	66
			Enrolled Nurse	4	9	10
			Midwife/Others	1	1	2
		Allied Health	Medical Laboratory Technologist	5	3	1
			Scientific Officer(Medical)-(Pathology)	1		1
			Radiographer (Diagnostic)	2	4	2
			Radiographer (Therapeutic)		1	1
			Medical Social Workers			1
			Physiotherapist		2	1
			Prosthetist & Orthotist	1	1	1
			Pharmacist	2		
			Dispenser	1	1	2
	Tung Wah Hospital	Medical	Consultant	1		
			Medical Officer/Resident			1
		Nursing	APN/NS/NO/WM	1	1	2
			Registered Nurse	6	8	2
			Enrolled Nurse	3		2
		Allied Health	Medical Laboratory Technologist	1		
			Occupational Therapist	1		
			Dispenser		1	

Cluster	Hospital	Staff Group	Grade / Rank	Number of Departed Staff		
				2008-09	2009-10	2010-11 (up to December 2010)
Kowloon Central	Hong Kong Buddhist Hospital	Medical	Medical Officer/Resident		3	
		Nursing	DOM/SNO and above			1
			APN/NS/NO/WM	1	2	1
			Registered Nurse	5	2	2
		Allied Health	Dispenser	1		1
	Hong Kong Blood Transfusion Services	Nursing	APN/NS/NO/WM		5	1
			Registered Nurse	4	3	
			Enrolled Nurse		1	
		Allied Health	Medical Laboratory Technologist		3	1
	Hong Kong Eye Hospital	Medical	Consultant		1	
			Senior Medical Officer/Associate Consultant	1		
			Medical Officer/Resident	1		
		Nursing	Registered Nurse	1	2	
		Allied Health	Orthoptist	1		
	Kowloon Hospital	Medical	Consultant			2
			Senior Medical Officer/Associate Consultant			1
			Medical Officer/Resident	3	3	5
		Nursing	DOM/SNO and above			1
			APN/NS/NO/WM	1	3	8
			Registered Nurse	10	6	12
			Enrolled Nurse	8	6	8
		Allied Health	Radiographer (Diagnostic)	1		1
			Clinical Psychologist		1	
			Occupational Therapist		2	2
			Physiotherapist	5	3	2
			Prosthetist & Orthotist	1		1
			Pharmacist			1
	Queen Elizabeth Hospital	Medical	Consultant		4	7
			Senior Medical Officer/Associate Consultant	10	4	1
			Medical Officer/Resident	14	11	10
		Nursing	DOM/SNO and above	2		
			APN/NS/NO/WM	10	11	5
			Registered Nurse	73	57	56
			Enrolled Nurse	4	4	7
		Allied Health	Medical Laboratory Technologist		2	1
			Radiographer (Diagnostic)			1
			Scientific Officer(Medical)-Radiology			1
			Radiographer (Therapeutic)	6		3
			Physicist	1		
			Clinical Psychologist	1		
			Dietitian	1		
			Medical Social Workers		1	
			Occupational Therapist	1		1
			Physiotherapist	5	7	7
			Podiatrist		1	
			Pharmacist	2		
			Dispenser	3	4	1

Cluster	Hospital	Staff Group	Grade / Rank	Number of Departed Staff		
				2008-09	2009-10	2010-11 (up to December 2010)
Kowloon East	Haven of Hope Hospital	Medical	Medical Officer/Resident		2	
		Nursing	APN/NS/NO/WM	1		2
			Registered Nurse	6	7	4
			Enrolled Nurse	1		4
		Allied Health	Medical Social Workers		1	
			Physiotherapist			2
	Tseung Kwan O Hospital	Medical	Consultant	1		
			Senior Medical Officer/Associate Consultant	1	4	2
			Medical Officer/Resident	7	5	4
		Nursing	APN/NS/NO/WM	2		1
			Registered Nurse	29	19	15
			Enrolled Nurse	2	2	1
		Allied Health	Medical Laboratory Technologist	4	1	1
			Occupational Therapist	1		1
			Physiotherapist	1	1	
			Dispenser		1	
	United Christian Hospital	Medical	Consultant	1		1
			Senior Medical Officer/Associate Consultant	3	1	4
			Medical Officer/Resident	11	13	8
		Nursing	DOM/SNO and above		2	1
			APN/NS/NO/WM	2	5	11
			Registered Nurse	36	34	36
			Enrolled Nurse	3	5	4
		Allied Health	Medical Laboratory Technologist	2		1
			Radiographer (Diagnostic)			1
			Medical Social Workers		1	
			Occupational Therapist			1
			Physiotherapist	4	5	3
			Podiatrist		1	
			Prosthetist & Orthotist		1	
			Speech Therapist			1
			Pharmacist		1	1
			Dispenser	1	2	2

Cluster	Hospital	Staff Group	Grade / Rank	Number of Departed Staff		
				2008-09	2009-10	2010-11 (up to December 2010)
Kowloon West	Caritas Medical Centre	Medical	Consultant	1	1	2
			Senior Medical Officer/Associate Consultant	3	2	3
			Medical Officer/Resident	16	3	7
		Nursing	DOM/SNO and above	1	1	
			APN/NS/NO/WM	3	4	2
			Registered Nurse	16	28	22
			Enrolled Nurse	5	2	4
		Allied Health	Medical Laboratory Technologist	1		3
			Radiographer (Diagnostic)	1		3
			Clinical Psychologist			1
			Medical Social Workers	1	2	1
			Occupational Therapist			1
			Physiotherapist		1	
			Pharmacist			1
			Dispenser	1		1
	Kwai Chung Hospital	Medical	Senior Medical Officer/Associate Consultant		1	1
			Medical Officer/Resident	1	1	1
		Nursing	DOM/SNO and above	3		1
			APN/NS/NO/WM	2	2	2
			Registered Nurse	9	5	4
			Enrolled Nurse	1	4	5
		Allied Health	Clinical Psychologist	2	1	
			Dispenser		1	1
	Kwong Wah Hospital	Medical	Consultant	1	2	2
			Senior Medical Officer/Associate Consultant	1	3	6
			Medical Officer/Resident	9	11	10
		Nursing	APN/NS/NO/WM	5	6	4
			Registered Nurse	34	25	32
			Enrolled Nurse	1	2	
			Midwife/Others	1	5	2
		Allied Health	Medical Laboratory Technologist	2	1	3
			Radiographer (Diagnostic)	1	1	5
			Clinical Psychologist		1	
			Dietitian		1	
			Occupational Therapist		1	
			Physiotherapist		2	1
			Speech Therapist	1		
			Dispenser	2		
	Our Lady of Maryknoll Hospital	Medical	Senior Medical Officer/Associate Consultant	1	1	1
			Medical Officer/Resident	4	5	
		Nursing	Registered Nurse	2	1	3
			Enrolled Nurse	3	2	3
		Allied Health	Dietitian		1	1
			Physiotherapist		1	
			Pharmacist	1		

Cluster	Hospital	Staff Group	Grade / Rank	Number of Departed Staff		
				2008-09	2009-10	2010-11 (up to December 2010)
	Princess Margaret Hospital	Medical	Consultant	2	8	2
			Senior Medical Officer/Associate Consultant		5	4
			Medical Officer/Resident	14	8	5
		Nursing	DOM/SNO and above	2	1	1
			APN/NS/NO/WM	6	3	7
			Registered Nurse	61	41	46
			Enrolled Nurse	13	4	3
		Allied Health	Medical Laboratory Technologist	4	3	2
			Radiographer (Diagnostic)	2		
			Radiographer (Therapeutic)	4	1	
			Dietitian		2	
			Medical Social Workers		1	
			Occupational Therapist			1
			Physiotherapist			1
			Prosthetist & Orthotist	1	1	1
			Pharmacist			1
			Dispenser	1	2	
	Wong Tai Sin Hospital	Medical	Consultant			1
			Senior Medical Officer/Associate Consultant		1	1
			Medical Officer/Resident		1	2
		Nursing	Registered Nurse	3	2	6
			Enrolled Nurse	1	1	2
		Allied Health	Occupational Therapist	2		1
			Dispenser			1
	Yan Chai Hospital	Medical	Consultant		1	
			Senior Medical Officer/Associate Consultant		2	
			Medical Officer/Resident	2	5	3
		Nursing	DOM/SNO and above	1	2	
			APN/NS/NO/WM	1	4	1
			Registered Nurse	16	12	12
			Enrolled Nurse	4	1	3
		Allied Health	Medical Laboratory Technologist	1		
			Medical Social Workers		1	
			Dispenser			1
New Territories East	Alice Ho Miu Ling Nethersole Hospital	Medical	Consultant			2
			Senior Medical Officer/Associate Consultant		2	2
			Medical Officer/Resident	7	5	7
		Nursing	APN/NS/NO/WM	1	1	1
			Registered Nurse	18	11	9
			Enrolled Nurse	1	1	2
		Allied Health	Medical Laboratory Technologist	2		
			Clinical Psychologist	1		
			Dietitian		1	
			Dispenser		1	
	Bradbury Hospice	Medical	Medical Officer/Resident		1	
		Nursing	APN/NS/NO/WM	1		
			Registered Nurse	1	1	1
		Allied Health	Medical Social Workers	2		

Cluster	Hospital	Staff Group	Grade / Rank	Number of Departed Staff		
				2008-09	2009-10	2010-11 (up to December 2010)
	North District Hospital	Medical	Consultant	1	1	1
			Senior Medical Officer/Associate Consultant	4	4	4
			Medical Officer/Resident	1	7	5
		Nursing	DOM/SNO and above		1	1
			APN/NS/NO/WM	2	3	2
			Registered Nurse	27	16	8
			Enrolled Nurse	3		2
		Allied Health	Radiographer (Diagnostic)	2		
			Physiotherapist	1		1
			Pharmacist	1		
	Prince of Wales Hospital	Medical	Consultant	2	1	1
			Senior Medical Officer/Associate Consultant	10	3	6
			Medical Officer/Resident	21	8	11
		Nursing	DOM/SNO and above	1	1	1
			APN/NS/NO/WM	13	3	6
			Registered Nurse	65	60	58
			Enrolled Nurse	6	3	
		Allied Health	Medical Laboratory Technologist	1	1	2
			Scientific Officer(Medical)-(Pathology)		1	
			Radiographer (Diagnostic)	1		2
			Radiographer (Therapeutic)			1
			Physicist			1
			Physiotherapist	1		2
			Podiatrist	1	1	1
			Prosthetist & Orthotist			1
			Speech Therapist			2
			Pharmacist	1		
			Dispenser	2	1	
	Cheshire Home, Shatin	Nursing	Registered Nurse			1
			Enrolled Nurse	2	3	4
	Shatin Hospital	Medical	Senior Medical Officer/Associate Consultant			1
			Medical Officer/Resident	2		2
		Nursing	APN/NS/NO/WM			3
			Registered Nurse	3	5	3
			Enrolled Nurse	3	4	2
		Allied Health	Occupational Therapist		1	
			Physiotherapist			1
	Tai Po Hospital	Medical	Senior Medical Officer/Associate Consultant	2		
			Medical Officer/Resident	1	1	1
		Nursing	APN/NS/NO/WM		1	
			Registered Nurse	4	9	3
			Enrolled Nurse	1	1	2
		Allied Health	Occupational Therapist	1	1	1
			Physiotherapist	3		1
			Pharmacist		1	

Cluster	Hospital	Staff Group	Grade / Rank	Number of Departed Staff		
				2008-09	2009-10	2010-11 (up to December 2010)
New Territories West	Castle Peak Hospital	Medical	Consultant	2	1	
			Senior Medical Officer/Associate Consultant			3
			Medical Officer/Resident		1	1
		Nursing	APN/NS/NO/WM	1		4
			Registered Nurse	2	1	5
			Enrolled Nurse	1	2	2
		Allied Health	Clinical Psychologist	1		
			Occupational Therapist	1	2	3
	Pok Oi Hospital	Medical	Senior Medical Officer/Associate Consultant	2	1	2
			Medical Officer/Resident	3	1	6
		Nursing	APN/NS/NO/WM	1		1
			Registered Nurse	6	14	16
			Enrolled Nurse	1	2	3
		Allied Health	Medical Laboratory Technologist		1	
			Radiographer (Diagnostic)			2
			Medical Social Workers		2	
			Occupational Therapist		1	
			Dispenser			1
	Siu Lam Hospital	Medical	Senior Medical Officer/Associate Consultant			1
			Medical Officer/Resident			1
		Nursing	Registered Nurse	1		1
			Enrolled Nurse	1	1	1
	Tuen Mun Hospital	Medical	Consultant	2	2	
			Senior Medical Officer/Associate Consultant	4	1	1
			Medical Officer/Resident	14	12	10
		Nursing	DOM/SNO and above		2	1
			APN/NS/NO/WM	11	6	8
			Registered Nurse	70	59	44
			Enrolled Nurse	8	5	8
			Midwife/Others	2		
			Student Nurse	1		
		Allied Health	Medical Laboratory Technologist	3	1	
			Radiographer (Diagnostic)		1	2
			Radiographer (Therapeutic)	2		1
			Dietitian			2
			Medical Social Workers		1	
			Occupational Therapist	1	2	2
			Physiotherapist		1	2
			Prosthetist & Orthotist			1
			Speech Therapist		1	
			Pharmacist	2		2
			Dispenser		1	1

Notes :

1. Numbers of departed staff are presented in the following manner :
   (a) Medical : by individual rank, namely Medical Officer/Resident, Senior Medical Officer/Associate Consultant and Consultant;
   (b) Nursing : by four major categories, namely Enrolled Nurse, Registered Nurse, Advanced Practice Nurse / Nurse Specialist / Nursing Officer / Ward Manager (APN/NS/NO/WM) and Department Operations Manager / Senior Nursing Officer and above (DOM/SNO and above);
   (c) Allied Health : by individual grade, e.g. "Clinical Psychologist" includes the ranks of Clinical Psychologist and Senior Clinical Psychologist

2. Number of departed staff refers to the number of staff leaving HA (on headcount basis) appointed on permanent or contract full-time / part-time terms.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)098

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1852

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What were the numbers of cases of non-Hong Kong residents using the obstetric and gynaecology services of the Hospital Authority in the past three years (i.e. 2008-09 to 2010-11)? What was the percentage of cases in which both parents were non-Hong Kong residents?

Asked by: Hon CHAN Hak-kan

Reply:

The table below sets out the number of deliveries by non-eligible persons (NEPs) in public hospitals under the Hospital Authority (HA) from 2008-09 to 2010-11 (up to 31 December 2010) and the percentage of the cases where both parents were non-Hong Kong residents. It should be noted that NEP patients are not obliged to disclose the resident status of their spouses when using HA's service. The figures provided below are based on the information available in HA.

Year	Number of deliveries by NEPs in HA	Percentage of cases where both parents were non-Hong Kong residents
2008-09	10 612	64%
2009-10	9 803	66%
2010-11 (up to December 2010)	8 427	67%

The table below sets out the number of attendances of NEPs for HA's gynaecology services from 2008-09 to 2010-11 (up to 31 December 2010).

Year	Number of inpatient and day patient discharges & deaths for gynaecology service by NEPs	Gynaecology Specialist Outpatient (SOP) attendances by NEPs
2008-09	525	306
2009-10	489	369
2010-11 (up to 31 December 2010)	388	232

Note

The attendance for gynaecology service does not involve birth delivery and so there is no percentage figures for cases where both parents were non-Hong Kong residents.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)099

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1889

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Health Care Vouchers for the Elderly, the Financial Secretary states in the Budget Speech that the Pilot Scheme will be extended for another three years and the value of health care vouchers will be doubled to $500 per person per year. Please advise us:

(a) What are the details?

(b) What is the estimated expenditure involved?

(c) Since the launching of the Scheme, how many elders have participated? What was the expenditure involved?

(d) What is the number of eligible elders? What percentage of eligible elders have actually participated in the Scheme?

(e) If the age limit is lowered and the amount of subsidy is raised, how many more elders are expected to be benefited? What will be the expenditure required? Please provide the information in the following table:

Eligible age	Annual expenditure at voucher amount of $250 per elder per year	Annual expenditure at voucher amount of $500 per elder per year	Annual expenditure at voucher amount of $1,000 per elder per year
70 or above			
65 or above			
60 or above			

Asked by: Hon. WONG Kwok-kin

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

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

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements of public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

Monitoring of claims and handling of complaints

DH routinely monitors claim transactions through the eHealth System, checks claims and examines service records through inspection of service providers, and checks with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. Any irregularities detected would be followed up and rectified. In case of proven abuses, the healthcare service providers concerned will be removed from the Pilot Scheme. Where suspected fraud is involved, the case will be reported to the Police for investigation.

Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

The eHealth System currently captures general information on the type of healthcare services provided and the amount of voucher used for payment for the services as supplied by the healthcare providers. Participating healthcare service providers are not required to provide how much they charge elderly people on top of the amount of vouchers claimed (in other words, the co-payment made out of pocket by the elderly). Information on the total expenditure incurred by the elderly in primary healthcare services involving the use of vouchers is therefore not available. One of the proposals arising from the interim review is to capture more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

Financial implication of lowering eligible age and increasing voucher amount

If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows:

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
Central & Western	120	84	29	3	26	3	4	9	1	2	281
Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)100

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0561

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 a breakdown of the number of participants in different vaccination schemes in the past two years (i.e. 2009-10 to 2010-11) by the various types of vaccines. What were the percentages of the number of participants against the number of people in the corresponding age groups? What was the total expenditure involved?

Asked by: Hon. CHAN Hak-kan

Reply:

The vaccination programmes administered by the Department of Health (DH) in 2009-10 and 2010-11 include:

(a) Childhood Immunisation Programme (CIP), which protects against ten childhood infectious diseases;
(b) Government Vaccination Programme (GVP), which provides free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 or above;
(c) Childhood Influenza Vaccination Subsidy Scheme (CIVSS), which provides subsidised influenza vaccination for children between the age of six months to less than six years; and
(d) Elderly Vaccination Subsidy Scheme (EVSS), which provides subsidised influenza and pneumococcal vaccination to elderly aged 65 or above.

In addition, DH administered the Human Swine Influenza Vaccination Programme (HSIVP) and Human Swine Influenza Vaccination Subsidy Scheme (HSIVSS) in 2009-10.

The statistics on vaccinations under the programmes are detailed at the Annex. It should be noted that many target group members may have received vaccination outside the Government's vaccination schemes and hence not reflected in the statistics.

The expenditures on vaccine costs and reimbursement of vaccination subsidies for the above vaccination programmes in 2009-10 and 2010-11 are $445.2 million and $153.0 million respectively.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Vaccinations provided under Childhood Immunisation Programme (CIP) by Maternal and Child Health Centres, School Immunisation Team and Student Health Service of Department of Health

Vaccines	Age of vaccination	2009	2010
		No. of doses*	
BCG	Newborn	478	480
HBV	Newborn; 1 and 6 months	106 907	110 199
PCV	2, 4 and 6 months; 1 year	24 267	182 557
DTaP-IPV	2, 4 and 6 months; 1.5 year; primary one	217 795	230 959
MMR	1 year; primary one	116 036	113 184
dTap-IPV	Primary 6	70 869	63 859
PCV (Catch-up programme)	For children born between 1 September 2007 and 30 June 2009 inclusive	95 772	39 470

* Includes mop-up vaccinations

Note:

The proportion of newborns that participated in CIP was >98% in 2009 and 2010.

The coverage rates of MMR, DTaP-IPV, dTap-IPV and HBV vaccines in primary school students were 99% in 2009 and 2010.

Abbreviations

BCG: Bacillus Calmette-Guérin Vaccine

HBV: Hepatitis B Vaccine

PCV: Pneumococcal Conjugate Vaccine

DTaP-IPV: combined Diphtheria, Tetanus, acellular Pertussis and Inactivated Poliovirus Vaccine

MMR: combined measles, mumps and rubella vaccine

dTap-IPV: Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine

Seasonal influenza vaccination provided under the Government Vaccination Programme (GVP), Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS)

Target groups	Vaccination programme	2009-10		2010-11 (as at 6 Mar 2011)	
		No. of recipients	Percentage of population in the age group	No. of recipients	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	GVP	6 662	20.3%	3 828	12.0%
	CIVSS	70 639		47 686	
Elderly aged 65 or above	GVP	207 970	38.4%	170 627	30.5%
	EVSS	133 952		108 900	
Others (not categorised by age)*	GVP	71 679	-	48 050	-
Total:		**490 902**	**-**	**379 091**	**-**

* This category includes persons with chronic illness who are on Comprehensive Social Security Allowance (CSSA), some long-stay Hospital Authority in-patients who have chronic illness, long-stay residents of institutions for the disabled, health care workers in public sector and residential care homes, pregnant women receiving CSSA, poultry workers or staff who may be involved in the poultry culling operations as well as pig farmers and pig-slaughtering industry personnel.

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme	2009-10		2010-11 (as at 6 Mar 2011)	
		No. of recipients	Percentage of population in the age group	No. of recipients^	Percentage of population in the age group△
Elderly aged 65 or above*	GVP	192 721	34.1%	14 671	36.0%
	EVSS	110 586		12 117	
Total:		**303 307**	**34.1%**	**26 788**	**36.0%**

* Elders aged 65 or above do not require repeated pneumococcal vaccination.

^ Refers to new recipients in 2010-11 only.

△ Based on the accumulated number of recipients

Human swine influenza vaccinations provided under the Human Swine Influenza Vaccination

Programme (HSIVP) and Human Swine Influenza Vaccination Subsidy Scheme (HSIVSS) in 2009-10

Target groups	Vaccination programme	2009-10	
		No. of recipients	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	HSIVP	13 210	5.4 %
	HSIVSS	7 124	
Persons aged 65 years or above	HSIVP	85 810	11.1 %
	HSIVSS	18 929	
Others (not categorised by age)*	HSIVP	50 628	-
	HSIVSS	3 656	
Total:		**179 357**	**-**

* This category includes persons with chronic illness, pregnant women, health care workers and pig farmers and pig-slaughtering industry personnel.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)101

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0710

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 Budget proposes that a further $1 billion to be allocated for the extension of the Elderly Health Care Voucher Pilot Scheme (the Scheme) for three years. Elderly citizens aged 70 or above will each be offered a subsidy of $500 for their use of private primary healthcare services. In this regard, please provide the following information –

(a) How many elders are expected to be benefited per year by the further allocation of $1 billion? What is the percentage of this annual subsidy of $500 against the total average healthcare expenses paid by these elders per year? How much will the amount of expenditure on public health services be reduced accordingly?

(b) If the proposed annual subsidy is $250, what will be the estimated number of elderly people who can participate in the Scheme? If the subsidy of health care vouchers is increased to an annual amount of $1,000, what will be the estimated additional expenditure? What will the percentage of this subsidy against the total average healthcare expenses paid by elderly people aged 70 per year be?

(c) How many additional posts will the Administration require to meet the operational needs of the Scheme and what will be the additional expenditure involved? Will the additional expenditure be covered by the further provision of $1 billion?

Asked by: Hon. LAU Sau-shing, Patrick

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by

enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and

(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

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

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements in the public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

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Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot

Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

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Financial implication of lowering eligible age and increasing voucher amount

If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows –

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
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Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
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Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
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Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

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No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
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Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)102

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0719

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 provide the following information -

(a) since the implementation of the Scheme till present, has the Administration compiled statistics on the number of times that in general the elderly people take to use up the five health care vouchers? Please list the related figures by "one time, two times, three times, four times and five times".

(b) it is mentioned in paragraph 150 of the Budget Speech that the Government will double the value of health care vouchers to $500. Would the Administration please advise how the $500 is calculated as sufficient for an elder to seek medical treatment for one year?

(c) at present, elderly people aged 65 are already eligible for a number of social welfare benefits. Why only the elderly people aged 70 or above are exempted from the means test of the Scheme? Would the Administration consider extending the Scheme to cover elders aged 65 or above so that they can get the vouchers without being means tested?

(d) if the health care voucher is increased to $1,000 and the eligibility criterion is relaxed to allow elderly people aged 65 or above to claim the vouchers without being means tested, what will be the related additional annual expenditure against the original estimate?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

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

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements in the public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

Monitoring of claims and handling of complaints

DH routinely monitors claim transactions through the eHealth System, checks claims and examines service records through inspection of service providers, and checks with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. Any irregularities detected would be followed up and rectified. In case of proven abuses, the healthcare service providers concerned will be removed from the Pilot Scheme. Where suspected fraud is involved, the case will be reported to the Police for investigation.

Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled

elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

The eHealth System currently captures general information on the type of healthcare services provided and the amount of voucher used for payment for the services as supplied by the healthcare providers. Participating healthcare service providers are not required to provide how much they charge elderly people on top of the amount of vouchers claimed (in other words, the co-payment made out of pocket by the elderly). Information on the total expenditure incurred by the elderly in primary healthcare services involving the use of vouchers is therefore not available. One of the proposals arising from the interim review is to capture more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

Financial implication of lowering eligible age and increasing voucher amount

If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows -

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
Central & Western	120	84	29	3	26	3	4	9	1	2	281
Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)103

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0741

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, would the Administration please advise on -

(1) the number of private clinics accepting health care vouchers as payment.

(2) the total number of private clinics in Hong Kong.

(3) the percentage of private clinics accepting health care vouchers against the total number of private clinics in Hong Kong.

(4) whether the reasons for refusal to accept health care vouchers as payment by private clinics has been examined. If yes, what is the conclusion? If no, would such examination be considered?

(5) what follow-up measures will be taken if the examination as mentioned in (4) above has been conducted?

Asked by: Hon. WONG Yuk-man

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

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

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

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Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

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Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)104

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1850

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 number of various sexually transmitted infections in the past three years (i.e. 2008-09 to 2010-11) and the expenditures spent on the treatment of these diseases, with a breakdown by age group and gender.

Asked by: Hon. CHAN Hak-kan

Reply:

The age and gender distribution for the five most common sexually transmitted infections seen at the Department of Health (DH) Social Hygiene Service, namely non-gonococcal urethritis/non-specific genital infection, genital warts, gonorrhoea, syphilis, and genital herpes for the past three years is appended below:

	2008		2009		2010 (Jan – Sep)	
Age	Male	Female	Male	Female	Male	Female
below 15	12	8	2	2	0	12
15-19	312	356	208	320	84	204
20-29	1 940	920	2 024	1 126	1 182	726
30-39	1 648	1 272	1 972	1 366	1 257	1 071
40 and above	3 792	1 580	3 496	1 216	2 142	1 035
Total	**7 704**	**4 136**	**7 702**	**4 030**	**4 665**	**3 048**

The annual expenditures on treatment for patients with sexually transmitted diseases in the past three years are as follows-

Financial Year	Amount $ million
2008-09	54.2
2009-10	53.0
2010-11 (Revised Estimate)	66.3

The number of HIV cases, breakdown by gender and age groups, under the voluntary and anonymous HIV/AIDS reporting system in the past three years is as follows-

Sex	2008	2009	2010
Male	349	309	281
Female	86	87	108
Total	**435**	**396**	**389**

Age at HIV reporting	2008	2009	2010
below 10	0	2	3
10 – 19	2	5	4
20 – 29	108	95	82
30 – 39	155	140	149
40 – 49	91	97	99
50 – 59	48	30	31
60 – 69	16	15	14
70 and above	13	11	7
Unknown	2	1	0
Total	**435**	**396**	**389**

The annual expenditures on treatment for HIV patients in the past three years are as follows-

Financial Year	Amount $ million
2008-09	133.1
2009-10	146.6
2010-11 (Revised Estimate)	174.0

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)105

CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION

Question Serial No.

1953

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 attendances for family planning service in 2011 will not increase, maintaining at the level of 128 000.

(a) What are the reasons for no increase in the estimated attendances?

(b) Does the Administration have any measure to promote the service? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The Department of Health (DH) is one of the many providers of family planning service in Hong Kong, and the attendance is demand-driven with no pre-set quota. Other service providers include notably the Family Planning Association of Hong Kong. Furthermore, a wide variety of easily accessible and affordable contraceptive methods are available in the private sector.

(b) DH promotes family planning service to the public through various channels, including website and information leaflets. Information of the service is also included in the service handbook prepared by the Home Affairs Department for new arrivals from the Mainland. Besides, service information is also available in maternal and child health centres under DH.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)106

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1954

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 attendances for cervical screening service in 2011 will not increase, maintaining at the level of 99 000.

(a) What are the reasons for no increase in the estimated attendances?

(b) Does the Administration have any measure to promote the service? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The Department of Health (DH) is one of the many providers of cervical cancer screening service in Hong Kong, and the attendance is demand-driven with no pre-set quota. Other providers include the Family Planning Association of Hong Kong and the private sector.

(b) DH continues to publicise its cervical cancer screening service to the public through its website and information leaflets. Details of the service are included in the service handbook prepared by the Home Affairs Department for new arrivals from the Mainland. Besides, clients attending antenatal, postnatal and child health services in DH's maternal & child health centres are also informed of the service.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)107

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1955

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 enrolment and the number of attendances for woman health service in 2011 will not increase, maintaining at the level of 19 000 and 36 000 respectively.

(a) What are the reasons for no increase in the estimated numbers of enrolment and attendances?

(b) Does the Administration have any measure to promote the service so as to boost the number of users? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The Department of Health (DH) is one of the many providers of woman health service in Hong Kong. The number of attendance is demand-driven. Other service providers are available such as the Family Planning Association of Hong Kong, as well as private hospitals and clinics.

(b) DH promotes woman health service through various channels, including websites and information leaflets. The leaflets are distributed by the Integrated Family Service Centres of the Social Welfare Department, non-governmental organisations, and various women organisations. Besides, service information is also available in maternal and child health centres under DH.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)108

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1974

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 has allocated a lot of resources to smoking prevention and cessation. Compared with smoking, alcoholism is equally harmful to health. Does the Administration have any plans to educate adolescents and the public on the hazards of alcoholism and set up facilities for the treatment of alcoholics? If yes, when will they be carried out? If no, what are the reasons?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The Department of Health (DH) educates the public about alcohol-related harm through printed materials, telephone education hotline, websites and electronic publications. In addition, DH's Student Health Service provides health education on drinking to students by conducting "Junior Health Pioneer Workshop" for primary school students and the Adolescent Health Programme for secondary school students. The aim is to increase students' knowledge on harmful effects of smoking, drug abuse and drinking, as well as refusal skills.

For treatment, the Hospital Authority provides multidisciplinary health service, including psychiatry, clinical psychology, nursing and occupational therapy, to people with alcohol problem.

In October 2008, DH developed "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" which outlined principles and key elements for implementation of a strategy to prevent and control non-communicable diseases, including how to reduce alcohol-related harm. The Secretary for Food and Health chairs a high-level Steering Committee, with representatives from the Government, public and private sectors, academia and professional bodies, industry and other key partners. The Committee considers and makes recommendations on actions for prevention of alcohol-related harm in Hong Kong.

We will continue to work with relevant parties with a view to reducing alcohol-related harm and preventing underage drinking in the coming years.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)109

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0512

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

According to Programme (2) under Head 144 – Government Secretariat: Constitutional and Mainland Affairs Bureau, the Bureau has strengthened co-operation with Guangdong Province including the drawing up and implementation of a Framework Agreement on Hong Kong/Guangdong Co-operation. It is set out in the Agreement that efforts will be made to actively explore communication mechanism for medical institutions to give national treatment for Hong Kong residents seeking medical treatment in Guangdong and provide accident and emergency medical insurance service through medical insurance companies. What is the latest progress of the implementation of the Agreement? Will the Administration consider giving the same treatment for Guangdong residents seeking medical treatment in Hong Kong and providing accident and emergency medical insurance service through medical insurance companies? What are the measures and additional expenditure involved?

Asked by: Hon. CHAN Kin-por

Reply:

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

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

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)110

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0812

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

Subhead (No. & title):

Programme: (1) Health

(2) Subvention: Hospital Authority

(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 terms of a percentage of Gross Domestic Product, the total health expenditure of Hong Kong in the past ten years (i.e. from 2001-12 to 2010-11) was only half of that of western developed countries like Germany and New Zealand. Has the Administration reserved any resources for conduct of an assessment as to how, with limited amount of funding, the objective of enabling the public to have lifelong enjoyment of comprehensive healthcare to the maximum extent can be achieved through different approaches of service delivery such as greater reliance on public-private partnership in the provision of healthcare services and the effectiveness of such public-private partnership in achieving savings in public healthcare resources?

Asked by: Hon. CHAN Kin-por

Reply:

The Food and Health Bureau put forward a comprehensive package of proposals to reform the healthcare system in the Healthcare Reform Consultation Document "Your Health, Your Life" in March 2008. These include four healthcare service reform proposals to enhance primary care, promote public-private partnership in healthcare, develop electronic health record sharing, and strengthen public healthcare safety net, and a healthcare financing reform proposal to consider introducing supplementary healthcare financing through six possible supplementary financing options.

Building on the views received in the first stage public consultation on healthcare reform in 2008, the Government has been making use of the increasing government budget for health to improve public healthcare and take forward service reforms. This includes implementing various pilot projects on promoting primary care and public-private partnership in healthcare, for instance, the Elderly Health Care Voucher Pilot Scheme, various vaccination subsidy schemes, the Multi-disciplinary Risk Factor Assessment and Management Programme, the Patient Empowerment Programme, Nurse and Allied Health Clinics, the Public-Private Chronic Disease Management Shared Care Programme, the Tin Shui Wai Primary Care Partnership Project, the Haemodialysis Public-Private Partnership Programme and the Cataract Surgeries Programme. The Government will continue to explore opportunities for delivering healthcare services through public-private partnership in both primary care and hospital settings.

Individual pilot projects to enhance primary care are subject to evaluation based on objective criteria with, where appropriate, assessment by an independent third-party. In this connection, for pilot projects being implemented through the Hospital Authority to strengthen support for chronic disease patients in primary care settings, the medical schools of the Chinese University of Hong Kong and the University of Hong Kong

have been engaged as independent assessors to review and evaluate them against set service targets and performance indicators.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)111

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0841

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

On strengthening mental health services as mentioned by the Financial Secretary in the Budget Speech, please provide the following information :

(a) A breakdown by government department and public body of annual expenditure on supporting mental patients and ex-mental patients over each of the past five years, with the rate of increase/decrease as compared with the previous financial year indicated;

(b) A breakdown by government department and public body of additional services provided to mental patients and ex-mental patients over the past three years, the expenditure involved and the number of beneficiaries under each category;

(c) A breakdown by government department and public body of the decrease in services for mental patients over the past three years, the resultant savings in each category and the change in the number of people receiving the services.

Asked by: Hon. LAU Wai-hing, Emily

Reply:

(a) and (c)

At present, the Hospital Authority (HA) provides various medical services for mental patients, including inpatient, outpatient, medical rehabilitation and community support services, while the Social Welfare Department (SWD) provides ex-mentally ill persons and their families with a series of social rehabilitation services, including residential care, day-time training, vocational training and community support services.

The funding allocation by the Government on mental health services has been increasing in recent years. The table below sets out the expenditure of HA and SWD on mental health services and the corresponding year-on-year percentage growth in the past five years (i.e. 2006-07 to 2010-11).

	2006-07	2007-08	2008-09	2009-10	2010-11 (Revised Estimate)
HA's expenditure ($ million)	2,536	2,667	2,830	2,903	3,048
Year-on-year percentage growth of HA's expenditure	-	5.2%	6.1%	2.6%	5.0%
SWD's expenditure($ million)	646	718	815	830	868
Year-on-year percentage growth of SWD's expenditure	-	11.1%	13.5%	1.8%	4.6%

(b) HA and SWD have in recent years implemented various initiatives to enhance the community support services for mental patients to facilitate their recovery and re-integration into the community. The table below sets out the new mental health programmes implemented by HA and SWD in the past 3 years. All of the programmes are on-going.

HA's Programme	Description	Expenditure involved
2008-09		
Post-discharge community support to frequently re-admitted psychiatric patients	HA has set up community psychiatric support teams in the Kowloon West and New Territories East Clusters to provide intensive care to frequently re-admitted patients. About 8 000 psychiatric outreach attendances per year are provided under the programme.	$11 million
Psychiatric consultation-liaison service at Accident and Emergency departments in public hospitals	HA has enhanced the psychiatric consultation-liaison service at the Accident and Emergency Departments in Kowloon East and Kowloon Central Clusters to provide prompt intervention to patients with acute psychiatric conditions so as to relieve the patients in a timely manner and reduce avoidable inpatient admission. About 3 000 consultations per year are provided under the programme.	$8 million
Enhancement of psychogeriatric outreach service	HA has extended the psychogeriatric outreach service to an additional 50 private residential care homes for the elderly to provide 10 000 psychogeriatric outreach attendances per year.	$8 million
2009-10		
Recovery Support Programme for psychiatric patients in the community	HA has launched the Recovery Support Programme to support discharged patients with complex needs through a case management approach. About 14 000 psychiatric outreach attendances per year are provided under the programme.	$24 million
Establishment of triage clinics	HA has set up triage clinics at the psychiatric specialist outpatient clinics in five clusters (Hong Kong East, Kowloon East, Kowloon West, New Territories East and New Territories West Clusters) to provide timely consultation services for patients with common mental disorders.	$7 million
Further enhancement of psychogeriatric	HA has further extended the psychogeriatric outreach service to another 50 private residential care homes for the elderly to provide an additional 10 000 psychogeriatric outreach	$8 million

HA's Programme	Description	Expenditure involved
outreach service	attendances per year.	
2010-11		
Case Management Programme for patients with severe mental illness	Since April 2010, HA has launched a Case Management Programme for patients with severe mental illness in Kwai Tsing, Kwun Tong and Yuen Long districts to provide intensive, continuous and personalized support to about 5 000 patients.	$78 million
Enhance services for patients with common mental disorders	Based on the service model of the triage clinics, HA has set up Common Mental Disorder Clinics at the psychiatric specialist out-patient clinics in all seven clusters to provide more timely assessment and treatment services to patients with common mental disorders. It has also implemented an Integrated Mental Health Programme in five clusters to provide better support to these patients in the primary care settings. About 7 000 patients are benefited by the two initiatives in 2010-11.	$31 million
SWD's Programme	**Description**	**Expenditure involved**
2010-11		
Community Mental Health Support Services (CMHSS)	In the past, persons with mental health problems had to receive various CMHSS at different rehabilitation agencies and service units. Since October 2010, SWD has revamped the CMHSS and set up Integrated Community Centres for Mental Wellness (ICCMWs) across the territory to provide one-stop service through an integrated service delivery mode for discharged mental patients, persons suspected to have mental problems, their families/carers and residents in the community. SWD has also strengthened the manpower of these centres to provide comprehensive and accessible services to more persons in need, as well as to dovetail with HA's Case Management Programme for patients with severe mental illness. It is estimated that with the enhanced provision, the ICCMWs will serve about 24 000 discharged mental patients and persons with suspected mental health problems and their family members/carers per year.	$135 million

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)112

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0842

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary mentioned in his Budget Speech that support for people with mental illnesses will be strengthened. Please set out the number of beneficiaries of the Case Management Programme, as well as the staff establishment and expenditure for providing services under the programme in each district in 2010-11 and 2011-12.

Asked by: Hon. LAU Wai-hing, Emily

Reply:

Since April 2010, the Hospital Authority (HA) has launched a Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalized support to patients with severe mental illness. In 2010-11, around 80 case managers have been recruited to provide service to about 5 000 patients. In 2011-12, the programme will be extended to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to support 6 000 more patients. It is estimated that an additional 100 to 120 case managers including nurses and allied health practitioners will be required to provide the service, and the additional recurrent expenditure is estimated at $73 million. HA plans to roll out the programme across the territory in the coming years to benefit more patients.

Under the programme, case managers work closely with various service providers, particularly the Integrated Community Centres for Mental Wellness (ICCMW) set up by the Social Welfare Department. To enhance service collaboration at district level, we have set up in 2010 District Task Groups (DTGs) on Community Mental Health Support Services across the territory to develop strategies and resolve operational issues in respective districts. These DTGs are co-chaired by the respective cluster representatives of psychiatric services of HA and District Social Welfare Officers of SWD and comprise representatives of ICCMW operators and relevant government departments, such as Housing Department and the Police. In addition, to enhance the capability of case managers and ICCMW staff to serve mental patients and to strengthen cross-sectoral collaboration for service delivery, a task group comprising representatives of HA, SWD and ICCMW operators has been formed to organise structured training programmes for case managers and ICCMW service personnel.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and works closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)113

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0860

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch pledges to continue to oversee the progress of various capital projects of the Hospital Authority (HA) as well as the "planning for the construction of a new hospital in Tin Shui Wai". At the Legislative Council meeting on 17 November 2010, the Secretary for Food and Health informed that the new hospital had been scheduled for completion in 2016 and the HA would start recruiting and training additional staff for the New Territories West Cluster (NTWC). Upon the completion of the Tin Shui Wai Hospital, there will not only be redeployment of healthcare staff within the cluster, but also recruitment from outside. In this connection, will the Administration advise on :

(a) the current number of doctors and nurses in all departments in the NTWC;

(b) the number of doctors and nurses the HA will recruit for the NTWC in the next 5 years to support the additional hospital in the cluster;

(c) the number of NTWC doctors and nurses to be redeployed to the Tin Shui Wai Hospital upon its inception; and

(d) the number of doctors and nurses to be recruited upon the inception of the Tin Shui Wai Hospital.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The table below sets out the number of doctors and nurses in the New Territories West Cluster (NTWC), including permanent, contract, temporary, full-time and part-time staff (on full time equivalent basis) with breakdown by major specialties as at 31 December 2010:

Specialty	**Doctor**	**Nurse**
Accident and Emergency	64.5	128.1
Anaesthesia	59.4	110.0
Family Medicine	72.0	93.2
Medicine	118.1	609.9
Obstetrics and Gynaecology	29.4	136.4
Ophthalmology	19.8	31.5
Orthopaedics and Traumatology	43.0	70.6
Paediatrics	38.0	147.4

Specialty	Doctor	Nurse
Pathology	21.6	29.0
Psychiatry	71.6	622.8
Radiology	28.4	19.6
Surgery (Including Cardio-thoracic Surgery and Neurosurgery)	70.4	152.1
Others	29.0	471.8
Grand Total	**665.2**	**2 622.4**

(b), (c) and (d)

It is projected that the new Tin Shui Wai Hospital (TSWH) will require about 500 to 600 staff comprising doctors, nurses, allied health staff and supporting/other staff when it commences operation in 2016. About 1 000 staff will be required upon full operation of the new hospital, including about 70 doctors and 270 nurses.

NTWC will recruit additional staff as well as deploy existing staff to operate the new beds and run the new services in TSWH. Recruitment will be conducted by phases and recruitment exercise will commence one to two years before the service comes to operation. Staff recruited in the commissioning stage for TSWH prior to its opening will station at other hospitals in NTWC.

Around 80% to 85% of the required manpower by TSWH will be deployed from hospitals in NTWC (including those already recruited for TSWH during the commissioning stage of the hospital), and the remaining will be new recruits. Replacement will be provided for manpower deployed from other hospitals in NTWC based on service needs.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)114

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0863

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned that the Health Branch would "analyse the views and suggestions received during the Second Stage Public Consultation on Healthcare Reform and consider the way forward for the proposed voluntary Health Protection Scheme". What are the details? Has the Administration considered switching the $50 billion seed funding to accumulated funding to ensure sustainability of the Scheme? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

The second stage public consultation on healthcare reform ended on 7 January 2011. The Food and Health Bureau received over 500 submissions from members of the public and organisations in various sectors in response to the healthcare reform second stage consultation document "My Health, My Choice". We have also commissioned opinion surveys and focus group studies on healthcare reform with a view to collating public views on specific issues concerning healthcare reform. We are now analysing the views of the public received and collated in the second stage consultation on healthcare reform. We will take into account the analysis in working out the way forward including any specific proposals to be taken forward.

Our tentative plan is to complete and publish the Report on Second Stage Public Consultation on Healthcare Reform and announce the way forward within 2011. The reports of completed surveys and studies will be released through the website of the Food and Health Bureau as and when ready together with the consultation report. The workload arising from the second stage public consultation including the analysis of views and formulation of report 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 and manpower required. Resources required for the implementation of any specific proposals for the way forward will be assessed in due course.

As stated in the healthcare reform second stage consultation document, the Government's commitment to healthcare is set to continue to increase as we reform the healthcare system with a view to enhancing the long-term sustainability of the healthcare system as a whole. We will continue to uphold the public healthcare system as the safety net for the whole population, which is strongly supported by the public. The Government's annual recurrent expenditure on health has increased from $30.5 billion in 2007-08 to $39.9 billion in 2011-12, with substantial increase in resources being allocated to improve public healthcare services. Many quarters of the community have also expressed support for reforming the private health insurance and healthcare sector with a view to improving the quality, transparency and affordability of its services. Many views expressed have emphasized the need to increase healthcare capacity and manpower supply and to strengthen the quality assurance and price competitiveness of private healthcare services.

The Financial Secretary has pledged to draw $50 billion from the fiscal reserves to assist the implementation of healthcare reform, after the implementation of supplementary financing arrangements after consultation,

no matter what the final arrangements are, so as to help meet the challenge of healthcare to future public finances. During the second stage public consultation on healthcare reform, we have received different views on the use of the $50 billion earmarked in the fiscal reserve to support healthcare reform, in response to the various options to provide financial incentives for the supplementary financing proposals put forward for consultation. The use of the $50 billion earmarked in the fiscal reserve for implementing healthcare reform, and the possible provision of financial incentives for any supplementary financing proposals to be implemented, will be considered as part of the way forward of healthcare reform.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)115

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0864

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned that the Health Branch would "analyse the views and suggestions received during the Second Stage Public Consultation on Healthcare Reform and consider the way forward for the proposed voluntary Health Protection Scheme". Has the Administration explored the feasibility of offering tax rebates as an incentive to encourage public participation in the Scheme? If yes, what are the details and expenditure involved? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

The second stage public consultation on healthcare reform ended on 7 January 2011. The Food and Health Bureau received over 500 submissions from members of the public and organisations in various sectors in response to the healthcare reform second stage consultation document "My Health, My Choice". We have also commissioned opinion surveys and focus group studies on healthcare reform with a view to collating public views on specific issues concerning healthcare reform. We are now analysing the views of the public received and collated in the second stage consultation on healthcare reform. We will take into account the analysis in working out the way forward including any specific proposals to be taken forward.

Our tentative plan is to complete and publish the Report on Second Stage Public Consultation on Healthcare Reform and announce the way forward within 2011. The reports of completed surveys and studies will be released through the website of the Food and Health Bureau as and when ready together with the consultation report. The workload arising from the second stage public consultation including the analysis of views and formulation of report 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 and manpower required. Resources required for the implementation of any specific proposals for the way forward will be assessed in due course.

As stated in the healthcare reform second stage consultation document, the Government's commitment to healthcare is set to continue to increase as we reform the healthcare system with a view to enhancing the long-term sustainability of the healthcare system as a whole. We will continue to uphold the public healthcare system as the safety net for the whole population, which is strongly supported by the public. The Government's annual recurrent expenditure on health has increased from $30.5 billion in 2007-08 to $39.9 billion in 2011-12, with substantial increase in resources being allocated to improve public healthcare services. Many quarters of the community have also expressed support for reforming the private health insurance and healthcare sector with a view to improving the quality, transparency and affordability of its services. Many views expressed have emphasized the need to increase healthcare capacity and manpower supply and to strengthen the quality assurance and price competitiveness of private healthcare services.

The Financial Secretary has pledged to draw $50 billion from the fiscal reserves to assist the implementation of healthcare reform, after the implementation of supplementary financing arrangements after consultation,

no matter what the final arrangements are, so as to help meet the challenge of healthcare to future public finances. During the second stage public consultation on healthcare reform, we have received different views on the use of the $50 billion earmarked in the fiscal reserve to support healthcare reform, in response to the various options to provide financial incentives for the supplementary financing proposals put forward for consultation. The use of the $50 billion earmarked in the fiscal reserve for implementing healthcare reform, and the possible provision of financial incentives for any supplementary financing proposals to be implemented, will be considered as part of the way forward of healthcare reform.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)116

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0867

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As stated in the Budget Speech, the Hospital Authority will "conduct comprehensive health risk assessments for patients with hypertension and diabetes". Please provide the details, including the estimated number of patients of each service, the facilities, the total number of working hours for staff from each rank as well as the manpower and expenditure involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

Enhancing primary care was one of the proposals put forward in the Healthcare Reform Consultation Document "Your Health, Your Life" and received broad public support during the first stage public consultation on healthcare reform conducted between March and June 2008. In 2009, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health formulated framework recommendations on enhancing primary care in Hong Kong, including –

(i) developing primary care conceptual models and reference frameworks;

(ii) setting up and promoting a Primary Care Directory; and

(iii) devising feasible service models to deliver community-based primary care services through appropriate pilot projects.

Based on WGPC's recommendations, the Government has allocated or earmarked additional funding for primary care and public-private partnership (PPP) in healthcare since 2008-09. By 2011-12, the Government would increase the related annual recurrent expenditure by $1.7 billion (as compared to 2007-08). Moreover, $1.9 billion has been earmarked for non-recurrent and capital works items, for implementing various initiatives in line with the Government's primary care development strategy.

In September 2010, a Primary Care Office (PCO) was set up in the Department of Health (DH) to provide support to the Food and Health Bureau on policy formulation and strategy development on primary care, and co-ordinate the development of better primary care services in Hong Kong. The latest progress and the work plan are as follows –

(a) A web-based version of the Primary Care Development Strategy Document was published in December 2010. PCO will launch a territory-wide "Primary Care Campaign" in partnership with healthcare professionals starting from March 2011 to introduce the Government's primary care development strategy and initiatives to the general public.

(b) A web-based version of the reference frameworks for diabetes mellitus (DM) and hypertension (HT) care in primary care settings was published in January 2011. Development of primary care conceptual models and reference frameworks for the elderly and children will be started in 2011-12.

(c) Enrolment of doctors and dentists in the respective sub-directories of Primary Care Directory started in December 2010. The Directory will be launched in March 2011 to help the public identify primary care practitioners who can cater for their individual needs. We will start developing a sub-directory of Chinese medicine practitioners in 2011-12. The sub-directories of nurses and other allied health professionals will be developed at a later stage.

(d) Various pilot projects based on different Community Health Centre (CHC)-type models with healthcare professionals and providers from the public sector, private sector, non-governmental organisations (NGOs) and universities are being explored. A purpose-built CHC in Tin Shui Wai will be established in the first half of 2012. We will continue to plan CHC pilot projects in consultation with the relevant stakeholders.

The Government will continue to implement, through DH and the Hospital Authority (HA), pilot projects to enhance primary care, with a view to taking forward the primary care development strategy. These include a series of pilot projects to enhance support for chronic disease patients in primary care settings, the Elderly Health Care Voucher Pilot Scheme, various vaccination subsidy schemes, establishment of CHCs and networks, enhancement of primary dental care and oral health promotion, implementation of research projects on primary care, enhancement of primary care related training and capacity building in collaboration with healthcare professionals, etc.

There are five chronic disease management pilot projects with primary care nature, namely the Multi-disciplinary Risk Factor Assessment and Management Programme (RAMP), the Patient Empowerment Programme (PEP), Nurse and Allied Health Clinics (NAHC), the Public-Private Chronic Disease Management Shared Care Programme ("Shared Care Programme") and the Tin Shui Wai Primary Care Partnership Project (TSWPPP). The latest position is as follows –

Programme	Implementation schedule
RAMP	Will be extended to all seven clusters by 2011-12. A total of more than 167 000 patients are expected to benefit from the programme by 2011-12.
PEP	Will be extended to all seven clusters by 2011-12. A total of 32 000 patients are expected to benefit from the programme by 2012-13.
NAHC	Launched in all seven clusters in August 2009. The total number of attendances is expected to be over 224 500 by 2011-12.
Shared Care Programme	Launched in the New Territories East Cluster in March 2010 and extended to the Hong Kong East Cluster in September 2010. As at February 2011, 88 patients had enrolled in the programme.
TSWPPP	Launched in Tin Shui Wai North in June 2008 and extended to Tin Shui Wai South in June 2010. As at February 2011, 1 596 patients had enrolled in the programme.

The total amount of funding earmarked for chronic disease management pilot projects is $224.370 million in 2010-11 and $378.596 million in 2011-12. Staff of different disciplines involved include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, occupational therapists, executive officers, technical service assistants, general service assistants, etc. Set-up of information technology systems is required for making patient referrals and monitoring the programmes. General out-patient clinics running RAMP and NAHC are also provided with the necessary equipment and facilities.

Individual pilot projects to enhance primary care are subject to evaluation based on objective criteria with, where appropriate, assessment by an independent third-party. In this connection, for pilot projects being implemented through HA to strengthen support for chronic disease patients in primary care settings, the medical schools of the Chinese University of Hong Kong and the University of Hong Kong have been engaged as independent assessors to review and evaluate them against set service targets and performance indicators.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)117

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0868

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the respective numbers of applications received and approved under the Samaritan Fund for 2008-09, 2009-10 and 2010-11. For applications approved, what are the total and average amounts of patient co-payment? Please give also the median as well as the 10th, 25th, 75th and 90th percentile.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the number of applications received and approved by the Samaritan Fund in 2008-09, 2009-10 and 2010-11 (up to 31 December 2010).

Year	Number of applications received	Number of applications approved
2008-09	4 448	4 426
2009-10	4 768	4 736
2010-11 (up to 31 December 2010)	4 102	4 084

The table below sets out the total amount, the average amount, the median amount, the 10th percentile, the 25th percentile, the 75th percentile and the 90th percentile of patient contribution to their expenditure on drugs and medical devices after receiving subsidy from the Samaritan Fund in 2008-09, 2009-10 and 2010-11 (up to 31 December 2010).

	Patient Contribution						
Year	Total Amount ($million)	Average Amount ($)	Median Amount ($)	The 10th percentile ($)	The 25th percentile ($)	The 75th percentile ($)	The 90th percentile ($)
2008-09	9.7	15,798	6,396	1,000	2,000	17,102	39,479
2009-10	11.1	17,242	7,073	1,000	2,000	21,333	45,664
2010-11 (up to 31 December 2010)	18.1	27,901	10,585	1,000	3,000	30,511	86,499

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)118

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0869

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the turnover of medical officers in hospitals of the Hospital Authority in 2010-11 by post (including Consultant, Associate Consultant/Senior Doctor, Specialist and Specialist Trainee) and by department upon the officers' departure, including the numbers of departures, turnover rates and lengths of service upon departure. Please also indicate whether all the arising vacancies have been filled, and the time required as well as the expenditure involved for filling them.

Asked by: Hon. LEUNG Ka-lau

Reply:

The attached tables provide the turnover figures of all ranks of doctors by department in each hospital cluster of the Hospital Authority (HA), the turnover rates of all ranks of doctors by department, and the years of service in HA of the departed doctors by department in each hospital cluster for the period from 1 January 2010 to 31 December 2010.

In general, HA fills the Consultant and Associate Consultant vacancies through internal transfer or promotion of suitable serving doctors in HA as far as possible. As for vacancies of the resident trainee, HA conducts the recruitment exercise of resident trainees each year to recruit medical graduates of local universities and other qualified doctors to fill the vacancies and undergo specialist training in HA. Individual departments may also recruit doctors throughout the year to cope with service and operational needs.

In 2010-11, HA has recruited new doctors to fill vacancies and to strengthen its manpower support. As at 31 December 2010, there are 5 088 doctors working in the HA, representing an increase of 1.9% from 4 995 in 2009-10. The total additional expenditure incurred in the recruitment and promotion of doctors exceeds the savings from staff wastage by around $150 million for 2010-11.

Turnover figures of doctors by department and by rank in each hospital cluster
From 1 January 2010 to 31 December 2010

Cluster	Department	1 January 2010 to 31 December 2010			
		Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Total
Hong Kong East	Accident & Emergency		1	3	4
	Anaesthesia		1	1	2
	Cardiothoracic Surgery				
	Family Medicine		1	2	3
	Medicine		2	3	5
	Neurosurgery				
	Obstetrics & Gynaecology	1	3		4
	Ophthalmology			2	2
	Orthopaedics & Traumatology	1			1
	Paediatrics	1		2	3
	Pathology			1	1
	Psychiatry			1	1
	Radiology	1	2		3
	Surgery	1	1		2
	Others		2	2	4
	Total	5	13	17	35
Hong Kong West	Accident & Emergency				
	Anaesthesia	2	2		4
	Cardiothoracic Surgery				
	Family Medicine				
	Medicine	1		6	7
	Neurosurgery		1		1
	Obstetrics & Gynaecology	1			1
	Ophthalmology			1	1
	Orthopaedics & Traumatology				
	Paediatrics			4	4
	Pathology	1			1
	Psychiatry				
	Radiology		1	1	2
	Surgery	3	1	1	5
	Others		1	1	2
	Total	8	6	14	28
Kowloon Central	Accident & Emergency			4	4
	Anaesthesia				
	Cardiothoracic Surgery	1			1
	Family Medicine			1	1
	Medicine	1		6	7
	Neurosurgery			1	1
	Obstetrics & Gynaecology	2	2	1	5
	Ophthalmology				
	Orthopaedics & Traumatology				
	Paediatrics	1			1
	Pathology				
	Psychiatry	1	1	4	6
	Radiology	1		1	2
	Surgery	1			1
	Others	1		1	2
	Total	9	3	19	31

Cluster	Department	1 January 2010 to 31 December 2010			
		Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Total
Kowloon East	Accident & Emergency			1	1
	Anaesthesia		2	2	4
	Cardiothoracic Surgery				
	Family Medicine			5	5
	Medicine		1	2	3
	Neurosurgery				
	Obstetrics & Gynaecology		2		2
	Ophthalmology			2	2
	Orthopaedics & Traumatology		2	2	4
	Paediatrics		1	4	5
	Pathology			1	1
	Psychiatry				
	Radiology				
	Surgery	1			1
	Others			1	1
	Total	1	8	20	29
Kowloon West	Accident & Emergency	1	1	3	5
	Anaesthesia		4		4
	Cardiothoracic Surgery				
	Family Medicine		1	6	7
	Medicine	3	3	15	21
	Neurosurgery			2	2
	Obstetrics & Gynaecology	2	2	1	5
	Ophthalmology		2		2
	Orthopaedics & Traumatology		1	2	3
	Paediatrics	1	1	3	5
	Pathology				
	Psychiatry		1	1	2
	Radiology		1		1
	Surgery		2	5	7
	Others		1	1	2
	Total	7	20	39	66
New Territories East	Accident & Emergency	1	2	2	5
	Anaesthesia		1	2	3
	Cardiothoracic Surgery				
	Family Medicine			9	9
	Medicine	1	1	8	10
	Neurosurgery		1		1
	Obstetrics & Gynaecology		1		1
	Ophthalmology	1	1	1	3
	Orthopaedics & Traumatology	1	1	5	7
	Paediatrics			2	2
	Pathology		1		1
	Psychiatry		1	1	2
	Radiology		3		3
	Surgery		2		2
	Others	1	2	2	5
	Total	5	17	32	54

Cluster	Department	1 January 2010 to 31 December 2010			
		Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Total
New Territories West	Accident & Emergency		1	1	**2**
	Anaesthesia			1	**1**
	Cardiothoracic Surgery				
	Family Medicine			3	**3**
	Medicine		1	8	**9**
	Neurosurgery				
	Obstetrics & Gynaecology		1	2	**3**
	Ophthalmology			1	**1**
	Orthopaedics & Traumatology			2	**2**
	Paediatrics				
	Pathology			1	**1**
	Psychiatry		4	3	**7**
	Radiology				
	Surgery				
	Others		1		**1**
	Total	**0**	**8**	**22**	**30**

Overall turnover rates of doctors by major department and by rank From 1 January 2010 to 31 December 2010

Department	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Overall
Accident & Emergency	6.2%	4.6%	4.9%	**4.9%**
Anaesthesia	4.1%	8.2%	3.3%	**5.1%**
Cardiothoracic Surgery	17.1%	-	-	**3.5%**
Family Medicine	-	3.3%	6.0%	**5.6%**
Medicine	5.2%	3.3%	6.3%	**5.6%**
Neurosurgery	-	8.5%	5.9%	**5.8%**
Obstetrics & Gynaecology	16.6%	22.2%	3.4%	**10.3%**
Ophthalmology	6.5%	7.9%	7.3%	**7.4%**
Orthopaedics & Traumatology	4.6%	5.8%	5.8%	**5.6%**
Paediatrics	7.6%	2.6%	7.8%	**6.4%**
Pathology	2.2%	1.4%	3.7%	**2.5%**
Psychiatry	3.6%	8.8%	4.8%	**5.7%**
Radiology	3.3%	9.6%	1.7%	**4.4%**
Surgery	8.7%	5.3%	2.0%	**3.7%**
Overall	**5.8%**	**6.1%**	**5.1%**	**5.4%**

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.

Years of service in HA of departed doctors by department in each hospital cluster from 1 January 2010 to 31 December 2010

Cluster	Department	Year of service in HA						
		<1 year	1 - <6 years	6 - <11 years	11 - <16 years	16 - <21 years	21 years & above	Total
Hong Kong East	Accident & Emergency		1		2	1		4
	Anaesthesia				1	1		2
	Cardiothoracic Surgery							
	Family Medicine	1		2				3
	Medicine	1	1		2	1		5
	Neurosurgery							
	Obstetrics & Gynaecology			1	2	1		4
	Ophthalmology			1	1			2
	Orthopaedics & Traumatology				1			1
	Paediatrics			2		1		3
	Pathology			1				1
	Psychiatry				1			1
	Radiology			1	2			3
	Surgery				1	1		2
	Others				2	2		4
	Total	2	2	8	15	8		35
Hong Kong West	Accident & Emergency							
	Anaesthesia			1	3			4
	Cardiothoracic Surgery							
	Family Medicine							
	Medicine	1		3	2	1		7
	Neurosurgery					1		1
	Obstetrics & Gynaecology				1			1
	Ophthalmology				1			1
	Orthopaedics & Traumatology							
	Paediatrics			2	2			4
	Pathology				1			1
	Psychiatry							
	Radiology			1	1			2
	Surgery		2		3			5
	Others				2			2
	Total	1	2	7	16	2		28
Kowloon Central	Accident & Emergency	1	2		1			4
	Anaesthesia							
	Cardiothoracic Surgery					1		1
	Family Medicine		1					1
	Medicine	1	1	2	1	2		7
	Neurosurgery		1					1
	Obstetrics & Gynaecology			2	1	2		5
	Ophthalmology							
	Orthopaedics & Traumatology							
	Paediatrics					1		1
	Pathology							
	Psychiatry		1		4	1		6
	Radiology			1		1		2
	Surgery					1		1
	Others					2		2
	Total	2	6	5	7	11		31

Cluster	Department	Year of service in HA						
		<1 year	1 - <6 years	6 - <11 years	11 - <16 years	16 - <21 years	21 years & above	Total
Kowloon East	Accident & Emergency		1					1
	Anaesthesia		1		2	1		4
	Cardiothoracic Surgery							
	Family Medicine		3	2				5
	Medicine		1	1		1		3
	Neurosurgery							
	Obstetrics & Gynaecology				2			2
	Ophthalmology			2				2
	Orthopaedics & Traumatology			1	2	1		4
	Paediatrics		1	1	3			5
	Pathology		1					1
	Psychiatry							
	Radiology							
	Surgery					1		1
	Others		1					1
	Total		9	7	9	4		29
Kowloon West	Accident & Emergency	2			2	1		5
	Anaesthesia				3	1		4
	Cardiothoracic Surgery							
	Family Medicine		2	5				7
	Medicine	1	6	2	6	5	1	21
	Neurosurgery		2					2
	Obstetrics & Gynaecology		1	1		3		5
	Ophthalmology				2			2
	Orthopaedics & Traumatology				3			3
	Paediatrics			2	1	2		5
	Pathology							
	Psychiatry					2		2
	Radiology			1				1
	Surgery	1	2		2	2		7
	Others					2		2
	Total	4	13	11	19	18	1	66
New Territories East	Accident & Emergency			1	1	3		5
	Anaesthesia	1		1		1		3
	Cardiothoracic Surgery							
	Family Medicine	1	8					9
	Medicine		5	2	2	1		10
	Neurosurgery				1			1
	Obstetrics & Gynaecology			1				1
	Ophthalmology			1	1	1		3
	Orthopaedics & Traumatology		1	1	4	1		7
	Paediatrics		1	1				2
	Pathology				1			1
	Psychiatry		1			1		2
	Radiology				1	2		3
	Surgery				1	1		2
	Others			1	1	3		5
	Total	2	16	9	13	14		54

Cluster	Department	Year of service in HA						
		<1 year	**1 - <6 years**	**6 - <11 years**	**11 - <16 years**	**16 - <21 years**	**21 years & above**	**Total**
New Territories West	**Accident & Emergency**	1			1			**2**
	Anaesthesia					1		**1**
	Cardiothoracic Surgery							
	Family Medicine		2	1				**3**
	Medicine		1	4	2	2		**9**
	Neurosurgery							
	Obstetrics & Gynaecology		1	1		1		**3**
	Ophthalmology			1				**1**
	Orthopaedics & Traumatology		1		1			**2**
	Paediatrics							
	Pathology		1					**1**
	Psychiatry	1		1	1	4		**7**
	Radiology							
	Surgery							
	Others				1			**1**
	Total	**2**	**6**	**8**	**6**	**8**		**30**

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)119

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0870

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Administration inform this Committee of the numbers of patients triaged respectively as first priority and second priority in 2010-11 and their respective percentages in the total number of specialist outpatient new attendances? Please specify the median, 75th percentile and 90th percentile waiting times by specialty and hospital cluster.

Asked by: Hon. LEUNG Ka-lau

Reply:

The tables below set out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine, their respective percentages in the total number of specialist outpatient new cases, and their respective lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and the longest (90th percentile) waiting time in each hospital cluster for 2009-10 and 2010-11 (up to December 2010).

2009-10

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKE	ENT	1 487	19%	<1	<1	<1	<1	2 778	35%	2	3	4	5	3 611	46%	20	20	20	21
	MED	2 388	22%	<1	1	1	2	3 837	35%	2	4	7	7	4 750	43%	3	9	26	42
	GYN	1 153	23%	<1	1	1	2	346	7%	4	5	6	7	3 470	70%	11	14	16	18
	OPH	5 442	45%	<1	<1	1	1	1 366	11%	4	6	8	8	5 209	43%	10	16	25	27
	ORT	1 748	22%	<1	<1	1	1	2 079	26%	4	5	7	7	4 105	52%	11	19	29	61
	PAE	1 191	52%	<1	<1	<1	1	872	38%	3	6	7	8	240	10%	11	13	15	19
	PSY	688	18%	<1	<1	1	2	658	17%	<1	1	4	6	2 460	65%	<1	3	13	41
	SUR	1 977	17%	<1	1	1	2	3 593	30%	4	7	7	8	6 262	53%	12	18	39	123
HKW	ENT	232	4%	<1	<1	<1	1	762	13%	<1	1	2	4	4 688	82%	2	5	9	14
	MED	241	2%	<1	<1	1	1	801	8%	2	3	5	7	8 623	89%	2	7	16	25
	GYN	791	11%	<1	<1	1	2	760	10%	4	6	7	8	5 362	71%	2	13	17	72
	OPH	2 874	40%	<1	<1	1	2	1 113	15%	4	6	8	8	3 244	45%	47	52	53	56
	ORT	388	4%	<1	<1	1	2	1 410	15%	1	2	4	6	7 781	81%	4	14	32	37
	PAE	408	12%	<1	<1	1	1	953	28%	2	5	6	7	2 055	60%	13	17	26	38
	PSY	268	8%	<1	<1	1	2	660	19%	1	2	4	5	2 562	73%	3	16	52	95
	SUR	1 904	15%	<1	1	1	2	2 032	16%	3	4	6	8	8 513	68%	2	12	52	138
KC	ENT	1 422	10%	<1	<1	<1	<1	1 909	14%	<1	1	1	1	10 683	76%	<1	1	1	2
	MED	1 343	13%	<1	<1	1	1	1 092	11%	4	4	5	7	7 240	72%	12	15	23	37
	GYN	779	17%	<1	<1	1	1	1 674	38%	3	5	7	7	1 986	45%	4	9	11	26
	OPH	8 198	35%	<1	<1	<1	1	4 843	21%	1	3	6	7	9 801	42%	32	35	36	37
	ORT	361	6%	<1	1	1	1	621	10%	2	3	5	6	4 801	75%	13	23	51	70
	PAE	445	25%	<1	<1	<1	1	205	12%	3	4	7	7	1 115	63%	3	8	9	10
	PSY	472	17%	<1	<1	1	1	1 147	41%	1	3	4	6	1 202	43%	3	8	15	25
	SUR	2 388	16%	<1	1	1	2	2 510	17%	3	4	7	8	9 759	66%	17	25	30	37
KE	ENT	1 856	21%	<1	<1	1	1	1 766	20%	5	7	7	7	5 131	59%	15	21	23	24
	MED	2 423	15%	<1	1	1	2	4 918	30%	5	7	7	8	9 147	55%	12	54	79	90
	GYN	1 448	20%	<1	1	1	1	822	11%	6	7	7	8	4 999	69%	15	64	85	102
	OPH	4 842	34%	<1	<1	1	1	3 750	26%	7	7	7	8	5 688	40%	113	135	146	150
	ORT	3 881	27%	<1	<1	1	1	2 676	19%	4	6	7	7	7 603	54%	25	63	93	113
	PAE	844	25%	<1	<1	<1	1	619	19%	3	6	7	7	1 879	56%	3	14	37	40
	PSY	708	11%	<1	1	1	1	1 889	31%	2	3	5	7	3 475	56%	6	15	39	65
	SUR	1 756	8%	<1	1	1	1	5 872	28%	6	7	8	8	13 223	63%	27	99	111	122

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KW	ENT	4 050	28%	<1	<1	1	1	3 045	21%	4	6	7	8	7 603	52%	15	24	69	78
	MED	3 459	13%	<1	<1	1	1	6 556	25%	4	6	7	8	16 452	62%	24	36	43	50
	GYN	1 156	9%	<1	<1	1	2	2 141	17%	3	5	7	8	8 878	72%	4	12	24	36
	OPH	5 887	34%	<1	<1	<1	<1	4 143	24%	1	2	3	4	7 467	43%	4	6	18	21
	ORT	5 028	24%	<1	<1	1	1	4 279	20%	4	6	7	9	11 782	56%	24	59	64	74
	PAE	2 845	41%	<1	<1	<1	1	1 254	18%	3	4	6	7	2 605	38%	4	7	8	10
	PSY	610	6%	<1	<1	1	1	1 260	13%	1	4	6	8	8 036	81%	<1	5	15	40
	SUR	4 887	14%	<1	1	1	1	9 940	28%	4	6	7	7	20 629	58%	14	42	90	146
NTE	ENT	4 259	30%	<1	<1	1	2	2 668	19%	3	4	6	7	7 404	52%	24	32	57	66
	MED	2 807	17%	<1	<1	1	1	2 816	17%	4	5	7	8	10 189	63%	16	35	47	74
	GYN	1 370	12%	<1	<1	1	2	1 411	12%	3	4	6	7	7 916	70%	13	18	29	52
	OPH	6 937	39%	<1	<1	<1	1	2 371	13%	3	4	5	8	8 564	48%	17	50	52	53
	ORT	6 122	33%	<1	<1	<1	1	2 293	12%	3	5	7	8	10 074	54%	24	50	68	85
	PAE	607	16%	<1	<1	1	2	732	19%	3	5	7	8	2 392	63%	17	30	38	45
	PSY	1 506	19%	<1	1	1	2	1 736	22%	2	3	6	7	4 443	55%	3	15	43	87
	SUR	2 402	12%	<1	<1	1	2	2 832	14%	3	5	6	8	14 957	74%	17	37	56	100
NTW	ENT	3 424	32%	<1	<1	<1	1	956	9%	3	4	5	7	6 308	59%	13	92	94	96
	MED	1 720	15%	1	1	2	2	2 302	20%	4	7	7	8	7 746	66%	8	36	41	43
	GYN	997	18%	<1	1	1	2	1 330	24%	3	4	6	7	3 265	58%	10	12	17	39
	OPH	5 450	33%	<1	<1	<1	<1	1 076	6%	<1	1	5	8	10 103	61%	7	19	34	38
	ORT	1 823	16%	<1	<1	1	1	1 491	13%	3	4	6	7	7 916	70%	25	26	27	34
	PAE	82	4%	<1	1	1	2	476	22%	3	5	6	7	1 643	75%	17	20	22	23
	PSY	821	15%	<1	<1	1	1	1 779	32%	1	2	4	6	2 874	52%	1	5	16	32
	SUR	1 428	8%	<1	1	1	2	2 415	13%	3	4	6	7	14 605	79%	12	26	28	30

2010-11 (April to December 2010)

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKE	ENT	1 187	19%	<1	<1	<1	<1	2 170	36%	2	5	6	8	2 748	45%	20	20	21	27
	MED	1 873	21%	<1	1	1	2	2 951	33%	2	4	6	7	4 163	46%	6	12	34	45
	GYN	977	25%	<1	<1	1	2	285	7%	3	4	6	7	2 627	68%	11	15	18	25
	OPH	4 146	41%	<1	<1	1	1	1 285	13%	4	7	8	8	4 585	46%	11	13	17	45
	ORT	1 480	21%	<1	<1	1	1	2 027	29%	4	5	7	7	3 427	49%	10	18	30	35
	PAE	194	17%	<1	1	1	1	768	67%	3	5	7	7	186	16%	7	8	9	12
	PSY	519	19%	<1	<1	1	2	581	21%	<1	<1	3	6	1 644	60%	<1	4	16	23
	SUR	1 506	17%	<1	1	1	2	2 930	32%	4	6	7	8	4 645	51%	10	13	36	120
HKW	ENT	282	6%	<1	<1	<1	1	676	15%	2	3	5	6	3 673	79%	3	8	10	12
	MED	278	3%	<1	<1	1	2	685	8%	2	4	6	6	7 084	88%	4	11	18	30
	GYN	836	17%	<1	<1	1	2	580	12%	4	5	6	7	3 057	62%	12	13	19	90
	OPH	2 695	43%	<1	<1	1	2	829	13%	5	7	8	8	2 719	44%	48	52	52	52
	ORT	376	5%	<1	<1	1	2	848	12%	2	3	5	6	5 954	83%	6	14	23	37
	PAE	346	13%	<1	<1	1	1	860	31%	3	6	7	8	1 521	56%	14	17	38	49
	PSY	240	8%	<1	<1	1	1	574	19%	1	2	4	5	2 160	72%	2	7	37	111
	SUR	1 326	15%	<1	<1	1	2	1 440	16%	3	4	6	7	6 325	69%	3	14	52	141
KC	ENT	1 043	10%	<1	<1	<1	<1	1 537	14%	<1	1	1	3	8 169	76%	1	1	3	4
	MED	1 007	13%	<1	<1	1	1	829	11%	3	4	5	6	5 793	74%	11	14	17	41
	GYN	502	14%	<1	1	1	1	1 096	32%	3	5	7	8	1 868	54%	9	11	17	28
	OPH	7 290	37%	<1	<1	<1	1	3 769	19%	2	6	7	8	7 795	39%	27	37	40	41
	ORT	207	4%	<1	1	1	1	506	10%	2	3	5	6	4 173	78%	13	27	44	49
	PAE	353	23%	<1	<1	1	1	101	7%	2	3	3	4	1 047	69%	3	7	8	11
	PSY	359	17%	<1	<1	1	1	778	37%	2	4	7	7	938	45%	3	12	26	40
	SUR	1 856	16%	<1	1	1	1	2 198	19%	2	3	6	7	7 639	65%	18	20	22	32
KE	ENT	1 533	19%	<1	<1	1	1	1 575	19%	3	6	7	8	4 986	62%	11	22	26	30
	MED	1 931	15%	<1	1	1	2	3 670	28%	4	7	8	8	7 640	58%	11	23	46	54
	GYN	1 042	19%	<1	1	1	1	739	13%	5	7	7	8	3 820	68%	14	93	108	124
	OPH	4 175	35%	<1	<1	1	1	2 745	23%	7	7	7	8	5 002	42%	21	120	155	160
	ORT	2 979	25%	<1	<1	1	1	2 213	19%	5	6	7	11	6 513	56%	28	43	75	99
	PAE	745	25%	<1	<1	<1	1	472	16%	3	6	7	7	1 718	59%	9	15	23	27
	PSY	378	8%	<1	1	1	1	1 324	27%	1	3	5	7	3 124	64%	4	15	38	81
	SUR	1 226	8%	<1	1	1	1	4 577	28%	5	7	7	8	10 513	64%	25	95	117	127

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KW	ENT	2 715	24%	<1	<1	1	1	2 476	22%	4	6	7	8	6 023	54%	14	21	57	64
	MED	2 647	12%	<1	<1	1	1	5 092	24%	4	6	7	7	13 692	64%	20	36	45	51
	GYN	894	10%	<1	1	1	2	1 694	18%	3	5	7	7	6 545	71%	5	12	21	24
	OPH	4 667	33%	<1	<1	<1	<1	3 604	26%	4	5	6	7	5 801	41%	7	13	22	35
	ORT	3 504	22%	<1	<1	1	1	3 311	21%	4	6	8	16	8 931	57%	37	60	76	89
	PAE	2 330	38%	<1	<1	<1	1	697	11%	3	4	6	7	2 841	47%	4	8	9	11
	PSY	391	5%	<1	<1	1	1	810	10%	<1	3	5	6	6 781	85%	<1	6	16	30
	SUR	3 538	13%	<1	<1	1	1	5 887	22%	3	5	6	7	17 381	65%	9	26	94	105
NTE	ENT	3 199	28%	<1	<1	1	2	2 005	18%	3	4	6	7	6 096	54%	23	43	65	71
	MED	2 190	17%	<1	<1	1	1	2 221	17%	4	5	6	8	8 367	64%	20	35	52	69
	GYN	1 083	13%	<1	<1	1	2	789	9%	2	4	6	7	5 964	70%	15	21	42	71
	OPH	5 485	36%	<1	<1	<1	1	2 298	15%	3	4	7	8	7 352	48%	22	47	58	65
	ORT	5 064	33%	<1	<1	<1	1	1 812	12%	3	5	7	8	8 524	55%	19	63	69	88
	PAE	474	14%	<1	1	1	2	431	13%	3	4	6	8	2 407	72%	8	15	25	38
	PSY	1 098	16%	<1	<1	1	2	1 336	20%	2	4	6	7	3 913	59%	8	21	52	108
	SUR	2 016	13%	<1	<1	1	2	2 463	16%	3	4	6	8	10 882	70%	16	39	55	81
NTW	ENT	2 531	29%	<1	<1	<1	1	776	9%	3	4	5	7	5 310	62%	12	48	62	97
	MED	1 286	14%	1	1	2	2	1 958	22%	4	6	7	8	5 689	64%	7	40	44	46
	GYN	825	19%	<1	1	2	2	1 050	24%	3	5	7	8	2 574	58%	10	14	19	39
	OPH	4 524	32%	<1	<1	<1	<1	1 282	9%	<1	1	3	6	8 168	58%	2	13	39	48
	ORT	1 374	15%	<1	<1	1	1	1 038	11%	3	4	6	7	6 804	74%	26	30	34	39
	PAE	253	14%	<1	1	1	2	270	15%	2	3	4	5	1 269	71%	13	13	14	15
	PSY	597	14%	<1	1	1	2	1 391	32%	1	3	5	7	2 289	53%	3	7	13	15
	SUR	1 037	7%	<1	<1	1	1	1 674	11%	3	4	6	7	12 292	82%	12	25	27	28

Abbreviations

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

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

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)120

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0871

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise of the number of "management personnel", "professionals/administrator" and "supporting staff" (as defined in the Hospital Authority Annual Report) of the Hospital Authority Head Office and each Cluster, their total salary, mid-point monthly salary as well as their median and the 90th, 75th, 25th and 10th percentile monthly salaries in 2009-10, 2010-11 and 2011-12 (Estimate).

Asked by: Hon. LEUNG Ka-lau

Reply:

The tables below provide the number of "management personnel", "professionals/administrator" and "supporting staff" of the Hospital Authority Head Office and each Cluster, their total salary, mid-point monthly salary as well as their median and the 90th, 75th, 25th and 10th percentile monthly salaries in 2009-10 and 2010-11 (up to 31 December 2010).

2009-10

Cluster	Staff Group	No of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
HO	Management Personnel	31	82	158,240	111,875	173,350	133,850	102,868	97,840
	Professionals/ Administrator	754	518	58,458	42,175	73,500	49,975	26,585	20,835
	Supporting Staff	481	135	22,335	16,200	27,910	21,880	12,000	9,400
HKE	Management Personnel	15	28	116,640	78,885	131,160	91,033	73,500	63,590
	Professionals/ Administrator	81	48	44,643	38,470	54,765	48,400	19,835	18,885
	Supporting Staff	2 137	431	30,483	10,595	20,835	14,890	8,944	6,600
HKW	Management Personnel	13	26	112,285	87,735	129,065	101,130	73,500	64,708
	Professionals/ Administrator	73	44	44,195	38,470	56,777	48,400	20,835	18,885
	Supporting Staff	1 923	395	30,483	10,595	20,835	14,890	8,400	6,700
KC	Management Personnel	14	27	109,603	78,885	127,398	87,735	73,500	67,697
	Professionals/ Administrator	93	53	42,905	36,740	48,400	48,400	20,835	18,885
	Supporting Staff	2 311	461	30,483	10,595	20,835	14,890	8,043	6,340
KE	Management Personnel	9	22	105,215	81,750	129,806	87,735	78,885	73,500
	Professionals/ Administrator	71	42	44,643	38,470	54,765	48,400	21,880	18,885
	Supporting Staff	1 661	332	27,300	10,595	20,835	14,890	8,000	6,600
KW	Management Personnel	18	42	106,345	87,735	149,545	141,866	78,885	65,210
	Professionals/ Administrator	139	90	44,195	42,175	55,268	48,400	30,615	19,835
	Supporting Staff	3 703	773	30,483	10,595	20,835	14,890	8,200	6,600
NTE	Management Personnel	15	33	115,315	84,690	136,930	125,318	76,193	71,964
	Professionals/ Administrator	101	70	45,523	38,470	57,029	48,400	29,580	18,885
	Supporting Staff	2 445	516	30,483	10,595	20,835	15,785	8,600	7,000
NTW	Management Personnel	7	15	109,603	81,750	139,493	116,315	80,318	72,335
	Professionals/ Administrator	95	57	45,598	37,605	52,295	48,400	19,835	18,885
	Supporting Staff	1 979	388	30,483	10,595	20,835	14,890	7,700	6,600

2010-11 (up to 31 December 2010)

	Staff Group	No of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
HO	Management Personnel	28	79	160,770	115,620	157,015	127,965	105,398	99,400
	Professionals/ Administrator	831	607	59,330	42,410	74,675	49,480	23,685	20,950
	Supporting Staff	497	131	22,443	15,875	28,065	20,950	12,000	9,400
HKE	Management Personnel	12	26	118,508	83,258	143,527	90,815	74,675	69,662
	Professionals/ Administrator	87	50	45,275	36,945	56,407	48,670	19,945	18,990
	Supporting Staff	2 096	421	30,920	10,655	20,950	14,975	9,000	6,700
HKW	Management Personnel	14	27	114,083	89,140	129,437	101,913	76,043	68,781
	Professionals/ Administrator	77	47	45,275	38,685	59,273	48,670	22,005	19,945
	Supporting Staff	1 931	397	30,920	10,655	20,950	14,975	8,200	6,800
KC	Management Personnel	14	26	112,728	80,145	129,437	89,140	74,675	68,781
	Professionals/ Administrator	92	55	43,528	36,945	50,565	48,670	20,950	18,990
	Supporting Staff	2 296	458	30,920	10,655	20,950	14,975	8,190	6,700
KE	Management Personnel	9	20	109,290	89,140	140,077	130,075	83,060	79,051
	Professionals/ Administrator	70	45	46,833	39,600	53,381	48,670	22,005	19,850
	Supporting Staff	1 620	333	27,435	10,655	20,950	14,975	8,200	6,800
KW	Management Personnel	18	39	111,425	84,643	152,313	144,138	78,068	69,105
	Professionals/ Administrator	139	94	44,825	42,410	56,151	48,670	32,235	19,945
	Supporting Staff	3 696	764	30,920	10,655	20,950	14,975	8,200	6,700
NTE	Management Personnel	15	32	115,815	89,140	139,120	126,378	76,025	64,787
	Professionals/ Administrator	100	70	47,560	39,600	58,195	48,670	30,439	19,945
	Supporting Staff	2 440	512	30,920	10,655	20,950	15,875	8,400	7,100
NTW	Management Personnel	8	16	112,728	86,045	138,813	112,229	74,595	66,255
	Professionals/ Administrator	100	59	46,263	36,945	51,011	48,670	20,950	53,130
	Supporting Staff	1 999	386	36,945	10,655	20,950	14,975	7,700	6,600

For 2011-12, the number of “management personnel”, “professionals/administrator” and “supporting staff” is projected at 124, 1 630 and 16 753 respectively. Their salary figures for 2011-12 are not yet available.

Abbreviations

HKE - Hong Kong East
HKW - Hong Kong West
KC - Kowloon Central
KE - Kowloon East
KW - Kowloon West
NTE - New Territories East
NTW - New Territories West
HO - HA Head Office

Remarks :

(1) The "management personnel" include cluster chief executives, chief executive, cluster general managers, directors, deputy directors, hospital chief executives, etc.

(2) The "professional/administrator" include chief hospital administrators, chief information officers, chief treasury accountants, legal counsels, senior supplies officers, statisticians, etc.

(3) The "supporting staff" include assistant laundry managers, artisans, clerical assistants, data processors, laboratory attendants, mortuary attendants, etc.

(4) Figures include permanent and contract staff as well as temporary staff on full-time equivalent (FTE) basis

(5) Total salary includes basic salary, allowance, gratuity payout, and on cost such as Home Loan Interest Subsidy Scheme (HLISS) contribution; but excludes death & disability benefit.

(6) Mid-point monthly salary is the average of maximum and minimum salary in each category.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)121

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0872

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the provision and number of doctors, nurses, allied health staff and general hospital beds by cluster under the Hospital Authority in 2010-11 and 2011-12 (Estimate), their respective percentages of the total as well as the ratio per 1 000 population and persons aged 65 or above.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the budget allocation in respect of each cluster under the Hospital Authority (HA) in 2010-11. Budget allocation to clusters in 2011-12 is not yet available.

Cluster	**Budget Allocation in 2010-11 ($ billion)**
Hong Kong East (HKE)	3.52
Hong Kong West (HKW)	3.70
Kowloon Central (KC)	4.49
Kowloon East (KE)	3.20
Kowloon West (KW)	7.28
New Territories East (NTE)	5.25
New Territories West (NTW)	4.15
Total	**31.59**

The table below sets out the numbers of doctors, nurses and allied health staff in each clusters, their respective percentages of the HA total as well as their ratio per 1 000 population in 2010-11 (as at 31 December 2010). Relevant information for 2011-12 are not yet available.

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population											
	Doctors	% of HA Overall	Ratio to overall population	Ratio to population aged 65+	Nurses	% of HA Overall	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of HA Overall	Ratio to overall population	Ratio to population aged 65+
HKE	555	10.9%	0.7	4.4	2 081	10.4%	2.5	16.6	616	11.1%	0.7	4.9
HKW	573	11.3%	1.1	7.8	2 422	12.1%	4.5	32.8	741	13.3%	1.4	10.0
KC	654	12.9%	1.3	8.6	2 784	14.0%	5.6	36.8	825	14.9%	1.7	10.9
KE	586	11.6%	0.6	4.6	2 090	10.5%	2.2	16.4	570	10.3%	0.6	4.5
KW	1 204	23.7%	0.6	4.3	4 708	23.6%	2.5	17.0	1 218	21.9%	0.7	4.4
NTE	837	16.5%	0.6	6.1	3 243	16.3%	2.5	23.4	926	16.7%	0.7	6.7
NTW	665	13.1%	0.6	6.9	2 623	13.1%	2.5	27.0	655	11.8%	0.6	6.8
HA Overall	**5 074**	100.0%	0.7	5.5	**19 951**	100.0%	**2.8**	**21.8**	**5 551**	100.0%	**0.8**	**6.1**

The table below sets out the number and ratio of general beds in HA per 1 000 population by clusters.

Cluster	Number of general beds				Number of general beds per 1,000 population		Number of general beds per 1,000 population aged 65+	
	2010-11 (Revised Estimate)	% against HA overall	2011-12 (Estimate)	% against HA overall	2010-11 (Revised Estimate)	2011-12 (Estimate)	2010-11 (Revised Estimate)	2011-12 (Estimate)
HKE	2 002	10%	2 002	10%	2.4	2.4	16.0	15.6
HKW	2 853	14%	2 853	14%	5.3	5.2	38.6	37.3
KC	3 002	14%	3 002	14%	6.1	6.0	39.7	38.1
KE	2 135	10%	2 135	10%	2.2	2.2	16.8	16.6
KW	5 174	25%	5 174	25%	2.8	2.8	18.6	18.4
NTE	3 473	17%	3 473	17%	2.7	2.7	25.1	24.3
NTW	2 094	10%	2 115	10%	2.0	2.0	21.6	20.9
Overall	**20 733**	**100%**	**20 754**	**100%**	**2.9**	**2.9**	**22.7**	**22.1**

It should be noted that the ratio of doctors and nurses per 1 000 population, and the ratio of general beds per 1 000 population vary among clusters and the variances do not necessarily correspond to the difference in the population among clusters because:

(a) patients can receive care in hospitals other than those in their own residential districts and cross-cluster utilization of services is rather common; and

(b) some specialized services are mainly provided in a number of hospitals and the beds 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	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)122

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0873

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the total numbers and their respective total annual salaries, including basic salaries, allowances, contributions to retirement plans and other benefits, of the Chief Executive/Directors/Deputy Directors/Chiefs of Service/Cluster Chief Executives/Hospital Chief Executives of the Hospital Authority for the years 2009-10, 2010-11 and 2011-12 (estimated).

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the number of offices and the actual expenditure on remunerations (including salaries, allowances, provident fund and other benefits) covering the Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority for 2009-10. The actual expenditure figure for 2010-11 will only be available after the close of the current financial year. For 2011-12, it is difficult to make an accurate projection on the expenditure on remuneration which would depend on a number of factors such as whether there will be cost of living adjustment in the year or not.

Rank	Number of offices	Actual expenditure on remunerations in 2009-10
Chief Executive	1	$4.5 million
Cluster Chief Executives / Directors / Deputy Directors / Heads	14	$47.7 million
Hospital Chief Executives	21	$57.4 million

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)123

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0874

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In respect of each of the items listed as drugs with preliminary medical evidence only in the Hospital Authority Drug Formulary, how many patients purchased the drugs at their own expense and how much money was involved in 2010-11? How many patients can benefit and how much money will be involved if these drugs are all provided at standard fees and charges?

Asked by: Hon. LEUNG Ka-lau

Reply:

At present, HA supplies three categories of self-financed drugs for purchase by patients, namely, items not easily accessible in the community (e.g. dangerous drugs, certain psychiatric drugs, oncology drugs and immunosuppressives), items covered by the safety net through the Samaritan Fund and items that need to be supplied for operation convenience (e.g. drugs to be administered by injection). Self-financed drugs available for purchase through HA only include certain but not all drugs with preliminary medical evidence. HA does not therefore have the expenditure figure on the purchase of drugs with preliminary medical evidence by patients at their own expenses.

At present, there are 28 self-financed drugs that are available for purchase through HA but are not covered by the Samaritan Fund. In 2010-11 (up to 31 December 2010), a total of 9 959 patients purchased these self-financed drugs through HA at their own expense, and the total expenditure incurred by these patients is about $171.8 million.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)124

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2215

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to "the development and implementation of initiatives aiming to enhance primary care", please advise on:

(a) the details of the initiatives and the implementation timetable;

(b) the estimated expenditure to be involved; and

(c) with a vast amount of resources put into the development of primary care, whether the Administration will also develop specific indicators to enable the public to gauge the effectiveness. If yes, what are the details? If no, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

Enhancing primary care was one of the proposals put forward in the Healthcare Reform Consultation Document "Your Health, Your Life" and received broad public support during the first stage public consultation on healthcare reform conducted between March and June 2008. In 2009, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health formulated framework recommendations on enhancing primary care in Hong Kong, including –

(i) developing primary care conceptual models and reference frameworks;

(ii) setting up and promoting a Primary Care Directory; and

(iii) devising feasible service models to deliver community-based primary care services through appropriate pilot projects.

Based on WGPC's recommendations, the Government has allocated or earmarked additional funding for primary care and public-private partnership (PPP) in healthcare since 2008-09. By 2011-12, the Government would increase the related annual recurrent expenditure by $1.7 billion (as compared to 2007-08). Moreover, $1.9 billion has been earmarked for non-recurrent and capital works items, for implementing various initiatives in line with the Government's primary care development strategy.

In September 2010, a Primary Care Office (PCO) was set up in the Department of Health (DH) to provide support to the Food and Health Bureau on policy formulation and strategy development on primary care, and co-ordinate the development of better primary care services in Hong Kong. The latest progress and the work plan are as follows –

(a) A web-based version of the Primary Care Development Strategy Document was published in December 2010. PCO will launch a territory-wide "Primary Care Campaign" in partnership with healthcare professionals starting from March 2011 to introduce the Government's primary care development strategy and initiatives to the general public.

(b) A web-based version of the reference frameworks for diabetes mellitus (DM) and hypertension (HT) care in primary care settings was published in January 2011. Development of primary care conceptual models and reference frameworks for the elderly and children will be started in 2011-12.

(c) Enrolment of doctors and dentists in the respective sub-directories of Primary Care Directory started in December 2010. The Directory will be launched in March 2011 to help the public identify primary care practitioners who can cater for their individual needs. We will start developing a sub-directory of Chinese medicine practitioners in 2011-12. The sub-directories of nurses and other allied health professionals will be developed at a later stage.

(d) Various pilot projects based on different Community Health Centre (CHC)-type models with healthcare professionals and providers from the public sector, private sector, non-governmental organisations (NGOs) and universities are being explored. A purpose-built CHC in Tin Shui Wai will be established in the first half of 2012. We will continue to plan CHC pilot projects in consultation with the relevant stakeholders.

The Government will continue to implement, through DH and the Hospital Authority (HA), pilot projects to enhance primary care, with a view to taking forward the primary care development strategy. These include a series of pilot projects to enhance support for chronic disease patients in primary care settings, the Elderly Health Care Voucher Pilot Scheme, various vaccination subsidy schemes, establishment of CHCs and networks, enhancement of primary dental care and oral health promotion, implementation of research projects on primary care, enhancement of primary care related training and capacity building in collaboration with healthcare professionals, etc.

There are five chronic disease management pilot projects with primary care nature, namely the Multi-disciplinary Risk Factor Assessment and Management Programme (RAMP), the Patient Empowerment Programme (PEP), Nurse and Allied Health Clinics (NAHC), the Public-Private Chronic Disease Management Shared Care Programme ("Shared Care Programme") and the Tin Shui Wai Primary Care Partnership Project (TSWPPP). The latest position is as follows –

Programme	Implementation schedule
RAMP	Will be extended to all seven clusters by 2011-12. A total of more than 167 000 patients are expected to benefit from the programme by 2011-12.
PEP	Will be extended to all seven clusters by 2011-12. A total of 32 000 patients are expected to benefit from the programme by 2012-13.
NAHC	Launched in all seven clusters in August 2009. The total number of attendances is expected to be over 224 500 by 2011-12.
Shared Care Programme	Launched in the New Territories East Cluster in March 2010 and extended to the Hong Kong East Cluster in September 2010. As at February 2011, 88 patients had enrolled in the programme.
TSWPPP	Launched in Tin Shui Wai North in June 2008 and extended to Tin Shui Wai South in June 2010. As at February 2011, 1 596 patients had enrolled in the programme.

The total amount of funding earmarked for chronic disease management pilot projects is $224.370 million in 2010-11 and $378.596 million in 2011-12. Staff of different disciplines involved include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, occupational therapists, executive officers, technical service assistants, general service assistants, etc. Set-up of information technology systems is

required for making patient referrals and monitoring the programmes. General out-patient clinics running RAMP and NAHC are also provided with the necessary equipment and facilities.

Individual pilot projects to enhance primary care are subject to evaluation based on objective criteria with, where appropriate, assessment by an independent third-party. In this connection, for pilot projects being implemented through HA to strengthen support for chronic disease patients in primary care settings, the medical schools of the Chinese University of Hong Kong and the University of Hong Kong have been engaged as independent assessors to review and evaluate them against set service targets and performance indicators.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)125

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0861

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 indicated that "the number of secondary school students participating in the Student Health Service (SHS) was lower in 2010 because the service for secondary two (S2) to secondary seven (S7) students was suspended in 2010 for the redeployment of manpower for the Human Swine Influenza vaccination". In this connection, would the Administration advise on -

(a) the number of students affected after the service concerned was suspended;

(b) the number of staff involved in the redeployment for the vaccination programme; and

(c) the indicators, figures and formulae based on which the above redeployment of manpower was decided.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) As participation in the Student Health Service (SHS) is voluntary, we could not estimate the number of students affected after the suspension of the service. According to the figure provided by the Education Bureau, the number of secondary two to secondary seven students in the school year 2009/10 was 405 551.

(b) A total of 27 doctors, 152 nurses, 49 workers, 51 clerks and 49 health surveillance assistants (HSA) in SHS were redeployed for the Human Swine Influenza Vaccination Programme for 2.5 months during which the SHS centres still provided follow-up services for primary one to secondary seven students.

(c) The redeployment of manpower was required for setting up 120 vaccination stations in 15 SHS centres. For each centre, 1-2 doctors, 2-3 nurses were required for supervision and checking of injections and 4-5 clerks/HSA were required for registration. Each vaccination station was manned by one nurse and two workers/HSA would provide support to three vaccination stations.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)126

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2195

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 smoking cessation service of the Department of Health (DH), please advise:

(a) the number of cases seeking assistance from smoking cessation clinics of DH before and after the increase in tobacco duty last time (i.e. 2009-10);

(b) the expenditures on smoking cessation service of DH in the past three years (i.e. 2008-09 to 2010-11); and

(c) the resources to be allocated to take forward smoking cessation service in DH in 2011-12.

Asked by: Hon. CHAN Hak-kan

Reply:

In the year immediately prior to the last tobacco duty increase in February 2009 (i.e. 2008), there were 329 clients who attended DH smoking cessation clinics. In 2009, the number of persons seeking smoking cessation service was 1 284, comprising 567 clients in DH clinics and 717 clients in clinics in Tung Wah Group of Hospitals (TWGHs). It is also worth noting that in 2009, DH smoking cessation hotline received 15 500 calls, which was more than three times the total number of calls (4 335) received in 2008.

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the existing cessation services by TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for healthcare professionals in provision of smoking cessation service in the community. HA will also provide smoking cessation service in 2011-12 targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counselling, and pharmacotherapy.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)127

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2431

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 Matters Requiring Special Attention, it is mentioned that the Administration will "conduct a territory-wide oral health survey to continuously monitor the oral health status of the population". Would the Administration inform this Committee of the specific details of the above survey and the expenditure and staff establishment involved?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Department of Health (DH) will conduct the territory-wide oral health surveys (OHS) in 2011-12 to monitor the community's oral health condition. It will cover the following target groups:

(i) 5-year-old children
(ii) 12-year-old children
(iii) 35-44-year-old adults
(iv) 65-74-year-old non-institutionalised elderly
(v) Elderly 65 years old and above receiving long term care services at residential institutions and receiving community care services at home and at day care centres

The OHS will involve questionnaire interviews and clinical examinations. It will be conducted during May 2011 to February 2012. The participants will be selected by random sampling. Clinical examinations will be carried out by trained and calibrated DH dentists at kindergartens, secondary schools, homes, elderly institutions and care centres to collect data such as tooth and periodontal status, treatment needs and oral hygiene status. The examinations will be carried out using criteria recommended by the World Health Organization. Information will be collected through questionnaires, such as socio-demographic background, participants' oral health habits, knowledge and attitude, dental utilisation pattern, dietary habits, perceived treatment needs, motivators and barriers to the oral care seeking behaviour, and oral health related quality of life.

DH has earmarked $7.2 million in 2011-12 to conduct the OHS. Dental Officer (DO) and Dental Surgery Assistant (DSA) will be involved in conducting the survey. An estimation of about 103 man-months of DO and 69 man-months of DSA will be required in 2011-12.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)128

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2432

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In paragraph 150 of the Budget Speech, it was mentioned that "the Government launched the three-year Elderly Health Care Voucher Pilot Scheme in January 2009. Under the Pilot Scheme, elderly citizens aged 70 or above are each offered health care vouchers of $250 annually to subsidise their use of private primary healthcare services. Having completed the interim review of the Pilot Scheme, we propose to extend the Pilot Scheme for another three years, double the value of health care vouchers to $500 per person per year, and strengthen the monitoring of voucher utilisation under the Pilot Scheme. I will allocate $1 billion to implement this proposal. The Secretary for Food and Health will announce the review report and detailed proposal in due course." Would the Administration inform this Committee -

(a) as it has been pointed out that the participation rate of elderly people is relatively low, has the Administration any strategy to increase the participation rate of elders?

(b) would the Administration consider lowering the age of eligibility for receiving health care vouchers to elderly people aged 60, so that elderly people aged 60 or above can receive the subsidy?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

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

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements in the public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

Monitoring of claims and handling of complaints

DH routinely monitors claim transactions through the eHealth System, checks claims and examines service records through inspection of service providers, and checks with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. Any irregularities detected would be followed up and rectified. In case of proven abuses, the healthcare service providers concerned will be removed from the Pilot Scheme. Where suspected fraud is involved, the case will be reported to the Police for investigation.

Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

The eHealth System currently captures general information on the type of healthcare services provided and the amount of voucher used for payment for the services as supplied by the healthcare providers. Participating healthcare service providers are not required to provide how much they charge elderly people on top of the amount of vouchers claimed (in other words, the co-payment made out of pocket by the elderly). Information on the total expenditure incurred by the elderly in primary healthcare services involving the use of vouchers is therefore not available. One of the proposals arising from the interim review is to capture more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

Financial implication of lowering eligible age and increasing voucher amount

If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows -

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
Central & Western	120	84	29	3	26	3	4	9	1	2	281
Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)129

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2433

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:

It is stated in the Analysis of Financial and Staffing Provision that "provision for 2011-12 is $88.3 million (21.3%) higher than the revised estimate for 2010-11. This is mainly due to additional provision for expanding Pharmaceutical Service to meet increasing drug regulatory needs; expediting the setting of standards for Chinese herbal medicines; introducing mandatory Good Manufacturing Practice requirements for manufacturing of proprietary Chinese medicines (pCm) and implementing a pharmacovigilance programme for pCm; enhancing the capacity for regulation of private healthcare institutions including hospitals in support of development of private hospitals and healthcare industry; and the net increase of 65 posts in 2011-12 to meet operational needs." Would the Administration advise this Committee on what duties and service areas are involved in the net increase of 65 posts as mentioned above?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

Details of the net 65 posts are at the Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Creation and Deletion of Posts in Department of Health in 2011-12

Major scope of responsibilities / Rank	Number of posts to be created/deleted
Programme 1 – Statutory Functions	
(a) Establishing a dedicated office to strengthen the capacity of the pharmaceutical service in the regulation of drugs	
Head of office /	
Assistant Director of Health [Note]	1
Professional support /	
Chief Pharmacist [Note]	1
Senior Pharmacist	2
Pharmacist	14
Scientific Officer (Medical)	5
Administrative and general support /	
Chief Executive Officer	1
Executive Officer II	2
Clerical Officer	2
Assistant Clerical Officer	5
Clerical Assistant	4
Personal Secretary I	1
Sub-total:	*38*
(b) Enhancing the capacity for regulation of private healthcare institutions	
Medical support /	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Nursing support /	
Nursing Officer	1
Registered Nurse	1
Administrative and general support /	
Assistant Clerical Officer	1
Clerical Assistant	1
Sub-total:	*6*
(c) Implementing preparatory work for introducing mandatory Good Manufacturing Practice for proprietary Chinese medicines	
Professional support /	
Senior Pharmacist	1
Pharmacist	2
Scientific Officer (Medical)	3
Administrative and general support /	
Assistant Clerical Officer	1

Major scope of responsibilities / Rank	Number of posts to be created/deleted
Sub-total:	*7*
(d) Conversion of non-civil service contract positions to civil service posts for tobacco control	
Enforcement /	
Overseer	1
Senior Foreman	2
Foreman	8
Administrative and general support /	
Assistant Clerical Officer	3
Sub-total:	*14*
(e) Conversion of non-civil service contract positions to civil service posts for port health control	
Enforcement /	
Foreman	2
Sub-total:	*2*
(f) Offsetting deletion	
Administrative and general support /	
Office Assistant	-2
Sub-total:	*-2*
Total :	***65***

Note: Directorate posts

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)130

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0979

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health (DH) indicated that it would "expand the Pharmaceutical Service in order to meet increasing drug regulatory needs". Would the Administration advise on the details of the relevant expansion plan, the expenditure involved, manpower required and their ranks?

Asked by: Hon. LEUNG Ka-lau

Reply:

In 2011-12, $27.8 million will be allocated to DH to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacist, 14 Pharmacist, five Scientific Officer (Medical) and 15 general grade posts will need to be created.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)131

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0980

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

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health plans to increase 125 non-directorate posts in 2011-12. Please provide information on the ranks, remunerations and duties of these posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

Details of the net increase of 125 posts are at the Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Creation and Deletion of Non-Directorate Posts in Department of Health in 2011-12

Service	Function / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Programme 1 – Statutory Functions			
Pharmaceutical Service	**Professional support /**		
	Senior Pharmacist	2	1,993,440
	Pharmacist	14	9,347,520
	Scientific Officer (Medical)	5	3,338,400
	Administrative and general support /		
	Chief Executive Officer	1	996,720
	Executive Officer II	2	705,600
	Personal Secretary I	1	305,520
	Clerical Officer	2	611,040
	Assistant Clerical Officer	5	952,500
	Clerical Assistant	4	594,240
Office for Registration of Health Care Institutions	**Medical support /**		
	Senior Medical & Health Officer	1	996,720
	Medical & Health Officer	1	762,120
	Nursing support /		
	Nursing Officer	1	508,920
	Registered Nurse	1	320,820
	Administrative and general support /		
	Assistant Clerical Officer	1	190,500
	Clerical Assistant	1	148,560
Chinese Medicine Division	**Professional Support /**		
	Senior Pharmacist	1	996,720
	Pharmacist	2	1,335,360

Service	Function / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
	Scientific Officer (Medical)	3	2,003,040
	Administrative and general support /		
	Assistant Clerical Officer	1	190,500
Tobacco Control Office	**Enforcement /**		
	Overseer	1	291,060
	Senior Foreman	2	455,760
	Foreman	8	1,437,600
	Administrative and general support /		
	Assistant Clerical Officer	3	571,500
Port Health Office	**Enforcement /**		
	Foreman	2	359,400
	Administrative and general support /		
	Office Assistant	-1	-130,920
Radiation Health Unit	**Administrative and general support /**		
	Office Assistant	-1	-130,920
Sub-total:		***63***	***29,151,720***
Programme 2 – Disease Prevention			
Family Health Service	**Medical support /**		
	Medical & Health Officer	7	5,334,840
	Nursing support /		
	Registered Nurse	27	8,662,140
	Professional support /		
	Speech Therapist	2	846,960
	Administrative and general support /		
	Clerical Assistant	2	297,120
Public Health Laboratory Services Branch	**Technical support /**		
	Medical Technologist	2	1,065,600

Service	Function / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
	Medical Laboratory Technician II	5	1,257,000
Programme Management and Professional Development Branch	**Technical support /**		
	Senior Systems Manager	1	996,720
	Administrative and general support /		
	Senior Executive Officer	-1	-730,680
	Executive Officer II	-1	-352,800
	Assistant Clerical Officer	-1	-190,500
Finance and Supplies Division	**Administrative and general support /**		
	Accounting Officer I	-3	-1,598,400
	Assistant Clerical Officer	-1	-190,500
Non-communicable Disease Division	**Professional support /**		
	Scientific Officer (Medical)	1	667,680
Clinical Genetic Service	**Medical support /**		
	Medical & Health Officer	1	762,120
	Nursing support /		
	Registered Nurse	1	320,820
	Technical support /		
	Medical Technologist	1	532,800
Elderly Health Service	**Professional support /**		
	Senior Clinical Psychologist	1	996,720
	Clinical Psychologist	-1	-667,680
	Senior Occupational Therapist	1	667,680
	Occupational Therapist I	-1	-508,920
Communicable Disease Division	**Administrative and general support /**		
	Statistical Officer II/Student Statistical Officer	2	377,040
Student Health Service	**Administrative and general support /**		

Service	Function / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
	Office Assistant	-1	-130,920
Sub-total:		***44***	***18,414,840***
Programme 4 – Curative Care			
Tuberculosis and Chest Service	**Technical support /**		
	Radiographer II	1	305,520
	Radiographic Technician	-1	-202,260
	Darkroom Technician	-1	-158,340
	Administrative and general support /		
	Office Assistant	-2	-261,840
Dental Service	**Administrative and general support /**		
	Office Assistant	-1	-130,920
Sub-total:		***-4***	***-447,840***
Programme 7 – Medical and Dental Treatment for Civil Servants			
Dental Service	**Dental/Para-dental support /**		
	Dental Officer	9	6,285,060
	Senior Dental Surgery Assistant	1	336,780
	Dental Surgery Assistant	9	1,933,740
	Administrative and general support /		
	Assistant Supplies Officer	1	291,060
	Assistant Clerical Officer	1	190,500
	Clerical Assistant	2	297,120
	Office Assistant	-2	-261,840
	Workman II	1	118,080
Sub-total:		***22***	***9,190,500***

Service	Function / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Posts supporting more than one programme			
Principal Medical & Health Officer(3)'s Office	**Professional support /**		
	Scientific Officer (Medical)	1	667,680
Departmental Administration Section	**Administrative and general support /**		
	Executive Officer I	1	532,800
	Executive Officer II	1	352,800
	Senior Clerical Officer	1	404,520
	Assistant Clerical Officer	1	190,500
	Typist	-2	-297,120
Clinic Administration and Planning Section	**Administrative and general support /**		
	Hospital Administrator I	2	1,065,600
	Hospital Administrator II	-2	-673,560
	Office Assistant	-1	-130,920
	Property Attendant	-4	-511,440
Finance and Supplies Division	**Administrative and general support /**		
	Senior Treasury Accountant	1	996,720
Internal Audit Section	**Administrative and general support /**		
	Treasury Accountant	1	698,340
Sub-total:		***0***	***3,295,920***
Total :		**125**	**59,605,140**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)132

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0981

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:

One of its key performance measures of curative services provided by the Department of Health (DH) is "appointment time for new dermatology cases within 12 weeks (% of cases)". The target is set to be over 90% while the percentages were 65% and 56% in 2009 and 2010 respectively and it is expected that the percentage will remain unchanged at 56% in 2011. Meanwhile, the attendances at dermatology outpatient clinics decreased from 253 500 in 2009 to 252 700 in 2010. It is now expected that the figure in the coming year will remain unchanged. In this connection, would the authority concerned advise on:

(a) the resources allocated to dermatology specialised service by DH in the past two years;

(b) the resources planned to be allocated to dermatology specialised service by DH in the coming year; and

(c) regarding the persistent failure to achieve the target of "appointment time for new dermatology cases within 12 weeks (% of cases)" for years, has the Administration made other arrangement for this? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

The expenditure for dermatology service in 2009-10 is $111.0 million and the financial provisions for 2010-11 and 2011-12 are $113.3 million and $112.0 million respectively.

The change in waiting time for new dermatology appointment was attributed mainly to the increasing demand for service and high departure and turnover rate of doctors, which was probably due to high demand for dermatology service in the private sector. The median waiting time for new dermatology appointment was less than 12 weeks.

The Department of Health (DH) endeavors to fill vacancies arising from staff departure through recruitment of new doctors and internal deployment within DH. Furthermore, the dermatology clinics have implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)133

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0983

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 directly affects one's quality of life. The Department of Health mentioned that it would "conduct a territory-wide oral health survey to continuously monitor the oral health status of the population" this year. In this connection, would the Department advise on-

(a) the details of the survey concerned, its date of implementation, expenditure involved, manpower required and their ranks; and

(b) if School Dental Care Service is extended, will the service be extended from primary schools to secondary schools and universities? What is the expenditure involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The Department of Health (DH) will conduct the territory-wide oral health surveys (OHS) in 2011-12 to monitor the community's oral health condition. It will cover the following target groups-

(i) 5-year-old children
(ii) 12-year-old children
(iii) 35-44-year-old adults
(iv) 65-74-year-old non-institutionalised elderly
(v) Elderly 65 years old and above receiving long term care services at residential institutions and receiving community care services at home and at day care centres

The OHS will involve questionnaire interviews and clinical examinations. It will be conducted during May 2011 to February 2012. The participants will be selected by random sampling. Clinical examinations will be carried out by trained and calibrated DH dentists at kindergartens, secondary schools, homes, elderly institutions and care centres to collect data such as tooth and periodontal status, treatment needs and oral hygiene status. The examinations will be carried out using criteria recommended by the World Health Organization. Information will be collected through questionnaires, such as socio-demographic background, participants' oral health habits, knowledge and attitude, dental utilisation pattern, dietary habits, perceived treatment needs, motivators and barriers to the oral care seeking behaviour, and oral health related quality of life.

DH has earmarked $7.2 million in 2011-12 to conduct the OHS. Dental Officer (DO) and Dental Surgery Assistant (DSA) will be involved in conducting the survey. An estimation of about 103 man-months of DO and 69 man-months of DSA will be required.

(b) The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits. The School Dental Care Service provides preventive and basic dental care, including an annual dental examination, and oral health education for participating school children. There are other educational and promotional activities such as the "Teens Teeth" programme and the annual "Love Teeth Campaign" for the secondary and university students.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)134

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2483

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 an increase in the percentage of babies born here who have non-Hong Kong resident parents and that this group of babies may not stay on in Hong Kong, the participation rates of "new born babies attending maternal and child health centres (MCHCs)" in 2009 and 2010 were around 76%, lower than the target rate of 90% set by the Department of Health (DH). In this connection, has DH considered adjusting the target rate and redeploying resources to provide other services in MCHCs?

Asked by: Hon. CHAN Hak-kan

Reply:

The actual and estimated participation rates of newborn babies attending Maternal and Child Health Centres (MCHCs) are lower than the target because a considerable proportion of newborn babies were delivered by mothers who were non-Hong Kong residents and they tended to leave Hong Kong soon after giving birth. Although in terms of percentage, the participation rates of newborns who attended MCHCs were below 90% in both 2009 and 2010, the numbers of newborns registered at MCHCs had actually increased because of the increase in birth rates. In fact, the participation rate of babies born to local mothers was 90% in 2010.

The rising birth rates also increased the use of maternal health services. In addition, MCHCs also provide family planning and cervical cancer screening services for the clients.

The Department of Health will continue to monitor the situation and consider the need to revise the target participation rate of new born babies attending MCHCs and to redeploy resources to meet service demand when required.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)135

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2618

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 established the Primary Care Office (PCO) in September 2010. Please list out PCO's progress since its establishment and its 2011-12 work plan.

Asked by: Hon. LI Fung-ying

Reply:

Enhancing primary care was one of the proposals put forward in the Healthcare Reform Consultation Document "Your Health, Your Life" and received broad public support during the first stage public consultation on healthcare reform conducted between March and June 2008. In 2009, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health formulated framework recommendations on enhancing primary care in Hong Kong, including –

(a) developing primary care conceptual models and reference frameworks;

(b) setting up and promoting a Primary Care Directory; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects.

Based on WGPC's recommendations, the Government has allocated additional funding for implementing various initiatives in line with the Government's primary care development strategy. These include a series of pilot projects to enhance support for chronic disease patients in primary care settings, the Elderly Health Care Voucher Pilot Scheme, various vaccination subsidy schemes, establishment of community health centres (CHCs) and networks, enhancement of primary dental care and oral health promotion, implementation of research projects on primary care, enhancement of primary care related training and capacity building in collaboration with healthcare professionals, etc.

In September 2010, a Primary Care Office (PCO) was set up in the Department of Health to provide support to the Food and Health Bureau on policy formulation and strategy development on primary care, and co-ordinate the development of better primary care services in Hong Kong. The latest progress and the work plan are as follows –

(a) A web-based version of the Primary Care Development Strategy Document was published in December 2010. PCO will launch a territory-wide "Primary Care Campaign" in partnership with healthcare professionals starting from March 2011 to introduce the Government's primary care development strategy and initiatives to the general public.

(b) A web-based version of reference frameworks for diabetes mellitus and hypertension care in primary care settings was published in January 2011. Development of primary care conceptual models and reference frameworks for the elderly and children will start in 2011-12.

(c) Enrolment of doctors and dentists in the respective sub-directories of Primary Care Directory started in December 2010. The Directory will be launched in March 2011 to help the public identify primary care practitioners who can cater for their individual needs. We will start developing a sub-directory of Chinese medicine practitioners in 2011-12. The sub-directories of nurses and other allied health professionals will be developed at a later stage.

(d) Various pilot projects based on different CHC-type models with healthcare professionals and providers from the public sector, private sector, non-governmental organisations and universities are being explored. A purpose-built CHC in Tin Shui Wai will be established in the first half of 2012. We will continue to plan CHC pilot projects in consultation with the relevant stakeholders.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)136

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2619

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

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

It is estimated by the Department of Health (DH) that the directorate posts and the non-directorate posts will increase by two posts and 125 posts respectively in 2011-12. In this connection, please provide the following information-

(a) Please list out the distribution of the posts to be deleted and created under each Programme in terms of ranks, functions and offices.

(b) Please list out the establishment and strength of each rank in DH in 2010-11 and the estimated figures in 2011-12.

Asked by: Hon. LI Fung-ying

Reply:

(a) Details of the net increase of two directorate and 125 non-directorate posts are at Annex A.

(b) Details of the projected establishment as at 31.3.2011 and 31.3.2012 and the actual strength as at 1.3.2011 are at Annex B. As the strength position for 2011-12 will depend on the progress of recruitment exercises and intake of candidates, the information is thus not available at the present moment.

Signature

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Creation and Deletion of Posts in Department of Health in 2011-12

Service	Function / Rank	No. of posts to be created/deleted
Programme 1 – Statutory Functions		
Pharmaceutical Service	**Head of office /**	
	Assistant Director of Health [Note]	1
	Professional support /	
	Chief Pharmacist [Note]	1
	Senior Pharmacist	2
	Pharmacist	14
	Scientific Officer (Medical)	5
	Administrative and general support /	
	Chief Executive Officer	1
	Executive Officer II	2
	Personal Secretary I	1
	Clerical Officer	2
	Assistant Clerical Officer	5
	Clerical Assistant	4
Office for Registration of Health Care Institutions	**Medical support /**	
	Senior Medical & Health Officer	1
	Medical & Health Officer	1
	Nursing support /	
	Nursing Officer	1
	Registered Nurse	1
	Administrative and general support /	
	Assistant Clerical Officer	1
	Clerical Assistant	1

Service	Function / Rank	No. of posts to be created/deleted
Chinese Medicine Division	**Professional Support /**	
	Senior Pharmacist	1
	Pharmacist	2
	Scientific Officer (Medical)	3
	Administrative and general support /	
	Assistant Clerical Officer	1
Tobacco Control Office	**Enforcement /**	
	Overseer	1
	Senior Foreman	2
	Foreman	8
	Administrative and general support /	
	Assistant Clerical Officer	3
Port Health Office	**Enforcement /**	
	Foreman	2
	Administrative and general support /	
	Office Assistant	-1
Radiation Health Unit	**Administrative and general support /** Office Assistant	-1
Sub-total:		***65***
Programme 2 – Disease Prevention		
Family Health Service	**Medical support /**	
	Medical & Health Officer	7
	Nursing support /	
	Registered Nurse	27
	Professional support /	
	Speech Therapist	2
	Administrative and general support /	
	Clerical Assistant	2

Service	Function / Rank	No. of posts to be created/deleted
Public Health Laboratory Services Branch	**Technical support /**	
	Medical Technologist	2
	Medical Laboratory Technician II	5
Programme Management and Professional Development Branch	**Technical support /**	
	Senior Systems Manager	1
	Administrative and general support /	
	Senior Executive Officer	-1
	Executive Officer II	-1
	Assistant Clerical Officer	-1
Finance and Supplies Division	**Administrative and general support /**	
	Accounting Officer I	-3
	Assistant Clerical Officer	-1
Non-communicable Disease Division	**Professional support /**	
	Scientific Officer (Medical)	1
Clinical Genetic Service	**Medical support /**	
	Medical & Health Officer	1
	Nursing support /	
	Registered Nurse	1
	Technical support /	
	Medical Technologist	1
Elderly Health Service	**Professional support /**	
	Senior Clinical Psychologist	1
	Clinical Psychologist	-1
	Senior Occupational Therapist	1
	Occupational Therapist I	-1
Communicable Disease Division	**Administrative and general support /**	
	Statistical Officer II/Student Statistical Officer	2

Service	Function / Rank	No. of posts to be created/deleted
Student Health Service	**Administrative and general support /**	
	Office Assistant	-1
Sub-total:		***44***
Programme 4 – Curative Care		
Tuberculosis and Chest Service	**Technical support /**	
	Radiographer II	1
	Radiographic Technician	-1
	Darkroom Technician	-1
	Administrative and general support /	
	Office Assistant	-2
Dental Service	**Administrative and general support /**	
	Office Assistant	-1
Sub-total:		***-4***
Programme 7 – Medical and Dental Treatment for Civil Servants		
Dental Service	**Dental/Para-dental support /**	
	Dental Officer	9
	Senior Dental Surgery Assistant	1
	Dental Surgery Assistant	9
	Administrative and general support /	
	Assistant Supplies Officer	1
	Assistant Clerical Officer	1
	Clerical Assistant	2
	Office Assistant	-2
	Workman II	1
Sub-total:		***22***
Posts supporting more than one programme		

Service	Function / Rank	No. of posts to be created/deleted
Principal Medical & Health Officer(3)'s Office	**Professional support /**	
	Scientific Officer (Medical)	1
Departmental Administration Section	**Administrative and general support /**	
	Executive Officer I	1
	Executive Officer II	1
	Senior Clerical Officer	1
	Assistant Clerical Officer	1
	Typist	-2
Clinic Administration and Planning Section	**Administrative and general support /**	
	Hospital Administrator I	2
	Hospital Administrator II	-2
	Office Assistant	-1
	Property Attendant	-4
Finance and Supplies Division	**Administrative and general support /**	
	Senior Treasury Accountant	1
Internal Audit Section	**Administrative and general support /**	
	Treasury Accountant	1
Sub-total:		***0***
Total :		**127**

Note: Directorate posts

Annex B

Projected Establishment and Strength of Department of Health

Rank	Projected establishment as at 31.3.2011	Strength as at 1.3.2011	Projected establishment as at 31.3.2012
Director of Health	1	1	1
Deputy Director of Health	1	1	1
Assistant Director of Health	6	5	7
Consultant	20	20	20
Principal Medical & Health Officer	13	13	13
Senior Medical & Health Officer	120	95	121
Medical & Health Officer	311	327	320
Controller, Centre for Health Protection	1	2	1
Dental Consultant	9	8	9
Principal Dental Officer	1	1	1
Senior Dental Officer	54	48	54
Dental Officer	199	199	208
Chief Pharmacist	1	1	2
Senior Pharmacist	11	9	14
Pharmacist	69	75	85
Scientific Officer (Medical)	65	63	75
Principal Nursing Officer	1	1	1
Chief Nursing Officer	3	2	3
Senior Nursing Officer	19	18	19
Nursing Officer	291	271	292
Registered Nurse	768	792	797
Enrolled Nurse	198	192	198
Senior Inoculator	4	4	4

Inoculator	28	28	28
Midwife	5	4	5
Dental Hygienist	11	10	11
Dental Inspector	1	1	1
Senior Dental Surgery Assistant	47	43	48
Dental Surgery Assistant	232	234	241
Senior Dental Technologist	1	1	1
Dental Technologist	2	2	2
Dental Technician I	36	33	36
Dental Technician II	8	9	8
Tutor Dental Therapist	2	2	2
Senior Dental Therapist	28	26	28
Dental Therapist	272	264	272
Chief Medical Technologist	1	1	1
Senior Medical Technologist	18	16	18
Medical Technologist	92	90	95
Medical Laboratory Technician I	18	18	18
Medical Laboratory Technician II	124	124	129
Chief Dispenser	3	0	3
Senior Dispenser	20	17	20
Dispenser	37	38	37
Senior Radiographer	3	3	3
Radiographer I	13	13	13
Radiographer II	21	19	22
Radiographic Technician	5	4	4
Senior Clinical Psychologist	1	1	2
Clinical Psychologist	29	28	28
Senior Dietitian	1	1	1
Dietitian	13	13	13

Senior Occupational Therapist	0	0	1
Occupational Therapist I	14	14	13
Senior Physiotherapist	1	0	1
Physiotherapist I	12	13	12
Optometrist	12	12	12
Senior Physicist	2	2	2
Physicist	9	9	9
Speech Therapist	9	9	11
Orthoptist I	4	3	4
Orthoptist II	0	1	0
Occupational Hygienist/Assistant Occupational Hygienist	2	2	2
Electrical Technician	4	4	4
Overseer	3	3	4
Senior Foreman	22	22	24
Foreman	68	70	78
Senior Hospital Foreman	3	3	3
Hospital Foreman	8	7	8
Mortuary Officer	7	7	7
Mortuary Technician	3	3	3
Mortuary Attendant	28	27	28
Senior Electronics Engineer	2	1	2
Electronics Engineer/Assistant Electronics Engineer	0	4	0
Senior Health Inspector	3	2	3
Health Inspector I/II	20	20	20
Social Work Officer	1	1	1
Assistant Social Work Officer	3	3	3
Superintendent of Police	1	1	1
Chief Inspector of Police	2	2	2

Police Sergeant	4	4	4
Land Surveyor/Assistant Land Surveyor	0	1	0
Senior Systems Manager	1	1	2
Systems Manager	5	5	5
Analyst/Programmer I	5	6	5
Analyst/Programmer II	4	1	4
Computer Operator I	2	2	2
Administrative Officer Staff Grade C	1	1	1
Senior Administrative Officer	1	0	1
Administrative Officer	0	1	0
Senior Principal Executive Officer	1	1	1
Principal Executive Officer	2	2	2
Chief Executive Officer	6	6	7
Senior Executive Officer	42	34	41
Executive Officer I	60	57	61
Executive Officer II	59	47	61
Chief Hospital Administrator	1	1	1
Senior Hospital Administrator	10	6	10
Hospital Administrator I	12	11	14
Hospital Administrator II	27	32	25
Chief Treasury Accountant	1	1	1
Senior Treasury Accountant	1	1	2
Treasury Accountant	4	5	5
Senior Accounting Officer	2	1	2
Accounting Officer I	7	5	4
Accounting Officer II	7	7	7
Senior Statistician	1	1	1
Statistician	4	4	4
Statistical Officer I	9	9	9

Statistical Officer II/Student Statistical Officer	38	39	40
Chief Information Officer	1	1	1
Senior Information Officer	2	1	2
Information Officer	3	1	3
Senior Official Languages Officer	1	1	1
Official Languages Officer I	2	2	2
Official Languages Officer II	3	3	3
Calligraphist	1	1	1
Librarian	3	3	3
Senior Clerical Officer	14	13	15
Clerical Officer	96	84	98
Assistant Clerical Officer	380	310	390
Clerical Assistant	504	496	513
Office Assistant	65	52	56
Confidential Assistant	3	3	3
Senior Personal Secretary	2	1	2
Personal Secretary I	24	23	25
Personal Secretary II	20	22	20
Supervisor of Typing Services	0	1	0
Senior Typist	0	1	0
Typist	4	8	2
Telephone Operator	2	2	2
Senior Supplies Officer	1	1	1
Supplies Officer	2	2	2
Assistant Supplies Officer	2	2	3
Supplies Supervisor I	5	4	5
Supplies Supervisor II	17	17	17
Supplies Assistant	14	15	14
Supplies Attendant	4	4	4

Senior Training Officer	1	1	1
Training Officer I	1	1	1
Transport Services Officer II	1	1	1
Motor Driver	55	58	55
Photographer I	3	3	3
Artisan	10	9	10
Darkroom Technician	13	9	12
Laboratory Attendant	61	61	61
Ganger	1	1	1
Property Attendant	34	33	30
Workman I	5	2	5
Workman II	474	402	475
Total :	**5 632**	**5 383**	**5 759**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)137

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0903

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the incorporation of more drugs into the Hospital Authority (HA) Drug Formulary as mentioned by the Financial Secretary in his Budget Speech, please provide the following information :

(a) Please list the names and targeted illnesses of the new drugs to be incorporated into the HA Drug Formulary, the category that these drugs are currently classified for subsidy, the category that these drugs will be classified for subsidy after expansion of the Drug Formulary, the estimated number of patients benefitted and the additional expenditure involved in each of the drugs to be incorporated into the HA Drug Formulary;

(b) Please list the names of drugs for treating cancer that financial assistance is currently available under the Samaritan Fund and the targeted types of cancer. Please provide a breakdown by drug of the number of patients receiving financial assistance from the Samaritan Fund in 2010-11 and the amount of subsidy granted, as well as the amount paid by patients or their families as part of the drug costs.

(c) Please list the names of all drugs for treating cancer that HA patients currently have to purchase at their own expense and the targeted types of cancer. Please provide a breakdown by drug of the number of patients who need to purchase these drugs at their own expense in 2010-11, the estimated amount that each patient have to pay for each month, and the estimated additional expenditure required annually for HA to purchase these drugs if they are provided as subsidised drugs by HA.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a)

The Government has earmarked additional recurrent funding of $237 million to the Hospital Authority (HA) to incorporate a cancer drug as special drug in the Drug Formulary (the Formulary) and expand the clinical applications of eight drug classes in 2011-12. All the eight drug classes are special drugs in the Formulary. The table below sets out the names of drugs/drug classes, their therapeutic use as well as the estimated number of patients who will benefit and the estimated expenditure involved for each drug/drug class each year.

Drug name/class	Therapeutic use	Estimated number of patients benefited	Estimated expenditure involved ($ million)
Incorporation of drug			
1. Capecitabine	Oral drug treatment for colorectal cancer	1 000	20
Expansion of clinical applications			
2. Traditional and recombinant insulin, DDP-IV inhibitor	Treatment for diabetic mellitus	29 000	38
3. Long-acting bronchodilators	Treatment for chronic obstructive pulmonary disease	7 500	44
4. Angiotensin II Receptor Blockers	Treatment for cardiovascular diseases	6 000	10
5. Atypical antipsychotic drugs (long acting oral and injection)	Treatment for mental illness	4 000	40
6. Epoetins	Treatment for renal anaemia	2 500	44
7. Glaucoma eye drops	Treatment for glaucoma	1 000	5
8. Antivirals	Treatment for Hepatitis B	1 300	26
9. Oral iron chelators	Treatment for thalassaemia major	50	10

The Formulary is developed by evaluating new drugs and reviewing prevailing list of drugs on a regular basis under an established mechanism. The Drug Advisory Committee (DAC) regularly appraises new drugs, while the Drug Utilization Review Committee (DURC) conducts periodic review on existing drugs in the Formulary. The two committees are supported by expert panels which provide specialist views on the selection of drugs for individual specialties. The review process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness. The committees and expert panels also take into account relevant factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost, and views of professionals and patient groups, etc.

As part of the continuous efforts to enhance its transparency and partnership with the community, HA has established in 2009 a formal consultation mechanism under which annual consultation meetings will be convened to inform patient groups of the latest developments of the Formulary. Patient groups will be invited to submit their views and propose any changes to the Formulary after the meeting. Their views and suggestions will then be presented to the relevant committees for consideration.

(b)

The table below sets out the names of cancer drugs and their indications as covered by the Samaritan Fund as well as the corresponding number of applications approved, the amount of subsidies granted and the amount of patient contribution in 2010-11 (up to 31 December 2010).

Cancer drugs and indications	2010-11 (Up to 31 December 2010)		
	Number of applications approved	**Amount of subsidy granted ($ million)**	**Amount of patient contribution ($ million)**
1. Bortezomib for multiple myeloma	28	3.56	0.46
2. Cetuximab for initial treatment of locally advanced squamous cell carcinoma of head and neck	20	1.39	0.05
3. Dasatinib for Imatinib-resistant chronic myeloid leukaemia	7	1.74	0.01
4. Imatinib			
a) for acute lymphoblastic leukaemia	12	1.87	0.69
b) for chronic myeloid leukaemia	147	21.76	2.46
c) for gastrointestinal stromal tumour	74	9.70	1.02
5. Interferon for chronic myeloid leukaemia	1	0.11	-
6. Nilotinib for Imatinib-resistant chronic myeloid leukaemia	29	7.65	0.46
7. Oxaliplatin for adjuvant resected colon cancer	57	1.70	0.34
8. Pemetrexed for malignant pleural mesothelioma	3	0.27	0.04
9. Rituximab			
a) for malignant lymphoma	123	8.77	2.02
b) for maintenance therapy for relapsed follicular lymphoma	3	0.14	0.01
10. Trastuzumab			
a) for HER2 overexpressed metastatic breast cancer	58	3.62	0.53
b) for HER2 positive early breast cancer	192	24.98	6.49
Total	**754**	**87.26**	**14.58**

(c)

At present, there are 14 self-financed cancer drugs, which are not covered by the Samaritan Fund or the standard fees and charges of public hospitals. The table below sets out the number of patients who purchased these drugs through HA and the corresponding expenditure involved in 2010-11 (up to 31 December 2010). The average monthly expenditure on these drugs of each patient is not available.

Drug name	**Therapeutic use**	**2010-11 (Up to 31 December 2010)**	
		Number of patients who purchased the self-financed drugs through HA (Note)	**Amount of expenditure involved ($ million)**
1. Azacitidine	Treatment for leukemia	4	0.55
2. Bevacizumab	Treatment for colorectal cancer	196	13.80
3. Bicalutamide	Treatment for Prostate cancer	214	1.59
4. Capecitabine	Treatment for colorectal, gastric and breast cancer	1 794	16.92
5. Doxorubicin	Treatment for ovarian cancer	38	0.84
6. Erlotinib	Treatment for lung cancer	616	26.01
7. Estramustine	Treatment for prostate cancer	4	0.03
8. Gefitinib	Treatment for lung cancer	784	41.65
9. Gemcitabine	Treatment for breast, lung, pancreas, ovarian, bladder cancer	623	4.78
10. Lapatinib	Treatment for breast cancer	108	6.95
11. Sorafenib	Treatment for liver cancer	227	11.26
12. Sunitinib	Treatment for renal, gastrointestinal cancer	70	3.79
13. Temozolomide	Treatment for brain cancer	88	4.86
14. Topotecan	Treatment for lung and ovarian cancer	40	0.50
	Total	**4 806**	**133.53**

Note

Up to 31 December 2010, a total of 4 318 patients purchased the self-financed cancer drugs through HA. Some of these patients purchased more than one self-financed cancer drugs in the reporting period.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)138

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0959

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With reference to the specialist outpatient services at various hospitals under the Hospital Authority (HA) (including ear, nose and throat; gynaecology; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery and psychiatry), will the Administration advise on the numbers of new cases triaged respectively as first priority, second priority and routine categories in 2009-10 and 2010-11 and their respective percentages. Among the above cases of different priorities, what are the respective lower quartile, median and upper quartile of the waiting time, and the longest waiting time for consultation appointments at HA hospitals?

Asked by: Hon. LEE Cheuk-yan

Reply:

The tables below set out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine, their respective percentages in the total number of specialist outpatient new cases, and their respective lower quartile (25^{th} percentile), median (50^{th} percentile), upper quartile (75^{th} percentile) and the longest (90^{th} percentile) waiting time in each hospital cluster for 2009-10 and 2010-11 (up to December 2010).

2009-10

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKE	ENT	1 487	19%	<1	<1	<1	<1	2 778	35%	2	3	4	5	3 611	46%	20	20	20	21
	MED	2 388	22%	<1	1	1	2	3 837	35%	2	4	7	7	4 750	43%	3	9	26	42
	GYN	1 153	23%	<1	1	1	2	346	7%	4	5	6	7	3 470	70%	11	14	16	18
	OPH	5 442	45%	<1	<1	1	1	1 366	11%	4	6	8	8	5 209	43%	10	16	25	27
	ORT	1 748	22%	<1	<1	1	1	2 079	26%	4	5	7	7	4 105	52%	11	19	29	61
	PAE	1 191	52%	<1	<1	<1	1	872	38%	3	6	7	8	240	10%	11	13	15	19
	PSY	688	18%	<1	<1	1	2	658	17%	<1	1	4	6	2 460	65%	<1	3	13	41
	SUR	1 977	17%	<1	1	1	2	3 593	30%	4	7	7	8	6 262	53%	12	18	39	123
HKW	ENT	232	4%	<1	<1	<1	1	762	13%	<1	1	2	4	4 688	82%	2	5	9	14
	MED	241	2%	<1	<1	1	1	801	8%	2	3	5	7	8 623	89%	2	7	16	25
	GYN	791	11%	<1	<1	1	2	760	10%	4	6	7	8	5 362	71%	2	13	17	72
	OPH	2 874	40%	<1	<1	1	2	1 113	15%	4	6	8	8	3 244	45%	47	52	53	56
	ORT	388	4%	<1	<1	1	2	1 410	15%	1	2	4	6	7 781	81%	4	14	32	37
	PAE	408	12%	<1	<1	1	1	953	28%	2	5	6	7	2 055	60%	13	17	26	38
	PSY	268	8%	<1	<1	1	2	660	19%	1	2	4	5	2 562	73%	3	16	52	95
	SUR	1 904	15%	<1	1	1	2	2 032	16%	3	4	6	8	8 513	68%	2	12	52	138
KC	ENT	1 422	10%	<1	<1	<1	<1	1 909	14%	<1	1	1	1	10 683	76%	<1	1	1	2
	MED	1 343	13%	<1	<1	1	1	1 092	11%	4	4	5	7	7 240	72%	12	15	23	37
	GYN	779	17%	<1	<1	1	1	1 674	38%	3	5	7	7	1 986	45%	4	9	11	26
	OPH	8 198	35%	<1	<1	<1	1	4 843	21%	1	3	6	7	9 801	42%	32	35	36	37
	ORT	361	6%	<1	1	1	1	621	10%	2	3	5	6	4 801	75%	13	23	51	70
	PAE	445	25%	<1	<1	<1	1	205	12%	3	4	7	7	1 115	63%	3	8	9	10
	PSY	472	17%	<1	<1	1	1	1 147	41%	1	3	4	6	1 202	43%	3	8	15	25
	SUR	2 388	16%	<1	1	1	2	2 510	17%	3	4	7	8	9 759	66%	17	25	30	37
KE	ENT	1 856	21%	<1	<1	1	1	1 766	20%	5	7	7	7	5 131	59%	15	21	23	24
	MED	2 423	15%	<1	1	1	2	4 918	30%	5	7	7	8	9 147	55%	12	54	79	90
	GYN	1 448	20%	<1	1	1	1	822	11%	6	7	7	8	4 999	69%	15	64	85	102
	OPH	4 842	34%	<1	<1	1	1	3 750	26%	7	7	7	8	5 688	40%	113	135	146	150
	ORT	3 881	27%	<1	<1	1	1	2 676	19%	4	6	7	7	7 603	54%	25	63	93	113
	PAE	844	25%	<1	<1	<1	1	619	19%	3	6	7	7	1 879	56%	3	14	37	40
	PSY	708	11%	<1	1	1	1	1 889	31%	2	3	5	7	3 475	56%	6	15	39	65
	SUR	1 756	8%	<1	1	1	1	5 872	28%	6	7	8	8	13 223	63%	27	99	111	122

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KW	ENT	4 050	28%	<1	<1	1	1	3 045	21%	4	6	7	8	7 603	52%	15	24	69	78
	MED	3 459	13%	<1	<1	1	1	6 556	25%	4	6	7	8	16 452	62%	24	36	43	50
	GYN	1 156	9%	<1	<1	1	2	2 141	17%	3	5	7	8	8 878	72%	4	12	24	36
	OPH	5 887	34%	<1	<1	<1	<1	4 143	24%	1	2	3	4	7 467	43%	4	6	18	21
	ORT	5 028	24%	<1	<1	1	1	4 279	20%	4	6	7	9	11 782	56%	24	59	64	74
	PAE	2 845	41%	<1	<1	<1	1	1 254	18%	3	4	6	7	2 605	38%	4	7	8	10
	PSY	610	6%	<1	<1	1	1	1 260	13%	1	4	6	8	8 036	81%	<1	5	15	40
	SUR	4 887	14%	<1	1	1	1	9 940	28%	4	6	7	7	20 629	58%	14	42	90	146
NTE	ENT	4 259	30%	<1	<1	1	2	2 668	19%	3	4	6	7	7 404	52%	24	32	57	66
	MED	2 807	17%	<1	<1	1	1	2 816	17%	4	5	7	8	10 189	63%	16	35	47	74
	GYN	1 370	12%	<1	<1	1	2	1 411	12%	3	4	6	7	7 916	70%	13	18	29	52
	OPH	6 937	39%	<1	<1	<1	1	2 371	13%	3	4	5	8	8 564	48%	17	50	52	53
	ORT	6 122	33%	<1	<1	<1	1	2 293	12%	3	5	7	8	10 074	54%	24	50	68	85
	PAE	607	16%	<1	<1	1	2	732	19%	3	5	7	8	2 392	63%	17	30	38	45
	PSY	1 506	19%	<1	1	1	2	1 736	22%	2	3	6	7	4 443	55%	3	15	43	87
	SUR	2 402	12%	<1	<1	1	2	2 832	14%	3	5	6	8	14 957	74%	17	37	56	100
NTW	ENT	3 424	32%	<1	<1	<1	1	956	9%	3	4	5	7	6 308	59%	13	92	94	96
	MED	1 720	15%	1	1	2	2	2 302	20%	4	7	7	8	7 746	66%	8	36	41	43
	GYN	997	18%	<1	1	1	2	1 330	24%	3	4	6	7	3 265	58%	10	12	17	39
	OPH	5 450	33%	<1	<1	<1	<1	1 076	6%	<1	1	5	8	10 103	61%	7	19	34	38
	ORT	1 823	16%	<1	<1	1	1	1 491	13%	3	4	6	7	7 916	70%	25	26	27	34
	PAE	82	4%	<1	1	1	2	476	22%	3	5	6	7	1 643	75%	17	20	22	23
	PSY	821	15%	<1	<1	1	1	1 779	32%	1	2	4	6	2 874	52%	1	5	16	32
	SUR	1 428	8%	<1	1	1	2	2 415	13%	3	4	6	7	14 605	79%	12	26	28	30

2010-11 (April to December 2010)

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKE	ENT	1 187	19%	<1	<1	<1	<1	2 170	36%	2	5	6	8	2 748	45%	20	20	21	27
	MED	1 873	21%	<1	1	1	2	2 951	33%	2	4	6	7	4 163	46%	6	12	34	45
	GYN	977	25%	<1	<1	1	2	285	7%	3	4	6	7	2 627	68%	11	15	18	25
	OPH	4 146	41%	<1	<1	1	1	1 285	13%	4	7	8	8	4 585	46%	11	13	17	45
	ORT	1 480	21%	<1	<1	1	1	2 027	29%	4	5	7	7	3 427	49%	10	18	30	35
	PAE	194	17%	<1	1	1	1	768	67%	3	5	7	7	186	16%	7	8	9	12
	PSY	519	19%	<1	<1	1	2	581	21%	<1	<1	3	6	1 644	60%	<1	4	16	23
	SUR	1 506	17%	<1	1	1	2	2 930	32%	4	6	7	8	4 645	51%	10	13	36	120
HKW	ENT	282	6%	<1	<1	<1	1	676	15%	2	3	5	6	3 673	79%	3	8	10	12
	MED	278	3%	<1	<1	1	2	685	8%	2	4	6	6	7 084	88%	4	11	18	30
	GYN	836	17%	<1	<1	1	2	580	12%	4	5	6	7	3 057	62%	12	13	19	90
	OPH	2 695	43%	<1	<1	1	2	829	13%	5	7	8	8	2 719	44%	48	52	52	52
	ORT	376	5%	<1	<1	1	2	848	12%	2	3	5	6	5 954	83%	6	14	23	37
	PAE	346	13%	<1	<1	1	1	860	31%	3	6	7	8	1 521	56%	14	17	38	49
	PSY	240	8%	<1	<1	1	1	574	19%	1	2	4	5	2 160	72%	2	7	37	111
	SUR	1 326	15%	<1	<1	1	2	1 440	16%	3	4	6	7	6 325	69%	3	14	52	141
KC	ENT	1 043	10%	<1	<1	<1	<1	1 537	14%	<1	1	1	3	8 169	76%	1	1	3	4
	MED	1 007	13%	<1	<1	1	1	829	11%	3	4	5	6	5 793	74%	11	14	17	41
	GYN	502	14%	<1	1	1	1	1 096	32%	3	5	7	8	1 868	54%	9	11	17	28
	OPH	7 290	37%	<1	<1	<1	1	3 769	19%	2	6	7	8	7 795	39%	27	37	40	41
	ORT	207	4%	<1	1	1	1	506	10%	2	3	5	6	4 173	78%	13	27	44	49
	PAE	353	23%	<1	<1	1	1	101	7%	2	3	3	4	1 047	69%	3	7	8	11
	PSY	359	17%	<1	<1	1	1	778	37%	2	4	7	7	938	45%	3	12	26	40
	SUR	1 856	16%	<1	1	1	1	2 198	19%	2	3	6	7	7 639	65%	18	20	22	32
KE	ENT	1 533	19%	<1	<1	1	1	1 575	19%	3	6	7	8	4 986	62%	11	22	26	30
	MED	1 931	15%	<1	1	1	2	3 670	28%	4	7	8	8	7 640	58%	11	23	46	54
	GYN	1 042	19%	<1	1	1	1	739	13%	5	7	7	8	3 820	68%	14	93	108	124
	OPH	4 175	35%	<1	<1	1	1	2 745	23%	7	7	7	8	5 002	42%	21	120	155	160
	ORT	2 979	25%	<1	<1	1	1	2 213	19%	5	6	7	11	6 513	56%	28	43	75	99
	PAE	745	25%	<1	<1	<1	1	472	16%	3	6	7	7	1 718	59%	9	15	23	27
	PSY	378	8%	<1	1	1	1	1 324	27%	1	3	5	7	3 124	64%	4	15	38	81
	SUR	1 226	8%	<1	1	1	1	4 577	28%	5	7	7	8	10 513	64%	25	95	117	127

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)				Number of new cases	% of new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KW	ENT	2 715	24%	<1	<1	1	1	2 476	22%	4	6	7	8	6 023	54%	14	21	57	64
	MED	2 647	12%	<1	<1	1	1	5 092	24%	4	6	7	7	13 692	64%	20	36	45	51
	GYN	894	10%	<1	1	1	2	1 694	18%	3	5	7	7	6 545	71%	5	12	21	24
	OPH	4 667	33%	<1	<1	<1	<1	3 604	26%	4	5	6	7	5 801	41%	7	13	22	35
	ORT	3 504	22%	<1	<1	1	1	3 311	21%	4	6	8	16	8 931	57%	37	60	76	89
	PAE	2 330	38%	<1	<1	<1	1	697	11%	3	4	6	7	2 841	47%	4	8	9	11
	PSY	391	5%	<1	<1	1	1	810	10%	<1	3	5	6	6 781	85%	<1	6	16	30
	SUR	3 538	13%	<1	<1	1	1	5 887	22%	3	5	6	7	17 381	65%	9	26	94	105
NTE	ENT	3 199	28%	<1	<1	1	2	2 005	18%	3	4	6	7	6 096	54%	23	43	65	71
	MED	2 190	17%	<1	<1	1	1	2 221	17%	4	5	6	8	8 367	64%	20	35	52	69
	GYN	1 083	13%	<1	<1	1	2	789	9%	2	4	6	7	5 964	70%	15	21	42	71
	OPH	5 485	36%	<1	<1	<1	1	2 298	15%	3	4	7	8	7 352	48%	22	47	58	65
	ORT	5 064	33%	<1	<1	<1	1	1 812	12%	3	5	7	8	8 524	55%	19	63	69	88
	PAE	474	14%	<1	1	1	2	431	13%	3	4	6	8	2 407	72%	8	15	25	38
	PSY	1 098	16%	<1	<1	1	2	1 336	20%	2	4	6	7	3 913	59%	8	21	52	108
	SUR	2 016	13%	<1	<1	1	2	2 463	16%	3	4	6	8	10 882	70%	16	39	55	81
NTW	ENT	2 531	29%	<1	<1	<1	1	776	9%	3	4	5	7	5 310	62%	12	48	62	97
	MED	1 286	14%	1	1	2	2	1 958	22%	4	6	7	8	5 689	64%	7	40	44	46
	GYN	825	19%	<1	1	2	2	1 050	24%	3	5	7	8	2 574	58%	10	14	19	39
	OPH	4 524	32%	<1	<1	<1	<1	1 282	9%	<1	1	3	6	8 168	58%	2	13	39	48
	ORT	1 374	15%	<1	<1	1	1	1 038	11%	3	4	6	7	6 804	74%	26	30	34	39
	PAE	253	14%	<1	1	1	2	270	15%	2	3	4	5	1 269	71%	13	13	14	15
	PSY	597	14%	<1	1	1	2	1 391	32%	1	3	5	7	2 289	53%	3	7	13	15
	SUR	1 037	7%	<1	<1	1	1	1 674	11%	3	4	6	7	12 292	82%	12	25	27	28

Abbreviations

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

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

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)139

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0960

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With reference to the specialist obstetric service for outpatients at the various hospitals under the Hospital Authority, will the Administration advise on the number of new cases and the respective lower quartile, median and upper quartile of the waiting time, and the longest waiting time for consultation appointments in 2009-10 and 2010-11?

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number of new cases of obstetric specialist outpatient service, and the respective lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and the longest (90th percentile) waiting time in each hospital cluster for 2009-10 and 2010-11(up to 31 December 2010).

Cluster	**2009-10**					**2010-11** (up to 31 December 2010)				
	Number of new cases	**Waiting Time (weeks)**				**Number of new cases**	**Waiting Time (weeks)**			
		25th	**50th**	**75th**	**90th**		**25th**	**50th**	**75th**	**90th**
		percentile					**percentile**			
HKE	4 308	<1	1	2	3	4 057	<1	1	2	3
HKW	4 754	<1	1	2	2	3 887	1	1	2	3
KC	6 483	2	5	7	11	4 270	1	5	7	8
KE	6 163	<1	1	2	4	5 200	<1	2	4	5
KW	12 432	4	7	10	12	10 871	3	6	9	11
NTE	10 899	<1	3	5	6	8 614	1	4	7	9
NTW	4 410	1	2	9	11	3 108	1	2	7	11

Abbreviations

HKE – Hong Kong East
HKW – Hong Kong West
KC – Kowloon Central
KE – Kowloon East
KW – Kowloon West
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Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)140

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0961

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the average unit costs of out-patient services of each specialty in all Hospital Authority hospital clusters (including Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine, Surgery and Psychiatry) in 2009-10 and 2010-11.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the average cost per specialist out-patient attendance in different specialties by hospital clusters under the Hospital Authority (HA) for 2009-10.

2009-10	**Average cost per out-patient attendance ($)**							
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	**HA Overall**
Ear, Nose and Throat	750	640	580	660	520	780	650	640
Gynaecology	850	920	820	680	660	550	720	720
Obstetrics	850	920	820	680	660	550	720	720
Medicine	1,320	1,520	1,430	1,420	1,260	1,570	1,570	1,410
Ophthalmology	460	400	450	410	380	510	380	430
Orthopaedic and Traumatology	860	820	720	690	740	810	770	770
Paediatrics and Adolescent Medicine	1,060	1,500	1,080	840	1,050	950	960	1,070
Surgery	1,090	1,420	860	1,190	1,010	1,040	1,120	1,100
Psychiatry	850	1,120	910	870	960	920	990	950

The breakdown of the average cost per specialist out-patient attendance in hospitals under the HA by different specialties for 2010-11 is not yet available, only the projected overall average cost per out-patient attendance is provided.

2010-11	**Average cost per out-patient attendance ($)**							
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	**HA Overall**
Projected overall average cost per out-patient attendance	880	1,100	850	800	870	950	880	900

The cost of specialist out-patient consultations varies between different cases and different specialties owing to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. The cost also varies between different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including specialization of the specialties in the cluster. Thus clusters with more patients with more complex conditions or requiring more costly treatment would incur a higher average cost. Hence the average cost per specialist out-patient attendance cannot be directly compared between different clusters or specialties or with specific cases.

Abbreviations

HKE – Hong Kong East
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Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)141

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0962

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please give a breakdown of the occupancy rates for general beds and beds of various specialties, as well as the length of stay of patients concerned with regard to the Hospital Authority as a whole and the individual clusters in the years 2009-10 and 2010-11 respectively.

Asked by: Hon. LEE Cheuk-yan

Reply:

The tables below set out the bed occupancy rates for all general specialties and for major specialties; and the respective average length of stay (ALOS) in each hospital cluster under the Hospital Authority (HA) and in HA as a whole in 2009-10 and 2010-11 (up to December 2010).

2009-10	**Cluster**							**HA Overall**
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	
Overall for general beds (acute & convalescence)								
Bed occupancy rate	83%	71%	84%	82%	81%	85%	92%	**82%**
Inpatient ALOS (days)	5.3	6.3	6.8	5.0	5.5	6.4	5.1	**5.8**
Major specialties								
Gynaecology								
Bed occupancy rate	89%	67%	82%	68%	88%	56%	82%	**74%**
Inpatient ALOS (days)	2.4	2.8	2.8	2.8	2.3	2.3	2.0	**2.4**
Medicine								
Bed occupancy rate	89%	81%	95%	88%	90%	100%	98%	**92%**
Inpatient ALOS (days)	5.1	5.9	7.4	5.1	6.4	6.9	6.2	**6.2**
Obstetrics								
Bed occupancy rate	81%	69%	58%	68%	64%	67%	83%	**68%**
Inpatient ALOS (days)	3.1	3.0	3.1	3.2	2.8	3.0	2.8	**3.0**
Orthopaedics & Traumatology								
Bed occupancy rate	81%	69%	91%	90%	86%	82%	91%	**84%**
Inpatient ALOS (days)	5.9	8.4	11.6	6.9	7.7	9.2	9.6	**8.4**
Paediatrics and Adolescent Medicine								
Bed occupancy rate	85%	63%	67%	66%	63%	82%	81%	**70%**

2009-10	Cluster							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
Inpatient ALOS (days)	3.5	5.6	4.4	2.8	3.3	3.6	3.5	**3.6**
Surgery								
Bed occupancy rate	69%	84%	82%	76%	70%	84%	93%	**79%**
Inpatient ALOS (days)	3.7	6.1	5.0	4.0	4.0	5.8	4.0	**4.7**

2010-11 (up to December 2010)	Cluster							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
Overall for general beds (acute & convalescence)								
Bed occupancy rate	82%	72%	87%	86%	81%	86%	91%	**83%**
Inpatient ALOS (days)	5.2	6.2	6.9	4.9	5.4	6.1	5.1	**5.7**
Major specialties								
Gynaecology								
Bed occupancy rate	86%	59%	79%	70%	83%	59%	83%	**73%**
Inpatient ALOS (days)	2.5	2.5	2.6	2.6	2.1	2.2	1.9	**2.3**
Medicine								
Bed occupancy rate	87%	75%	98%	91%	89%	99%	97%	**91%**
Inpatient ALOS (days)	5.0	5.7	7.6	5.2	6.2	6.8	6.4	**6.1**
Obstetrics								
Bed occupancy rate	84%	67%	67%	78%	69%	71%	82%	**73%**
Inpatient ALOS (days)	3.1	3.1	3.1	3.1	2.8	3.0	2.7	**2.9**
Orthopaedics & Traumatology								
Bed occupancy rate	82%	67%	92%	93%	85%	86%	86%	**84%**
Inpatient ALOS (days)	5.9	9.2	11.5	6.7	7.1	9.4	9.4	**8.3**
Paediatrics and Adolescent Medicine								
Bed occupancy rate	80%	66%	73%	77%	64%	86%	82%	**73%**
Inpatient ALOS (days)	3.5	5.6	4.8	2.7	3.3	3.5	3.5	**3.6**
Surgery								
Bed occupancy rate	72%	83%	86%	77%	69%	86%	93%	**79%**
Inpatient ALOS (days)	3.8	6.0	5.0	4.1	3.9	5.2	3.9	**4.5**

Abbreviations

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Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)142

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0958

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by items of the numbers of applications approved and the expenditures incurred in 2009-10 and 2010-11 respectively under the Samaritan Fund managed by the Hospital Authority.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund in 2009-10 and 2010-11 (up to 31 December 2010):

Items	**2009-10**		**2010-11 (up to 31 December 2010)**	
	Number of applications approved	**Amount of subsidy granted ($ million)**	**Number of applications approved**	**Amount of subsidy granted ($ million)**
Cardiac Pacemakers	435	21.8	390	19.1
Percutaneous Transluminal Coronary Angioplasty and other consumables for interventional cardiology	1 640	56.6	1 277	43.1
Intraocular Lens	1 337	1.7	1 225	1.3
Home use equipment, appliances and consumables	69	0.6	58	0.6
Drugs	1 095	84.2	1 021	109.5
Gamma Knife Surgeries in private hospital	32	2.2	20	1.4
Harvesting bone marrow in foreign countries	13	1.8	10	1.2
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	115	1.2	83	0.9
Total	**4 736**	**170.1**	**4 084**	**177.1**

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)143

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0976

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Since 2007-08, the Health Branch has repeatedly stated that it would explore the setting up of "multi-partite medical centres of excellence" in the specialty areas of paediatrics and neuroscience in Hong Kong. In 2011-12, the Health Branch has once again stated that it will "prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong."

Last year, the Government pointed out that the relevant feasibility studies had commenced and were expected to be completed in June 2010. Will the Administration provide details on the findings of the studies, the progress of the initiative concerned, and the completion date, estimated expenditure, manpower and ranks involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

The establishment of the multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience will 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 advance the development of the two specialties in their treatment, research and training.

The Steering Committee chaired by the Permanent Secretary for Food and Health (Health), with membership comprising public and private medical professionals, academics and patients' groups, has agreed that the two centres will be built at Kai Tak.

On the Centre of Excellence in Paediatrics (CEP), consensus has been reached on its scale, facilities and sub-specialties to be set up in the CEP. It will adopt the "design and build" mode of delivery. The Technical Feasibility Study for the project has been completed. We are working with various stakeholders on the detailed design which would form the basis for the tendering exercise later.

As for the Centre of Excellence in Neuroscience (CEN), we will continue to work with the medical and academic experts as well as patients' groups on the details of its design.

The Administration will brief the Health Services Panel of LegCo in due course on the detailed timetable, estimated completion date, target number of patients, as well as estimated expenditure of the CEP after we have completed examination of the relevant issues. We will also seek the approval of the Finance Committee for funding. Similarly, we will do the same for CEN when we have worked out these details.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)144

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0977

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Last year, the Government said that it would announce in November 2010 the conditions of grant for the disposal of the four sites reserved for developing medical services. In this year's Budget Speech, the Financial Secretary has again indicated that the Administration is "formulating the arrangements to dispose of the sites in phases starting from end-2011 or 2012". Also, the Health Branch has stated in both last year's and this year's Estimates that it will "formulate arrangements for the disposal of four reserved sites for private hospital development in the light of market feedback received in the Expression of Interest Exercise". In this connection, will the Administration advise this Committee of:

(a) the reasons why the relevant land disposal arrangements have been delayed for one whole year; and

(b) the detailed situation of the land disposal arrangements at this stage, the date for announcing the conditions of grant, the schedule for the tendering exercise and the expected dates of commencement and completion of the projects?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Government has reserved four sites at Wong Chuk Hang (about 2.8 hectares), Tseung Kwan O (about 3.5 hectares), Tai Po (about 4.8 hectares) and Lantau (about 1.6 hectares) for private hospital development. We invited the market in December 2009 to March 2010 to express their interest in developing the sites. A total of 30 submissions have been received, comprising 12 for the Wong Chuk Hang site, three for the Tseung Kwan O site, six for the Tai Po site, and nine for the Lantau site. Among them, 21 are from local parties, seven from overseas parties and the remaining two from joint partnership of local and overseas parties. Most of the submissions contain a hospital development plan with proposed scope of service, which include various specialties, Chinese Medicine, etc.

In consideration of the suggestions and views in the submissions received, we are formulating the land disposal arrangements for the four reserved hospital sites, including the means and timing for land disposal, the detailed special requirements and the land premium. To ensure that the services provided by the new hospitals would be of good quality, cater for the needs of the general public, and help enhance the professional standards and ethics for furthering the development of medical services, the Government will formulate a set of special requirements for development of the sites, covering such aspects as scope of service, price transparency, service standard, etc. We plan to dispose of the sites in phases starting from end-2011 or 2012.

We will closely monitor the manpower requirements for healthcare professionals, and ensure an adequate supply of manpower for the development of medical services by encouraging the tertiary institutions to increase student places for relevant professions, including doctors, nurses and other allied health professions.

In addition, the Hospital Authority as the major provider of public healthcare services will continue to enhance the training and supply of nurses.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)145

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN / SUPPLEMENTARY QUESTION

Question Serial No.

0978

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch has stated that it will "continue to oversee the implementation of the registration system for proprietary Chinese medicines and strengthen the regulation of Chinese medicine". Since the registration system took effect in 2003, there have been over 10 000 applications for registration as a proprietary Chinese medicine (pCm) with 11 of them issued with a "Certificate of Registration of a pCm". In this connection, would the Administration please provide the following information:

(a) the classification categories of these 11 successfully registered pCms, i.e. "Established medicines category", "Non-established medicines category" or "New medicines category";

(b) the length of time for these 11 successfully registered pCms to complete the registration process (i.e. from submission of application to approval of application and to official issuance of a "Certificate of Registration of a pCm");

(c) which of these 11 successfully registered pCms are with submission of "clinical trial protocols and summary reports", and which of them have the relevant tests conducted in Hong Kong?

(d) whether the Administration has a plan to provide additional resources to assist the remaining over 10000 applications for pCm registration to proceed with their registration. If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The registration regime of proprietary Chinese medicines (pCm) is established under the Chinese Medicine Ordinance (CMO). The Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong (CMC) started to accept applications for registration of pCm from 19 December 2003. Under CMO, where a pCm was manufactured or sold in Hong Kong on 1 March 1999, the relevant manufacturer, importer or local agent/representative of a manufacturer outside Hong Kong may apply for transitional registration of the pCm before 30 June 2004.

CMB has assessed all the applications for transitional registration and issued "Notice of confirmation of transitional registration of pCm" for those applications in respect of which three acceptable basic test reports (i.e. on heavy metals and toxic element, pesticide residues and microbial limit) have been submitted.

CMB has also issued "Notice of confirmation of (non-transitional) registration" for pCm applications not eligible for transitional registration, provided that the aforementioned basic reports in respect of the pCm have been submitted.

Applications for registration of pCm must be accompanied by documents, information, reports, samples, etc. showing that the pCm concerned have met the registration requirements prescribed by CMB regarding their safety, quality and efficacy. Such pCm will be issued with "Certificate of Registration of pCm".

As of 1 March 2011, CMB received about 16 730 applications for registration of pCm, of which about 14 100 also applied for transitional registration. CMB had processed all the applications applied for transitional registration and issued about 9 150 "Notice of confirmation of transitional registration of pCm". Moreover, the CMB had issued about 2 130 "Notice of confirmation of (non-transitional) registration application of pCm". A total of 11 pCm have been issued with "Certificate of Registration" by CMB. All the 11 successfully registered pCm are under the "established medicine category".

(b) After the applicants have submitted all required registration documents supporting the safety, quality and efficacy of their pCm, their applications will be evaluated by the Chinese Medicines Committee (CMSC) as delegated by CMB to approve or reject the formal registration. For the 11 registered pCm, it took an average of about five months for CMSC to issue the Certificate of Registration.

(c) In accordance with the registration requirements for the "established medicine category" as set out in the "Registration of pCm Application Handbook" issued by CMB, none of the 11 cases was required to submit "Clinical trial protocol and summary report"

(d) There are no additional resources earmarked in 2011-12 for the Department of Health to process pCm registration. To help the trade understand the registration requirements, technical guidelines for pCm registration have been developed and related registration information on safety, quality, efficacy, label, package insert, quality specification, etc. has been promulgated through various channels, including the CMC website and the Chinese Medicines Traders Newsletter. Moreover, seminars will continue to be organised for the trade to familiarise with these requirements.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)146

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0982

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch states that it will "take forward recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong". What are the details of the recommendations, the implementation date, the expenditures involved, as well as the manpower requirements and the ranks involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

In 2011-12, a total of $27.8 million will be allocated to the Department of Health (DH) to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacists and 14 Pharmacists, five Scientific Officers (Medical) and 15 general grade posts will need to be created.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)147

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2750

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

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

In regard to the implementation of the Framework Agreement on Hong Kong/Guangdong Co-operation (the Framework Agreement) and growing co-operation between Hong Kong and the Mainland in recent years, please provide relevant information on Hong Kong/Mainland cross-boundary projects or programmes in which the Food and Health Bureau (Health Branch) and departments under its purview are or have been involved.

a) For Hong Kong/Mainland cross-boundary projects or programmes from 2008-09 to 2010-11, please provide information in the following format:

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

b) For Hong Kong/Mainland cross-boundary projects or programmes in 2011-12, please provide information in the following format:

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

c) Apart from the projects or programmes listed above, are there any other modes of cross-boundary co-operation? If yes, what are they? What were the manpower and expenditure involved in the past 3 years, and how much financial and manpower resources are earmarked in the 2011-12 Estimates?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

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

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

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

(iii) To make medical services more accessible;

(iv) To develop the Chinese medicine industry;

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

(vi) To promote drug safety and drug development.

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

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

Supplement V to the Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA) was signed on 29 July 2008. The liberalisation measures thereunder, in particular the Guangdong pilot measures, have facilitated business expansion of Hong Kong's medical service sector in Guangdong Province. These measures allow Hong Kong service providers to set up out-patient clinics on a wholly-owned, equity joint venture or contractual joint venture basis, with no minimum investment requirements. There is also no restriction on shareholding ratio for equity joint venture or contractual joint venture. The approval of projects is undertaken directly by the Guangdong Provincial Health Administrative Authority to reduce the lead time and streamline the procedures. Under Supplement VII to CEPA signed on 27 May 2010, the medical services market in Guangdong Province will be further expanded and opened up. Hong Kong service providers are allowed to establish wholly-owned hospitals in Guangdong Province. The approval for project establishment for setting up medical institutions by Hong Kong service providers on an equity joint venture or contractual joint venture basis in Guangdong Province will be undertaken by the Guangdong Provincial Health Administrative Authority. Twelve types of statutory registered healthcare professionals in Hong Kong are allowed to provide short-term services in the Mainland. We will continue to work in collaboration with the Mainland health authorities to explore other liberalisation measures for early and pilot implementation in Guangdong Province.

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

The Hospital Authority (HA) and the Guangdong Provincial Health Department have been organising mutual visits and exchange seminars on a regular basis. The issues discussed included hospital management, patient safety, drug management and emergency response measures of the two places. HA has since 2007 provided professional training courses for nurses in Guangdong Province to strengthen their knowledge and skills in specialist nursing. HA will continue to strengthen cooperation and exchange with Guangdong Province on the training of professionals.

(iii) To make medical services more accessible

HA and the Health Authority of Shenzhen have been exploring the arrangement to facilitate

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

(iv) To develop the Chinese medicine industry

Hong Kong conducts studies on the setting of standards for Chinese herbal medicines commonly used in Hong Kong in collaboration with the Mainland, regional and international experts. Among the universities and scientific research institutions that employ Chinese medicine experts, HA has from time to time invited Chinese medicine experts from the Mainland, including Guangdong Province, to provide academic guidance in Hong Kong. In November 2007, FHB and the State Administration of Traditional Chinese Medicine (SATCM) entered into a cooperation agreement on Chinese medicine, following which DH and the Chinese Medicine Council of Hong Kong have organised many visits and exchange activities with Chinese medicine institutions of the Mainland. We will continue to maintain close liaison with other provinces in the Mainland that produce Chinese herbal medicines for formulation of relevant cooperation plans as and when necessary.

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

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

(vi) To promote drug safety and drug development

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

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

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)148

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2771

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please give a detailed breakdown of the cost incurred by the Hospital Authority for each delivery service provided by public hospitals for the past eight years.

Asked by: Hon. CHEUNG Kwok-che

Reply:

The obstetric services provided by the Hospital Authority (HA) include a range of services, e.g. antenatal and postnatal care, birth delivery, handling of stillbirth and other pregnancy related complications and diseases. While we can tally the total cost in HA for obstetric services, which includes the cost for manpower, drugs, medical consumables and other operating costs, it should be noted that the cost of delivery varies given the varying complexity, the different diagnostic services, treatments and prescriptions required as well as the different length of stay in the hospital.

The total cost in HA for obstetric services for the past eight years are as follows:

Year	**Total cost of obstetric services in HA ($ million)**
2003-04	971
2004-05	922
2005-06	895
2006-07	862
2007-08	934
2008-09	993
2009-10	1,000
2010-11 (up to 31 December 2010)	806 (Estimated)

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)149

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2794

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As stated by the Financial Secretary in the Budget Speech, in 2011-12, 3 400 additional patients will be provided with magnetic resonance imaging services and 3 000 additional patients will be provided with computerised tomography scanning services. Please provide the following information :

(a) for the year 2010-11, the hospitals provided magnetic resonance imaging services and computerised tomography scanning services, the number of patients received such services and its percentage against the total number of patients awaiting such services in each of the hospital clusters, and the number of patients in need of further treatment upon confirmation of diagnosis through such services and its corresponding percentage;

(b) for the year 2010-11, the number of patients received further diagnosis or treatment in public hospitals upon confirmation of diagnosis by magnetic resonance imaging and computerised tomography scanning conducted in the private sector; and

(c) the existing numbers of patients awaiting the magnetic resonance imaging services and computerised tomography scanning services of the Hospital Authority, and the average waiting time for the services. To what extent is the waiting time expected to be shortened by the initiative of providing magnetic resonance imaging services to 3 400 additional patients and computerised tomography scanning services to 3 000 additional patients in 2011-12?

Asked by: Hon. CHEUNG Man-kwong

Reply:

In 2011-12, the Hospital Authority (HA) has earmarked a total of $14.4 million for enhancing magnetic resonance imaging (MRI) and computerised tomography (CT) scanning services through extension of service hours of MRI and CT scanners HA will provide MRI service to 3 400 additional patients and CT service to 3 000 additional patients each year starting from 2011-12.

The table below sets out the number of MRI and CT scanners in HA hospitals and the number of examinations performed in each hospital cluster.

Cluster	**Hospital**	**No. of scanners in 2010-11**		**No. of examinations preformed (April to Dec 2010)**	
		MRI	**CT**	**MRI**	**CT**
HKE	PYNEH	1	2	3 487	24 994
	RH	0	1		
HKW	QMH	2	4	6 462	19 802

Cluster	Hospital	No. of scanners in 2010-11		No. of examinations preformed (April to Dec 2010)	
		MRI	CT	MRI	CT
KC	QEH	3	3	6 017	30 579
KE	TKOH	0	1	2 143	20 686
	UCH	1	2		
KW	CMC	0	1	5 916	45 955
	KWH	1	2		
	PMH	1	2		
	YCH	0	1		
NTE	AHNH	0	1	8 620	35 844
	NDH	1	1		
	PWH	1	3		
NTW	TMH	2	1	3 112	25 433
	POH	0	1		
Total		**13**	**26**	**35 757**	**203 293**

At present, HA does not have a central registry on the total number of patients waiting for MRI or CT services across all clusters. Based on the information on patients who have received MRI and CT examinations from April to December 2010 across HA, their median waiting time has been complied and set out in the table below.

Services	Median waiting time of patients who received examinations from April to December 2010
MRI	86 days
CT	Within 1 day (Note: about 64% of CT examinations are urgent examinations)

HA does not have the number of patients who were diagnosed to be in need of further treatment after receiving MRI or CT examination. HA also does not have the information on the number of patients who received further diagnosis or treatment in public hospitals following MRI or CT examinations in the private sector.

Abbreviations

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

Hospitals:
AHNH - Alice Ho Miu Ling Nethersole Hospital
CMC – Caritas Medical Centre
KWH - Kwong Wah Hospital
NDH – North District Hospital
PMH - Princess Margaret Hospital
POH – Pok Oi Hospital
PWH - Prince of Wales Hospital
PYNEH - Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
QEH - Queen Elizabeth Hospital
QMH - Queen Mary Hospital

TKOH – Tseung Kwan O Hospital
TMH - Tuen Mun Hospital
UCH – United Christian Hospital
YCH - Yan Chai Hospital

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)150

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2484

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the smoking cessation services provided by the Hospital Authority (HA), please advise on the followings:

(a) A comparison in the number of people seeking assistance from HA smoking cessation clinics before and after the last increase of tobacco duty.

(b) The expenditure on smoking cessation services incurred by the HA over the past 3 years (2008-09 to 2010-11).

(c) The amount of resources the HA will put into smoking cessation services in 2011-12.

Asked by: Hon. CHAN Hak-kan

Reply:

(a) The Government last increased the tobacco duty rates in February 2009. The table below compares the service utilization statistics in the Hospital Authority in the six months from March to August 2009 with the same period in 2008:

	March-August 2008	March-August 2009	Percentage Increase
Number of enquiries (including number of HA Quitline calls, direct calls to smoking cessation and counseling centres and walk-in enquiries)	3 267	3 642	11.5%
Number of telephone counseling	3 610	4 417	22.4%
Number of new cases attended smoking cessation sessions	945	1 483	56.9%

(b) HA provides treatment services for smoking cessation as an integral part of its overall services provision, a breakdown of the expenditure on the services is not available.

(c) In 2011-12, HA will provide smoking cessation service to chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counseling, and pharmacotherapy. A total of $19.6 million has been earmarked in 2011-12 to enhance HA's smoking cessation service in the primary care setting.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)151

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2485

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What are the reasons for the increasing number of A&E attendances since 2009-10? Has the Administration earmarked resources for the Hospital Authority for implementing measures to triage patients so as to avoid adding to the burden of the A&E departments?

Asked by: Hon. CHAN Hak-kan

Reply:

The increase in the number of attendances of Accident & Emergency (A&E) service since 2009-10 is mainly due to increased demand arising from population growth. The Hospital Authority (HA) will continue to monitor closely the utilization of A&E service and provide adequate resources to meet the service demand.

A triage system has been put in place in all A&E Departments in HA to classify patients into five categories according to their clinical conditions to ensure that patients with urgent needs for medical treatment are promptly attended to. In order to minimise improper use of A&E services by patients under non-emergency conditions, we will continue to encourage the public to make better use of the services of family doctors, who should be the first point of contact for accessing medical services.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)152

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2504

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding "considering the way forward for the proposed voluntary Health Protection Scheme":

(a) What are the details? What is the timetable? When are the results of the consideration expected to be released?

(b) What is the estimated expenditure involved?

(c) The Government pledged in the 2008-09 Budget to draw $50 billion from the fiscal reserves to assist the implementation of health care reform after the implementation of supplementary financing arrangements after consultation no matter what the final arrangements were. The supplementary financing options have not yet been implemented so far. Is the provision of $50 billion still effective? Will the Administration consider using the earmarked provision for implementing other measures to enhance medical services and implement the healthcare reforms even if the supplementary financing options have not been implemented?

Asked by: Hon. PAN Pey-chyou

Reply:

The second stage public consultation on healthcare reform ended on 7 January 2011. The Food and Health Bureau received over 500 submissions from members of the public and organisations in various sectors in response to the healthcare reform second stage consultation document "My Health, My Choice". We have also commissioned opinion surveys and focus group studies on healthcare reform with a view to collating public views on specific issues concerning healthcare reform. We are now analysing the views of the public received and collated in the second stage consultation on healthcare reform. We will take into account the analysis in working out the way forward including any specific proposals to be taken forward.

Our tentative plan is to complete and publish the Report on Second Stage Public Consultation on Healthcare Reform and announce the way forward within 2011. The reports of completed surveys and studies will be released through the website of the Food and Health Bureau as and when ready together with the consultation report. The workload arising from the second stage public consultation including the analysis of views and formulation of report 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 and manpower required. Resources required for the implementation of any specific proposals for the way forward will be assessed in due course.

As stated in the healthcare reform second stage consultation document, the Government's commitment to healthcare is set to continue to increase as we reform the healthcare system with a view to enhancing the long-term sustainability of the healthcare system as a whole. We will continue to uphold the public

healthcare system as the safety net for the whole population, which is strongly supported by the public. The Government's annual recurrent expenditure on health has increased from $30.5 billion in 2007-08 to $39.9 billion in 2011-12, with substantial increase in resources being allocated to improve public healthcare services. Many quarters of the community have also expressed support for reforming the private health insurance and healthcare sector with a view to improving the quality, transparency and affordability of its services. Many views expressed have emphasized the need to increase healthcare capacity and manpower supply and to strengthen the quality assurance and price competitiveness of private healthcare services.

The Financial Secretary has pledged to draw $50 billion from the fiscal reserves to assist the implementation of healthcare reform, after the implementation of supplementary financing arrangements after consultation, no matter what the final arrangements are, so as to help meet the challenge of healthcare to future public finances. During the second stage public consultation on healthcare reform, we have received different views on the use of the $50 billion earmarked in the fiscal reserve to support healthcare reform, in response to the various options to provide financial incentives for the supplementary financing proposals put forward for consultation. The use of the $50 billion earmarked in the fiscal reserve for implementing healthcare reform, and the possible provision of financial incentives for any supplementary financing proposals to be implemented, will be considered as part of the way forward of healthcare reform.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)153

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2541

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the provision of starter formula milk powder for newborn babies by the Hospital Authority (HA), please set out :

(a) the HA procurement policy of starter formula; and

(b) the brand names, suppliers, quantity and expenditure involved in the starter formula used by HA over the past two years.

Asked by: Hon. CHAN Hak-kan

Reply:

In line with the Government's policy of encouraging breastfeeding, the Hospital Authority (HA) has ceased the acceptance of free supplies of infant formula powder with effect from 1 April 2010. There is however a need for HA to procure formula milk powder and ready-to-feed milk to meet the needs of those mothers who are unable to provide breastfeeding to their babies for medical reasons and those who choose not to do so.

HA has conducted an open tender exercise for the procurement of formula milk powder and ready-to-feed milk. The contract awarded, for the period from 1 April 2010 to 31 July 2012, covers starter infant formula (No. 1), follow-on formula (No. 2) and formula for premature infants.

The actual expenditure incurred in the past 11 months (1 April 2010 to 28 February 2011) for the provision of formula milk powder and ready-to-feed milk is around $9.3 million. Under the contract, there are seven contractors supplying 34 different items of infant formula powder branded products to HA on a rotational basis.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)154

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2643

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

With respect to public health expenditure, please set out the actual amount of expenditure in 2008-09, 2009-10 and 2010-11 as well as the estimated amount of expenditure in 2011-12 and their percentages in relation to public expenditure, total health expenditure and gross domestic product respectively; the amount of non-recurrent health expenditure and its percentage in relation to total health expenditure. Please also set out by year the main components of non-recurrent health expenditure.

Asked by: Hon. HO Chun-yan, Albert

Reply:

Statistics on health expenditures in Hong Kong, comprising both public and private health expenditures, are collected through the Domestic Health Accounts of Hong Kong (HKDHA) compiled by the Food and Health Bureau (FHB) in accordance with the framework of the International Classification for Health Accounts (ICHA) promulgated by the Organisation for Economic Co-operation and Development (OECD) in 2000. The HKDHA capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health, providing a more detailed and complete picture of health expenditures that facilitates international comparison.

Meanwhile, the Estimates show expenditure by the Government under the health policy area group (PAG) in the Government Accounts. It should be noted that HKDHA capture a broader scope of public health expenditures than those under the health PAG in the Government Accounts. Annex 1 shows the difference between HKDHA and the Government Accounts. Thus public expenditure under health PAG in the Government Accounts is generally 15-17% lower than that of public health expenditure under HKDHA. On the other hand, due to complexity of gathering, compiling, verifying and analyzing health expenditure data from a variety of different sources, HKDHA take time to compile and are available up to 2006-07 only.

Annex 2 shows the statistics on total health expenditure, public health expenditure and private health expenditure from HKDHA in 1989-90 to 2006-07. Such statistics from HKDHA do not differentiate recurrent from non-recurrent health expenditures. Recurrent government expenditure and non-recurrent and capital expenditure under the health PAG in the Government Accounts in 1995-96 to 2011-12 are shown in Annex 3. Major items of non-recurrent and capital expenditure in 2008-09 to 2011-12 are shown in

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Annex 1

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

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

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

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

As a result of the above difference, the HKDHA estimates on public health expenditure are generally higher than the estimates of public expenditure on health PAG under the Government Accounts. The difference amounted to 15-17% from 2002-03 to 2006-07.

	2002-03	2003-04	2004-05	2005-06	2006-07
Public health expenditure under HKDHA (HK$ Million) (a)	38,526	39,889	37,094	36,930	37,417
Total public expenditure on health PAG under the Government Accounts (HK$ Million) (b)	33,169	34,201	32,199	31,616	32,127
Difference [(a – b) / (b)]	16.2%	16.6%	15.2%	16.8%	16.5%

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

Annex 2

Statistics on health expenditures from Hong Kong's Domestic Health Accounts (HKDHA), 1989-90 to 2006-07

	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
Total Health Expenditure																		
At current prices (HK$ million)	19,659	23,788	29,382	34,173	39,486	44,823	51,288	56,854	62,231	66,273	65,929	67,290	68,687	67,105	69,214	68,263	70,643	75,048
At constant 2007 prices (HK$ million)	27,236	30,824	34,604	36,763	39,322	42,223	46,227	48,341	50,377	54,027	56,363	59,587	61,973	63,084	69,244	70,311	72,565	76,994
Annual change (at constant 2007 prices)		13.2%	12.3%	6.2%	7.0%	7.4%	9.5%	4.6%	4.2%	7.2%	4.3%	5.7%	4.0%	1.8%	9.8%	1.5%	3.2%	6.1%
As % of GDP	3.6%	3.9%	4.1%	4.1%	4.1%	4.2%	4.5%	4.5%	4.6%	5.2%	5.1%	5.1%	5.3%	5.3%	5.6%	5.2%	5.0%	5.0%
Per capita (HK$) (at constant 2007 prices)	4,790	5,403	6,016	6,338	6,664	6,996	7,509	7,512	7,763	8,256	8,532	8,940	9,230	9,354	10,288	10,365	10,651	11,228
Public Health Expenditure																		
At current prices (HK$ million)	7,749	10,016	13,394	15,844	18,658	21,582	25,316	28,653	31,671	35,800	35,997	37,028	39,152	38,526	39,889	37,094	36,930	37,417
At constant 2007 prices (HK$ million)	10,736	12,979	15,774	17,045	18,580	20,330	22,818	24,363	25,638	29,185	30,774	32,789	35,325	36,217	39,906	38,207	37,935	38,387
Annual change (at constant 2007 prices)		20.9%	21.5%	8.1%	9.0%	9.4%	12.2%	6.8%	5.2%	13.8%	5.4%	6.5%	7.7%	2.5%	10.2%	-4.3%	-0.7%	1.2%
As % of GDP	1.4%	1.6%	1.9%	1.9%	1.9%	2.0%	2.2%	2.3%	2.3%	2.8%	2.8%	2.8%	3.0%	3.0%	3.2%	2.8%	2.6%	2.5%
As % of Total Health Expenditure	39.4%	42.1%	45.6%	46.4%	47.3%	48.1%	49.4%	50.4%	50.9%	54.0%	54.6%	55.0%	57.0%	57.4%	57.6%	54.3%	52.3%	49.9%
Per capita (HK$) (at constant 2007 prices)	1,888	2,275	2,742	2,939	3,149	3,368	3,707	3,786	3,951	4,460	4,658	4,920	5,261	5,370	5,929	5,632	5,568	5,598
Private Health Expenditure																		
At current prices (HK$ million)	11,910	13,771	15,988	18,329	20,829	23,241	25,972	28,201	30,560	30,473	29,932	30,262	29,535	28,580	29,325	31,168	33,713	37,631
At constant 2007 prices (HK$ million)	16,501	17,845	18,830	19,718	20,742	21,893	23,409	23,978	24,739	24,842	25,589	26,797	26,648	26,867	29,337	32,104	34,630	38,607
Annual change (at constant 2007 prices)		8.1%	5.5%	4.7%	5.2%	5.6%	6.9%	2.4%	3.2%	0.4%	3.0%	4.7%	-0.6%	0.8%	9.2%	9.4%	7.9%	11.5%
As % of GDP	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.3%	2.2%	2.2%	2.4%	2.3%	2.3%	2.3%	2.2%	2.4%	2.4%	2.4%	2.5%
As % of Total Health Expenditure	60.6%	57.9%	54.4%	53.6%	52.7%	51.9%	50.6%	49.6%	49.1%	46.0%	45.4%	45.0%	43.0%	42.6%	42.4%	45.7%	47.7%	50.1%
Per capita (HK$) (at constant 2007 prices)	2,902	3,128	3,274	3,399	3,515	3,627	3,803	3,726	3,812	3,796	3,873	4,021	3,969	3,984	4,359	4,733	5,083	5,630

Note: Health expenditure estimates with adjustment for inflation are computed at constant 2007 prices which are as released in the latest set of HKDHA, 1989-90 to 2006-07.

Annex 3

Government expenditures under the health PAG in the Government Accounts in 1995-96 to 2011-12

	1995-96	2000-01	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11*	2011-12**
Total Public Expenditure									
At current prices (HK$ million)	212,863	275,609	251,532	244,868	252,495	330,968	307,192	323,758	393,309
As % of GDP	18.7%	20.9%	17.8%	16.3%	15.3%	20.1%	18.6%	18.5%	21.0%
Recurrent Government Expenditure									
At current prices (HK$ million)	127,631	184,522	187,162	189,498	199,446	214,119	221,180	224,343	242,144
As % of GDP	11.2%	14.0%	13.3%	12.6%	12.1%	13.0%	13.4%	12.8%	12.9%
Total Public Expenditure on Health Policy Area Group (PAG)									
At current prices (HK$ million)	24,285	32,720	31,616	32,127	33,623	36,706	38,387	39,855	45,152
At constant 2007 prices (HK$ million)	21,889	28,974	32,476	32,960	33,415	36,158	38,078	39,179	43,304
Annual change (at constant 2007 prices)	20.3%	6.4%	-2.1%	1.5%	1.4%	8.2%	5.3%	2.9%	10.5%
As % of GDP	2.1%	2.5%	2.2%	2.1%	2.0%	2.2%	2.3%	2.3%	2.4%
As % of Total Public Expenditure	11.4%	11.9%	12.6%	13.1%	13.3%	11.1%	12.5%	12.3%	11.5%
Per Capita (HK$) (at constant 2007 prices)	3,556	4,347	4,767	4,807	4,825	5,182	5,437	5,543	6,082
Recurrent Government Expenditure on Health PAG									
At current prices (HK$ million)	19,963	30,479	29,286	29,830	31,641	33,849	35,333	36,732	39,904
At constant 2007 prices (HK$ million)	17,993	26,990	30,083	30,603	31,445	33,344	35,049	36,109	38,271
Annual change (at constant 2007 prices)	12.2%	5.7%	-3.1%	1.7%	2.8%	6.0%	5.1%	3.0%	6.0%
As % of GDP	1.8%	2.3%	2.1%	2.0%	1.9%	2.1%	2.1%	2.1%	2.1%
As % of Recurrent Government Expenditure	15.6%	16.5%	15.6%	15.7%	15.9%	15.8%	16.0%	16.4%	16.5%
As % of Total Public Expenditure on Health PAG	82.2%	93.2%	92.6%	92.9%	94.1%	92.2%	92.0%	92.2%	88.4%
Per Capita (HK$) (at constant 2007 prices)	2,923	4,049	4,415	4,463	4,540	4,779	5,004	5,109	5,375
Non-recurrent and Capital Expenditure on Health PAG									
At current prices (HK$ million)	4,322	2,241	2,330	2,297	1,982	2,857	3,054	3,123	5,248
At constant 2007 prices (HK$ million)	3,896	1,984	2,393	2,357	1,970	2,814	3,029	3,070	5,033
Annual change (at constant 2007 prices)	80.2%	17.2%	12.6%	-1.5%	-16.4%	42.9%	7.6%	1.3%	63.9%
As % of GDP	0.4%	0.2%	0.2%	0.2%	0.1%	0.2%	0.2%	0.2%	0.3%
As % of Total Public Expenditure on Health PAG	17.8%	6.8%	7.4%	7.1%	5.9%	7.8%	8.0%	7.8%	11.6%
Per Capita (HK$) (at constant 2007 prices)	633	298	351	344	284	403	433	434	707

Notes: For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2007 prices are computed using the same inflation adjustment factor as in the HKDHA.

* Revised Estimates

** Estimates

Annex 4

Major items of non-recurrent and capital expenditure on health, 2008-09 to 2011-12

Dept/Item	2008-09 Actual Expenditure ($M)	2009-10 Actual Expenditure ($M)	2010-11 Revised Estimate ($M)	2011-12 Estimate ($M)
Non-recurrent expenditure				
Grant to the Samaritan Fund	1,000.0	-	-	-
Funding Research on Control of Infectious Diseases	29.0	22.9	59.2	62.8
Health Care Voucher Pilot Scheme	6.6	49.0	84.0	365.7
Human Swine Influenza Vaccination	-	256.5	2.8	-
Pneumococcal and Seasonal Influenza Vaccination	-	68.5	-	-
Capital expenditure				
Medical subventions (public hospital development)	3,972.6	5,153.0	1,311.4	1,636.8
Development of a territory-wide Electronic Health Record Sharing System	-	34.4	109.5	171.5
Hospital Authority – improvement works, feasibility studies, investigations and pre-contract consultancy services for building projects (block vote)	399.9	600.0	600.0	700.0
Hospital Authority – equipment and information systems (block vote)	691.0	693.5	844.0	716.4

Annex 5

Mid-year population by age group, 1989 to 2011

(in thousands)

Age group	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011*
0 - 14	1 241 (21.8%)	1 226 (21.5%)	1 199 (20.8%)	1 192 (20.5%)	1 189 (20.1%)	1 190 (19.7%)	1 195 (19.4%)	1 204 (18.7%)	1 178 (18.2%)	1 159 (17.7%)	1 154 (17.5%)	1 128 (16.9%)	1 099 (16.4%)	1 074 (15.9%)	1 040 (15.4%)	1 005 (14.8%)	969 (14.2%)	939 (13.7%)	921 (13.3%)	902 (12.9%)	873 (12.5%)	858 (12.1%)	834 (11.7%)
15 - 64	3 976 (69.9%)	3 995 (70.0%)	4 051 (70.4%)	4 087 (70.5%)	4 166 (70.6%)	4 271 (70.8%)	4 359 (70.8%)	4 578 (71.1%)	4 640 (71.5%)	4 694 (71.7%)	4 742 (71.8%)	4 808 (72.1%)	4 863 (72.4%)	4 893 (72.6%)	4 896 (72.7%)	4 959 (73.1%)	5 010 (73.5%)	5 066 (73.9%)	5 133 (74.1%)	5 196 (74.5%)	5 237 (74.8%)	5 298 (75.0%)	5 349 (75.1%)
65 and above	470 (8.3%)	483 (8.5%)	502 (8.7%)	522 (9.0%)	546 (9.3%)	574 (9.5%)	602 (9.8%)	654 (10.2%)	672 (10.3%)	691 (10.6%)	710 (10.7%)	729 (10.9%)	753 (11.2%)	777 (11.5%)	795 (11.8%)	819 (12.1%)	835 (12.3%)	852 (12.4%)	871 (12.6%)	880 (12.6%)	894 (12.8%)	912 (12.9%)	938 (13.2%)
Total	5 686 (100%)	5 705 (100%)	5 752 (100%)	5 801 (100%)	5 901 (100%)	6 035 (100%)	6 156 (100%)	6 436 (100%)	6 489 (100%)	6 544 (100%)	6 607 (100%)	6 665 (100%)	6 714 (100%)	6 744 (100%)	6 731 (100%)	6 784 (100%)	6 813 (100%)	6 857 (100%)	6 926 (100%)	6 978 (100%)	7 004 (100%)	7 068 (100%)	7 120 (100%)

Notes: Figures in brackets are as percentage of total population.

* Population for 2011 are projected figures from Hong Kong Population Projections 2010–2039

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)155

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2644

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

In relation to the statement made by the Financial Secretary (FS) in his Budget Speech that the Government would increase health expenditure to 17% of recurrent government expenditure by 2012, please advise:

a) on what basis does the FS decide to increase health expenditure to 17% of recurrent government expenditure;

b) the amount of recurrent expenditure on public health, the expenditure after adjustment for inflation or deflation is made and the actual rate of increase or decrease for 1995-96, 2000-01, 2005-06 and 2010-11;

c) the size of population and the recurrent expenditure on public health per capita after adjustment for inflation or deflation is made for 1995-96, 2000-01, 2005-06 and 2010-11; and

d) the size of the elderly population, the percentage of the annual public health expenditure for each person aged 65 or above in relation to that for persons aged below 65, as well as the impact of the change in the size of the population aged 65 or above on public health expenditure in 1995-96, 2000-01, 2005-06 and 2010-11.

Asked by: Hon. HO Chun-yan, Albert

Reply:

Statistics on health expenditures in Hong Kong, comprising both public and private health expenditures, are collected through the Domestic Health Accounts of Hong Kong (HKDHA) compiled by the Food and Health Bureau (FHB) in accordance with the framework of the International Classification for Health Accounts (ICHA) promulgated by the Organisation for Economic Co-operation and Development (OECD) in 2000. The HKDHA capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health, providing a more detailed and complete picture of health expenditures that facilitates international comparison.

Meanwhile, the Estimates show expenditure by the Government under the health policy area group (PAG) in the Government Accounts. It should be noted that HKDHA capture a broader scope of public health expenditures than those under the health PAG in the Government Accounts. Annex 1 shows the difference between HKDHA and the Government Accounts. Thus public expenditure under health PAG in the Government Accounts is generally 15-17% lower than that of public health expenditure under HKDHA. On the other hand, due to complexity of gathering, compiling, verifying and analyzing health expenditure data from a variety of different sources, HKDHA take time to compile and are available up to 2006-07 only.

Annex 2 shows the statistics on total health expenditure, public health expenditure and private health expenditure from HKDHA in 1989-90 to 2006-07. Such statistics from HKDHA do not differentiate recurrent from non-recurrent health expenditures. Recurrent government expenditure and non-recurrent and capital expenditure under the health PAG in the Government Accounts in 1995-96 to 2011-12 are shown

in Annex 3. Major items of non-recurrent and capital expenditure in 2008-09 to 2011-12 are shown in Annex 4.

Figures on overall population and those aged 65 and above are shown in Annex 5. Of note, both HKDHA and Government Accounts are not compiled on age-specific basis and hence age-specific figures are not available. In terms of Hospital Authority's (HA) cost of services published in the Controlling Officer's Report, the cost of HA services for persons aged 65 or above is estimated to represent 45.2% share of HA's overall cost of service in 2011-12, amounting to $19.4 million per 1,000 population aged 65 or above.

To demonstrate the Government's commitment to healthcare reform in addressing the challenges of an ageing population and rising medical costs, the Chief Executive has pledged in his Policy Address 2007-08 to increase the Government's recurrent expenditure on medical and health services from 15% in 2007-08 to 17% in 2012. This takes into consideration the need for increasing government budget to improve public healthcare services and to support the healthcare reform, and the overall budgetary situation of the Government.

Estimates on government expenditures in the health PAG under the Government Accounts are based on the estimated expenditures by government departments and organizations for the relevant functions and activities. There is no estimate of private expenditure on health services in the Government's Budget, and in turn there is no estimate of total domestic health expenditure in amount or as a ratio to GDP in the Budget. The 2011-12 estimate on public expenditure in the health PAG under the Government Accounts amounts to 2.4% as a ratio to the projected GDP as shown in the Appendices of the Budget Speech.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Annex 1

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

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

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

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

As a result of the above difference, the HKDHA estimates on public health expenditure are generally higher than the estimates of public expenditure on health PAG under the Government Accounts. The difference amounted to 15-17% from 2002-03 to 2006-07.

	2002-03	2003-04	2004-05	2005-06	2006-07
Public health expenditure under HKDHA (HK$ Million) (a)	38,526	39,889	37,094	36,930	37,417
Total public expenditure on health PAG under the Government Accounts (HK$ Million) (b)	33,169	34,201	32,199	31,616	32,127
Difference [(a – b) / (b)]	16.2%	16.6%	15.2%	16.8%	16.5%

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

Annex 2

Statistics on health expenditures from Hong Kong's Domestic Health Accounts (HKDHA), 1989-90 to 2006-07

	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
Total Health Expenditure																		
At current prices (HK$ million)	19,659	23,788	29,382	34,173	39,486	44,823	51,288	56,854	62,231	66,273	65,929	67,290	68,687	67,105	69,214	68,263	70,643	75,048
At constant 2007 prices (HK$ million)	27,236	30,824	34,604	36,763	39,322	42,223	46,227	48,341	50,377	54,027	56,363	59,587	61,973	63,084	69,244	70,311	72,565	76,994
Annual change (at constant 2007 prices)		13.2%	12.3%	6.2%	7.0%	7.4%	9.5%	4.6%	4.2%	7.2%	4.3%	5.7%	4.0%	1.8%	9.8%	1.5%	3.2%	6.1%
As % of GDP	3.6%	3.9%	4.1%	4.1%	4.1%	4.2%	4.5%	4.5%	4.6%	5.2%	5.1%	5.1%	5.3%	5.3%	5.6%	5.2%	5.0%	5.0%
Per capita (HK$) (at constant 2007 prices)	4,790	5,403	6,016	6,338	6,664	6,996	7,509	7,512	7,763	8,256	8,532	8,940	9,230	9,354	10,288	10,365	10,651	11,228
Public Health Expenditure																		
At current prices (HK$ million)	7,749	10,016	13,394	15,844	18,658	21,582	25,316	28,653	31,671	35,800	35,997	37,028	39,152	38,526	39,889	37,094	36,930	37,417
At constant 2007 prices (HK$ million)	10,736	12,979	15,774	17,045	18,580	20,330	22,818	24,363	25,638	29,185	30,774	32,789	35,325	36,217	39,906	38,207	37,935	38,387
Annual change (at constant 2007 prices)		20.9%	21.5%	8.1%	9.0%	9.4%	12.2%	6.8%	5.2%	13.8%	5.4%	6.5%	7.7%	2.5%	10.2%	-4.3%	-0.7%	1.2%
As % of GDP	1.4%	1.6%	1.9%	1.9%	1.9%	2.0%	2.2%	2.3%	2.3%	2.8%	2.8%	2.8%	3.0%	3.0%	3.2%	2.8%	2.6%	2.5%
As % of Total Health Expenditure	39.4%	42.1%	45.6%	46.4%	47.3%	48.1%	49.4%	50.4%	50.9%	54.0%	54.6%	55.0%	57.0%	57.4%	57.6%	54.3%	52.3%	49.9%
Per capita (HK$) (at constant 2007 prices)	1,888	2,275	2,742	2,939	3,149	3,368	3,707	3,786	3,951	4,460	4,658	4,920	5,261	5,370	5,929	5,632	5,568	5,598
Private Health Expenditure																		
At current prices (HK$ million)	11,910	13,771	15,988	18,329	20,829	23,241	25,972	28,201	30,560	30,473	29,932	30,262	29,535	28,580	29,325	31,168	33,713	37,631
At constant 2007 prices (HK$ million)	16,501	17,845	18,830	19,718	20,742	21,893	23,409	23,978	24,739	24,842	25,589	26,797	26,648	26,867	29,337	32,104	34,630	38,607
Annual change (at constant 2007 prices)		8.1%	5.5%	4.7%	5.2%	5.6%	6.9%	2.4%	3.2%	0.4%	3.0%	4.7%	-0.6%	0.8%	9.2%	9.4%	7.9%	11.5%
As % of GDP	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.3%	2.2%	2.2%	2.4%	2.3%	2.3%	2.3%	2.2%	2.4%	2.4%	2.4%	2.5%
As % of Total Health Expenditure	60.6%	57.9%	54.4%	53.6%	52.7%	51.9%	50.6%	49.6%	49.1%	46.0%	45.4%	45.0%	43.0%	42.6%	42.4%	45.7%	47.7%	50.1%
Per capita (HK$) (at constant 2007 prices)	2,902	3,128	3,274	3,399	3,515	3,627	3,803	3,726	3,812	3,796	3,873	4,021	3,969	3,984	4,359	4,733	5,083	5,630

Note: Health expenditure estimates with adjustment for inflation are computed at constant 2007 prices which are as released in the latest set of HKDHA, 1989-90 to 2006-07.

Annex 3

Government expenditures under the health PAG in the Government Accounts in 1995-96 to 2011-12

	1995-96	2000-01	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11*	2011-12**
Total Public Expenditure									
At current prices (HK$ million)	212,863	275,609	251,532	244,868	252,495	330,968	307,192	323,758	393,309
As % of GDP	18.7%	20.9%	17.8%	16.3%	15.3%	20.1%	18.6%	18.5%	21.0%
Recurrent Government Expenditure									
At current prices (HK$ million)	127,631	184,522	187,162	189,498	199,446	214,119	221,180	224,343	242,144
As % of GDP	11.2%	14.0%	13.3%	12.6%	12.1%	13.0%	13.4%	12.8%	12.9%
Total Public Expenditure on Health Policy Area Group (PAG)									
At current prices (HK$ million)	24,285	32,720	31,616	32,127	33,623	36,706	38,387	39,855	45,152
At constant 2007 prices (HK$ million)	21,889	28,974	32,476	32,960	33,415	36,158	38,078	39,179	43,304
Annual change (at constant 2007 prices)	20.3%	6.4%	-2.1%	1.5%	1.4%	8.2%	5.3%	2.9%	10.5%
As % of GDP	2.1%	2.5%	2.2%	2.1%	2.0%	2.2%	2.3%	2.3%	2.4%
As % of Total Public Expenditure	11.4%	11.9%	12.6%	13.1%	13.3%	11.1%	12.5%	12.3%	11.5%
Per Capita (HK$) (at constant 2007 prices)	3,556	4,347	4,767	4,807	4,825	5,182	5,437	5,543	6,082
Recurrent Government Expenditure on Health PAG									
At current prices (HK$ million)	19,963	30,479	29,286	29,830	31,641	33,849	35,333	36,732	39,904
At constant 2007 prices (HK$ million)	17,993	26,990	30,083	30,603	31,445	33,344	35,049	36,109	38,271
Annual change (at constant 2007 prices)	12.2%	5.7%	-3.1%	1.7%	2.8%	6.0%	5.1%	3.0%	6.0%
As % of GDP	1.8%	2.3%	2.1%	2.0%	1.9%	2.1%	2.1%	2.1%	2.1%
As % of Recurrent Government Expenditure	15.6%	16.5%	15.6%	15.7%	15.9%	15.8%	16.0%	16.4%	16.5%
As % of Total Public Expenditure on Health PAG	82.2%	93.2%	92.6%	92.9%	94.1%	92.2%	92.0%	92.2%	88.4%
Per Capita (HK$) (at constant 2007 prices)	2,923	4,049	4,415	4,463	4,540	4,779	5,004	5,109	5,375
Non-recurrent and Capital Expenditure on Health PAG									
At current prices (HK$ million)	4,322	2,241	2,330	2,297	1,982	2,857	3,054	3,123	5,248
At constant 2007 prices (HK$ million)	3,896	1,984	2,393	2,357	1,970	2,814	3,029	3,070	5,033
Annual change (at constant 2007 prices)	80.2%	17.2%	12.6%	-1.5%	-16.4%	42.9%	7.6%	1.3%	63.9%
As % of GDP	0.4%	0.2%	0.2%	0.2%	0.1%	0.2%	0.2%	0.2%	0.3%
As % of Total Public Expenditure on Health PAG	17.8%	6.8%	7.4%	7.1%	5.9%	7.8%	8.0%	7.8%	11.6%
Per Capita (HK$) (at constant 2007 prices)	633	298	351	344	284	403	433	434	707

Notes: For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2007 prices are computed using the same inflation adjustment factor as in the HKDHA.

* Revised Estimates

** Estimates

Annex 4

Major items of non-recurrent and capital expenditure on health, 2008-09 to 2011-12

Dept/Item	2008-09 Actual Expenditure ($M)	2009-10 Actual Expenditure ($M)	2010-11 Revised Estimate ($M)	2011-12 Estimate ($M)
Non-recurrent expenditure				
Grant to the Samaritan Fund	1,000.0	-	-	-
Funding Research on Control of Infectious Diseases	29.0	22.9	59.2	62.8
Health Care Voucher Pilot Scheme	6.6	49.0	84.0	365.7
Human Swine Influenza Vaccination	-	256.5	2.8	-
Pneumococcal and Seasonal Influenza Vaccination	-	68.5	-	-
Capital expenditure				
Medical subventions (public hospital development)	3,972.6	5,153.0	1,311.4	1,636.8
Development of a territory-wide Electronic Health Record Sharing System	-	34.4	109.5	171.5
Hospital Authority – improvement works, feasibility studies, investigations and pre-contract consultancy services for building projects (block vote)	399.9	600.0	600.0	700.0
Hospital Authority – equipment and information systems (block vote)	691.0	693.5	844.0	716.4

Annex 5

Mid-year population by age group, 1989 to 2011

(in thousands)

Age group	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011*
0 - 14	1 241 (21.8%)	1 226 (21.5%)	1 199 (20.8%)	1 192 (20.5%)	1 189 (20.1%)	1 190 (19.7%)	1 195 (19.4%)	1 204 (18.7%)	1 178 (18.2%)	1 159 (17.7%)	1 154 (17.5%)	1 128 (16.9%)	1 099 (16.4%)	1 074 (15.9%)	1 040 (15.4%)	1 005 (14.8%)	969 (14.2%)	939 (13.7%)	921 (13.3%)	902 (12.9%)	873 (12.5%)	858 (12.1%)	834 (11.7%)
15 - 64	3 976 (69.9%)	3 995 (70.0%)	4 051 (70.4%)	4 087 (70.5%)	4 166 (70.6%)	4 271 (70.8%)	4 359 (70.8%)	4 578 (71.1%)	4 640 (71.5%)	4 694 (71.7%)	4 742 (71.8%)	4 808 (72.1%)	4 863 (72.4%)	4 893 (72.6%)	4 896 (72.7%)	4 959 (73.1%)	5 010 (73.5%)	5 066 (73.9%)	5 133 (74.1%)	5 196 (74.5%)	5 237 (74.8%)	5 298 (75.0%)	5 349 (75.1%)
65 and above	470 (8.3%)	483 (8.5%)	502 (8.7%)	522 (9.0%)	546 (9.3%)	574 (9.5%)	602 (9.8%)	654 (10.2%)	672 (10.3%)	691 (10.6%)	710 (10.7%)	729 (10.9%)	753 (11.2%)	777 (11.5%)	795 (11.8%)	819 (12.1%)	835 (12.3%)	852 (12.4%)	871 (12.6%)	880 (12.6%)	894 (12.8%)	912 (12.9%)	938 (13.2%)
Total	5 686 (100%)	5 705 (100%)	5 752 (100%)	5 801 (100%)	5 901 (100%)	6 035 (100%)	6 156 (100%)	6 436 (100%)	6 489 (100%)	6 544 (100%)	6 607 (100%)	6 665 (100%)	6 714 (100%)	6 744 (100%)	6 731 (100%)	6 784 (100%)	6 813 (100%)	6 857 (100%)	6 926 (100%)	6 978 (100%)	7 004 (100%)	7 068 (100%)	7 120 (100%)

Notes: Figures in brackets are as percentage of total population.

* Population for 2011 are projected figures from Hong Kong Population Projections 2010–2039

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)156

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2645

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As it is mentioned in the Financial Secretary's Budget Speech that additional cataract surgeries will be performed in 2011-12, please advise :

(a) The number of cataract surgeries performed in each hospital clusters, the cost of each cataract surgery performed in each clusters, and the cost of each cataract surgery operation in the Hospital Authority as a whole in 2010-11;

(b) The number of cataract surgery operations performed in each hospital clusters and its percentage of the number of people waiting for the surgery, the number of subsidized cataract surgeries performed in the private sector and its percentage in the number of people waiting for the surgery, the waiting time for cataract surgery before and after patients are subsidized to receive cataract surgery in the private sector in 2010-11;

(c) The estimated number of cataract surgeries performed in each clusters after the increase of 3 000 cataract surgeries in the public hospitals, taking into account the 3 000 patients to receive cataract surgery in the private sector with subsidy, the estimated percentage of the number of cataract surgery operations in 2011-12 in the number of people waiting for the surgery, and the estimated waiting time to be shortened in 2011-12;

(d) The expenditure for subsidising 3 000 patients to receive surgeries in the private sector and the amount of subsidy for each patient in 2011-12.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The Hospital Authority (HA) has implemented since February 2008 a Cataract Surgeries Programme (CSP) to subsidize patients to receive surgeries in the private sector. Under CSP, patients who choose to receive surgeries in the private sector will receive a fixed subsidy of $5,000, subject to a co-payment of no more than $8,000. HA has at the same time increased the number of surgeries conducted in HA hospitals.

(a) and (b)

The table below sets out the number of cataract surgeries performed in 2010-11 (as at 31 December 2010) in each cluster of the HA, the average cost per cataract surgery of each cluster, the number of cataract surgeries performed in the private sector under the CSP in 2010-11 and the number of patients on the waiting list in each cluster:

Cluster	Number of cataract surgeries performed in 2010-11 (as at 31 December 2010)	Average cost per cataract surgery in 2010-11 (Estimate)	Cataract surgeries performed in the private sector under CSP in 2010-11 (as at 31 December 2010)	Number of patients on the waiting list for cataract surgery (as at 31 December 2010)
HKE	2 743	$15,800	456	10 951
HKW	3 266	$13,800	88	1 574
KC	4 816	$14,200	759	12 730
KE	1 914	$14,200	409	7 836
KW	1 833	$20,000	184	4 145
NTE	2 866	$14,800	280	7 393
NTW	2 030	$17,700	95	4 062
Total	19 468	$15,400	2 271	48 691

The variation in the average cost per cataract surgery among clusters is mainly due to the differences in the complexity of cases and patients' length of stay, as well as the different fixed costs involved in the provision of service across different clusters.

(c)

In 2011-12, HA has earmarked a total of $69 million for enhancing cataract services. HA will provide subsidy to another 3 000 patients to receive cataract surgeries in the private sector. At the same time, HA will conduct an additional 3 000 cataract surgeries. Facilities for performing cataract surgeries have been enhanced including the setting up of a new Cataract Centre at Tseung Kwan O Hospital. Detailed additional manpower required for the above initiatives is being worked out and is not yet available.

The table below sets out the projected number of cataract surgeries to be performed in each cluster in 2011-12. Taking into account the additional 3 000 cataract surgeries to be conducted in the private sector under CSP, the estimated total number of cataract surgeries to be performed in 2011-12 will be around 31 000, which is about 64% of the total number of 48 691 patients waiting for cataract surgeries as at 31 December 2010.

Cluster	Estimated number of cataract surgeries to be performed in HA in 2011-12
HKE	3 930
HKW	4 500
KC	6 262
KE	4 941
KW	2 080
NTE	3 730
NTW	2 540
Total	27 983

The waiting time of cataract surgeries depends on a number of factors, including the number of new cases each year and complexity of the cases. Before the implementation of CSP, the notional waiting time of cataract surgery in HA was around 35.5 months. By increasing the number of surgeries conducted within HA and providing subsidy to patients to undertake surgeries in the private sector, HA projects that the waiting time will be shortened to no more than 24 months in 2011-12.

(d)

Out of the amount of $69 million earmarked for enhancing cataract services, about $54 million will be used for increasing the number of cataract surgeries conducted within HA and about $15 million will be used for providing subsidy to 3 000 patients to receive cataract surgeries in the private sector.

Abbreviations

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

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)157

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2646

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary mentioned in paragraph 159 of his Budget Speech that the Hospital Authority (HA) will provide magnetic resonance imaging services to 3 400 additional patients and computerised tomography scanning services to 3 000 additional patients in 2011-12. In this connection, would the Administration please provide the following information :

(a) the hospitals equipped to conduct magnetic resonance imaging and computerised tomography scanning for patients in 2010-11; the number of people undergoing magnetic resonance imaging and computerised tomography scanning in various hospital clusters and their percentages in relation to the number of people waiting for such services in the respective cluster, the number and percentage of patients diagnosed to be in need of further treatment after undergoing magnetic resonance imaging and computerised tomography scanning in the HA;

(b) the number of people attended public hospitals for further diagnosis or treatment after undergoing magnetic resonance imaging and computerised tomography scanning and diagnosed in the private sector in 2010-11;

(c) the number of people currently waiting for magnetic resonance imaging and computerised tomography scanning in the HA and their average waiting time; the estimated reduction in waiting time following provision of magnetic resonance imaging services to 3 400 additional patients and computerised tomography scanning services to 3 000 additional patients in 2011-12.

Asked by: Hon. CHEUNG Man-kwong

Reply:

In 2011-12, the Hospital Authority (HA) has earmarked a total of $14.4 million for enhancing magnetic resonance imaging (MRI) and computerised tomography (CT) scanning services through extension of service hours of MRI and CT scanners HA will provide MRI service to 3 400 additional patients and CT service to 3 000 additional patients each year starting from 2011-12.

The table below sets out the number of MRI and CT scanners in HA hospitals and the number of examinations performed in each hospital cluster.

Cluster	**Hospital**	**No. of scanners in 2010-11**		**No. of examinations preformed (April to Dec 2010)**	
		MRI	**CT**	**MRI**	**CT**
HKE	PYNEH	1	2	3 487	24 994

Cluster	Hospital	No. of scanners in 2010-11		No. of examinations preformed (April to Dec 2010)	
		MRI	CT	MRI	CT
	RH	0	1		
HKW	QMH	2	4	6 462	19 802
KC	QEH	3	3	6 017	30 579
KE	TKOH	0	1	2 143	20 686
	UCH	1	2		
KW	CMC	0	1	5 916	45 955
	KWH	1	2		
	PMH	1	2		
	YCH	0	1		
NTE	AHNH	0	1	8 620	35 844
	NDH	1	1		
	PWH	1	3		
NTW	TMH	2	1	3 112	25 433
	POH	0	1		
Total		**13**	**26**	**35 757**	**203 293**

At present, HA does not have a central registry on the total number of patients waiting for MRI or CT services across all clusters. Based on the information on patients who have received MRI and CT examinations from April to December 2010 across HA, their median waiting time has been complied and set out in the table below.

Services	Median waiting time of patients who received examinations from April to December 2010
MRI	86 days
CT	Within 1 day (Note: about 64% of CT examinations are urgent examinations)

HA does not have the number of patients who were diagnosed to be in need of further treatment after receiving MRI or CT examination. HA also does not have the information on the number of patients who received further diagnosis or treatment in public hospitals following MRI or CT examinations in the private sector.

Abbreviations

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

Hospitals:
AHNH - Alice Ho Miu Ling Nethersole Hospital
CMC – Caritas Medical Centre
KWH - Kwong Wah Hospital
NDH – North District Hospital
PMH - Princess Margaret Hospital
POH – Pok Oi Hospital

PWH - Prince of Wales Hospital
PYNEH - Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
QEH - Queen Elizabeth Hospital
QMH - Queen Mary Hospital
TKOH – Tseung Kwan O Hospital
TMH - Tuen Mun Hospital
UCH – United Christian Hospital
YCH - Yan Chai Hospital

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)158

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2678

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the total numbers of doctors, nurses and allied health staff in the Hospital Authority, a breakdown by hospital clusters, and their ratios to the total population and persons aged 65 or above in individual clusters in 2009-10 and 2010-11.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number and ratio of doctors, nurses and allied health staff in the Hospital Authority (HA) per 1 000 population by cluster in 2009-10 and 2010-11 :

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population								
	Doctors	**Ratio to overall population**	**Ratio to people aged 65 or above**	**Nurses**	**Ratio to overall population**	**Ratio to people aged 65 or above**	**Allied Health**	**Ratio to overall population**	**Ratio to people aged 65 or above**
2009-10 (as at 31 March 2010)									
Hong Kong East	541	0.7	4.5	2 049	2.5	17.0	615	0.7	5.1
Hong Kong West	559	1.0	7.9	2 366	4.4	33.2	727	1.4	10.2
Kowloon Central	635	1.3	8.8	2 787	5.7	38.8	782	1.6	10.9
Kowloon East	566	0.6	4.3	2 018	2.1	15.3	550	0.6	4.2
Kowloon West	1 183	0.6	4.4	4 735	2.5	17.5	1 173	0.6	4.3
New Territories East	842	0.7	6.3	3 254	2.5	24.3	911	0.7	6.8
New Territories West	657	0.6	7.1	2 619	2.5	28.1	633	0.6	6.8
Total	**4 983**	**0.7**	**5.6**	**19 828**	**2.8**	**22.2**	**5 391**	**0.8**	**6.0**
2010-11 (as at 31 December 2010)									
Hong Kong East	555	0.7	4.4	2 081	2.5	16.6	616	0.7	4.9
Hong Kong West	573	1.1	7.8	2 422	4.5	32.8	741	1.4	10.0
Kowloon Central	654	1.3	8.6	2 784	5.6	36.8	825	1.7	10.9
Kowloon East	586	0.6	4.6	2 090	2.2	16.4	570	0.6	4.5
Kowloon West	1 204	0.6	4.3	4 708	2.5	17.0	1 218	0.7	4.4
New Territories East	837	0.6	6.1	3 243	2.5	23.4	926	0.7	6.7
New Territories West	665	0.6	6.9	2 623	2.5	27.0	655	0.6	6.8
Total	**5 074**	**0.7**	**5.5**	**19 951**	**2.8**	**21.8**	**5 551**	**0.8**	**6.1**

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 :

(c) patients can receive care in hospitals other than those in their own residential districts and cross-cluster utilization of services is rather common; and

(d) 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	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)159

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2879

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Government has completed the second stage public consultation on health care reform on 17 January 2011. In this regard, would the Administration advise on the following:

(a) How many consultants have been employed to conduct the study and what are their names?

(b) What are the scope and duration of the study and what is the expenditure involved?

(c) Will the study report and detailed figures be released to the public? If not, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

Name of consultant	**Mode of award (open auction/ tender/ others (please specify))**	**Title, content and objectives of project**	**Consultancy fee ($)**	**Start date**	**Progress of study (under planning / in progress / completed)**	**Follow-ups taken by the Administration on the study reports and their progress (if any)**	**If completed, have they been made public? If yes, through what channels, If no, why?**
Karl Research Limited	Tender*	Telephone Survey on Supplementary Healthcare Financing (December 2008 and January 2009): to gauge the views of the general public on supplementary financing for healthcare after the starting of economic downturn.	70,000	Dec.2008	Completed	Findings of this study have been considered by the Food and Health Bureau for the overall planning of healthcare reform public consultation.	Study reports have been released through the website of Food and Health Bureau.

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

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
Milliman Limited	Tender*	Assessment of the Long-term Implications of the Health Protection Scheme: to assess the various implications of the proposed Scheme up to the long term at system, government, corporate and individual levels.	1,430,000	Feb.2010	Completed	Findings of these studies have been incorporated in the Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.
Consumer Search HK Limited	Tender*	Telephone Survey on Supplementary Healthcare Financing (March – April 2010): to gauge the updated preference of the general public on supplementary healthcare financing.	85,000	Mar.2010	Completed	Findings of these studies have been incorporated in the Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.
Consumer Search HK Limited	Tender*	Consumer Market Research – Telephone Survey and Focus Group Study: to gauge the views of consumers regarding their preferences and willingness-to-pay for the proposed voluntary supplementary financing scheme.	428,000	May2010	Completed	Findings of these studies have been incorporated in the Second Stage Public Consultation on Healthcare Reform.	Study reports have been released through the website of Food and Health Bureau.

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

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objectives of project	Consultancy fee ($)	Start date	Progress of study (under planning / in progress / completed)	Follow-ups taken by the Administration on the study reports and their progress (if any)	If completed, have they been made public? If yes, through what channels, If no, why?
Consumer Search HK Limited and The Chinese University of Hong Kong	Tender*	Opinion Polls on the Health Protection Scheme: to gauge the views of the general public on the Health Protection Scheme(HPS) as set out in the Healthcare Reform Second stage Consultation Document.	465,000	Oct.2010	In progress	The study is still on-going	The study is still on-going
School of Public Health and Primary Care, CUHK	Tender*	Medical Stakeholders Survey and Interviews on Health Protection Scheme: to gauge the views of stakeholders from the medical sector on the proposed HPS as set out in the Healthcare Reform Second Stage Consultation Document.	808,328	Dec2010	In progress	The study is still on-going	The project is still on-going
Consumer Search HK Limited	Tender*	Consumer Market Research on the Health Protection Scheme: to gauge the views of the consumers, particularly those who are decision-makers of purchasing private health insurance products for themselves and/or their family members on the proposed HPS as set out in the Healthcare Reform Second Stage Consultation Document.	449,000	Jan.2011	In progress	The study is still on-going	The project is still on-going

* Adopted the process of direct procurement by calling several quotations.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)160

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2884

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under the item Matters Requiring Special Attention in 2011-12, it was mentioned that the Hospital Authority will "improve service to meet increasing demand arising from population growth and demographic changes through a number of initiatives, including opening of additional beds in the New Territories West Cluster". Please provide the relevant details including the estimated number of patients to be served by each kind of service facilities as well as the total working hours of each rank of staff, the number of staff and expenditure involved. Please also provide a breakdown of the resources of the hospitals in the New Territories West Cluster in 2009-10, 2010-11 and 2011-12 (estimated) in the following table.

	Numbers
Doctor	
Nurse	
Allied health staff	
General bed	
Provision ($)	

Asked by: Hon. LEUNG Ka-lau

Reply:

The major service enhancement initiatives to be implemented by the New Territories West Cluster (NTWC) in 2011-12 are set out below. The Hospital Authority (HA) has earmarked an additional $299 million for NTWC to implement the initiatives. Details of additional manpower required are being worked out and is not yet available.

	Initiatives	**Projected additional deliverables in 2011-12**
(1)	Opening of 13 acute beds in Pok Oi Hospital	280 discharge episodes
(2)	Opening of 8 acute beds in Tuen Mun Hospital (TMH)	210 discharge episodes
(3)	Commissioning of community health centre in Tin Shui Wai North	10 000 general outpatient clinic (GOPC) attendances
(4)	Enhancement of services in Urology, Rheumatology, and Obstetrics and Gynaecology Oncology	5 000 attendances
(5)	enhancement of psychiatric services including (a) expansion of the community Case Manager Program for patients with severe mental illness (b) expansion of the psychogeriatric outreach service; (c) enhancement of community psychiatric service by setting up a rapid Crisis Intervention Team; and (d) extension of the Early Assessment Service for Young Persons with Psychotic Disorders	 (a) 14 400 community psychiatric outreach attendances (b) 1 600 psychogeriatric outreach attendances (c) 1 500 community psychiatric outreach attendances (d) 360 specialist outpatient clinic (SOPC) attendances
(6)	Expansion of the capacity of cataract service	90 discharge episodes and 270 SOPC attendances
(7)	Strengthening of palliative care for non-cancer patients	1 100 SOPC attendances, 240 allied health outpatient attendances and 400 hospice home visits

The table below sets out the number of full-time equivalent (FTE) staff of NTWC, the number of general beds in NTWC and the allocation of the hospitals in NTWC in 2009-10 and 2010-11.

	Tuen Mun Hospital		**Pok Oi Hospital**		**Castle Peak Hospital**		**Siu Lam Hospital**		**NTWC overall**	
	2009-10	**2010-11**	**2009-10**	**2010-11**	**2009-10**	**2010-11**	**2009-10**	**2010-11**	**2009-10**	**2010-11**
Number of doctors	490.9	498.6	98.4	103.4	64	73.6	4	3	657.3	678.6
Number of nurses	1 678	1 658	333.9	372.8	512.7	541.2	89.1	86.8	2 613.7	2 658.8

	Tuen Mun Hospital		Pok Oi Hospital		Castle Peak Hospital		Siu Lam Hospital		NTWC overall	
	2009-10	**2010-11**	**2009-10**	**2010-11**	**2009-10**	**2010-11**	**2009-10**	**2010-11**	**2009-10**	**2010-11**
Number of allied health professionals	474.5	488.7	94.6	109	59	68	5	5	633.1	670.7
Number of general beds	1 678	1 725	319	369	Not applicable		Not applicable		1 997	2 094
Allocation (million)	$2,755	$2,841	$457	$521	$656	$680	$113	$110	$3,981	$4,152

Allocation for the hospitals of NTWC in 2011-12 is being worked out and not yet available. The table below sets out the estimated number of general beds for hospitals in NTWC as at 31 March 2012:

	Tuen Mun Hospital	Pok Oi Hospital	Castle Peak Hospital	Siu Lam Hospital	NTWC
Number of General beds	1 733	382	Not applicable	Not applicable	2 115

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)161

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2885

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Matters Requiring Special Attention in 2011-12, the Hospital Authority states that it will "enhance chronic disease management through multidisciplinary, case management and empowerment approach in accordance with the primary care development strategy". What are the details of the estimated patient attendance rate of each service, the facilities, the total number of working hours of the staff of each rank, the manpower and expenditure involved in 2010-11 and 2011-12 (Estimate)?

Asked by: Hon. LEUNG Ka-lau

Reply:

Enhancing primary care was one of the proposals put forward in the Healthcare Reform Consultation Document "Your Health, Your Life" and received broad public support during the first stage public consultation on healthcare reform conducted between March and June 2008. In 2009, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health formulated framework recommendations on enhancing primary care in Hong Kong, including –

(i) developing primary care conceptual models and reference frameworks;

(ii) setting up and promoting a Primary Care Directory; and

(iii) devising feasible service models to deliver community-based primary care services through appropriate pilot projects.

Based on WGPC's recommendations, the Government has allocated or earmarked additional funding for primary care and public-private partnership (PPP) in healthcare since 2008-09. By 2011-12, the Government would increase the related annual recurrent expenditure by $1.7 billion (as compared to 2007-08). Moreover, $1.9 billion has been earmarked for non-recurrent and capital works items, for implementing various initiatives in line with the Government's primary care development strategy.

In September 2010, a Primary Care Office (PCO) was set up in the Department of Health (DH) to provide support to the Food and Health Bureau on policy formulation and strategy development on primary care, and co-ordinate the development of better primary care services in Hong Kong. The latest progress and the work plan are as follows –

(a) A web-based version of the Primary Care Development Strategy Document was published in December 2010. PCO will launch a territory-wide "Primary Care Campaign" in partnership with healthcare professionals starting from March 2011 to introduce the Government's primary care development strategy and initiatives to the general public.

(b) A web-based version of the reference frameworks for diabetes mellitus (DM) and hypertension (HT) care in primary care settings was published in January 2011. Development of primary care conceptual models and reference frameworks for the elderly and children will be started in 2011-12.

(c) Enrolment of doctors and dentists in the respective sub-directories of Primary Care Directory started in December 2010. The Directory will be launched in March 2011 to help the public identify primary care practitioners who can cater for their individual needs. We will start developing a sub-directory of Chinese medicine practitioners in 2011-12. The sub-directories of nurses and other allied health professionals will be developed at a later stage.

(d) Various pilot projects based on different Community Health Centre (CHC)-type models with healthcare professionals and providers from the public sector, private sector, non-governmental organisations (NGOs) and universities are being explored. A purpose-built CHC in Tin Shui Wai will be established in the first half of 2012. We will continue to plan CHC pilot projects in consultation with the relevant stakeholders.

The Government will continue to implement, through DH and the Hospital Authority (HA), pilot projects to enhance primary care, with a view to taking forward the primary care development strategy. These include a series of pilot projects to enhance support for chronic disease patients in primary care settings, the Elderly Health Care Voucher Pilot Scheme, various vaccination subsidy schemes, establishment of CHCs and networks, enhancement of primary dental care and oral health promotion, implementation of research projects on primary care, enhancement of primary care related training and capacity building in collaboration with healthcare professionals, etc.

There are five chronic disease management pilot projects with primary care nature, namely the Multi-disciplinary Risk Factor Assessment and Management Programme (RAMP), the Patient Empowerment Programme (PEP), Nurse and Allied Health Clinics (NAHC), the Public-Private Chronic Disease Management Shared Care Programme ("Shared Care Programme") and the Tin Shui Wai Primary Care Partnership Project (TSWPPP). The latest position is as follows –

Programme	Implementation schedule
RAMP	Will be extended to all seven clusters by 2011-12. A total of more than 167 000 patients are expected to benefit from the programme by 2011-12.
PEP	Will be extended to all seven clusters by 2011-12. A total of 32 000 patients are expected to benefit from the programme by 2012-13.
NAHC	Launched in all seven clusters in August 2009. The total number of attendances is expected to be over 224 500 by 2011-12.
Shared Care Programme	Launched in the New Territories East Cluster in March 2010 and extended to the Hong Kong East Cluster in September 2010. As at February 2011, 88 patients had enrolled in the programme.
TSWPPP	Launched in Tin Shui Wai North in June 2008 and extended to Tin Shui Wai South in June 2010. As at February 2011, 1 596 patients had enrolled in the programme.

The total amount of funding earmarked for chronic disease management pilot projects is $224.370 million in 2010-11 and $378.596 million in 2011-12. Staff of different disciplines involved include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, occupational therapists, executive officers, technical service assistants, general service assistants, etc. Set-up of information technology systems is required for making patient referrals and monitoring the programmes. General out-patient clinics running RAMP and NAHC are also provided with the necessary equipment and facilities.

Individual pilot projects to enhance primary care are subject to evaluation based on objective criteria with, where appropriate, assessment by an independent third-party. In this connection, for pilot projects being implemented through HA to strengthen support for chronic disease patients in primary care settings, the medical schools of the Chinese University of Hong Kong and the University of Hong Kong have been engaged as independent assessors to review and evaluate them against set service targets and performance indicators.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)162

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2886

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Matters Requiring Special Attention in 2011-12, it is stated that the Hospital Authority will "introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the Hospital Authority Drug Formulary". Please advise on the names of the drugs concerned and the justifications for incorporating them as subsidized drugs; the scope of use before and after the expansion; and the amount of subsidies and number of patients involved for each of these drugs.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Government has earmarked additional recurrent funding of $237 million to the Hospital Authority (HA) to incorporate a cancer drug as special drug in the Drug Formulary (the Formulary) and expand the clinical applications of eight drug classes in 2011-12. All the eight drug classes are special drugs in the Formulary. The table below sets out the names of drugs/drug classes, their therapeutic use as well as the estimated number of patients who will benefit and the estimated expenditure involved for each drug/drug class each year.

Drug name/class	Therapeutic use	Estimated number of patients benefited	Estimated expenditure involved ($ million)
Incorporation of drug			
1. Capecitabine	Oral drug treatment for colorectal cancer	1 000	20
Expansion of clinical applications			
2. Traditional and recombinant insulin, DDP-IV inhibitor	Treatment for diabetic mellitus	29 000	38
3. Long-acting bronchodilators	Treatment for chronic obstructive pulmonary disease	7 500	44
4. Angiotensin II Receptor Blockers	Treatment for cardiovascular diseases	6 000	10
5. Atypical antipsychotic drugs (long acting oral	Treatment for mental illness	4 000	40

Drug name/class	Therapeutic use	Estimated number of patients benefited	Estimated expenditure involved ($ million)
and injection)			
6. Epoetins	Treatment for renal anaemia	2 500	44
7. Glaucoma eye drops	Treatment for glaucoma	1 000	5
8. Antivirals	Treatment for Hepatitis B	1 300	26
9. Oral iron chelators	Treatment for thalassaemia major	50	10

The Formulary is developed by evaluating new drugs and reviewing prevailing list of drugs on a regular basis under an established mechanism. The Drug Advisory Committee (DAC) regularly appraises new drugs, while the Drug Utilization Review Committee (DURC) conducts periodic review on existing drugs in the Formulary. The two committees are supported by expert panels which provide specialist views on the selection of drugs for individual specialties. The review process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness. The committees and expert panels also take into account relevant factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost, and views of professionals and patient groups, etc.

As part of the continuous efforts to enhance its transparency and partnership with the community, HA has established in 2009 a formal consultation mechanism under which annual consultation meetings will be convened to inform patient groups of the latest developments of the Formulary. Patient groups will be invited to submit their views and propose any changes to the Formulary after the meeting. Their views and suggestions will then be presented to the relevant committees for consideration.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)163

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2887

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As stated in the Matters Requiring Special Attention in 2011-12, the Hospital Authority will "enhance community and ambulatory care to minimise hospital admissions and reduce avoidable hospitalisation". Will the Administration please provide the details about each service for the years 2010-11 and 2011-12 (estimated), including the estimated attendances, facilities, total working hours for each rank of staff, manpower and expenditures involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

To manage the increasing service demand, the Hospital Authority (HA) will enhance its community and ambulatory services to minimize hospital admissions of patients and reduce avoidable hospitalization. The table below sets out the initiatives implemented in 2010-11.

Programme	**Description**	**Expenditure and manpower involved**
Hospital Authority Community Health Call Centre	HA Community Health Call Centre services have been rolled out to all seven clusters, providing medical advice and early intervention to discharged elderly patients so as to reduce their need for repeated hospital admissions. 70 000 calls were provided in 2010-11.	$35 million 16 full-time equivalent nurses
Case Management Programme for patients with severe mental illness	HA has launched a Case Management Programme for patients with severe mental illness in Kwai Tsing, Kwun Tong and Yuen Long districts to provide intensive, continuous and personalized community support to about 5 000 patients.	$78 million 80 to 100 case managers

The table below sets out the programs to be implemented in 2011-12.

Programme	Description	Estimated expenditure involved and manpower requirement
Hospital Authority Community Health Call Centre	In addition to discharged elderly patients, the HA Community Health Call Centre services will be expanded to support patients with chronic diseases and mental illness. The program is expected to deliver 160 000 calls in 2011-12.	$93 million 52 full-time equivalent nurses
Integrated Care Model for High Risk Elders	All seven clusters of HA will implement an integrated care model for patients who are at a higher risk of hospital readmission. Additional nurses will be deployed in the wards to determine the patients' risk of readmission. Discharge plans covering post-discharge support services are then developed for the patients. For those with complex care needs, there will be designated case managers to co-ordinate their care in the community. For the discharged patients with chronic diseases, community nursing service (CNS) will be enhanced. In 2011-12, HA has planned to arrange discharge planning for about additional 18 600 patient and provide 21 200 case management visits and 1 850 enhanced CNS visits.	$79 million Around 8 doctors, 130 allied health professionals and/or nurses, and 15 supporting staff
Extension of the Case Management Programme	HA will extend the Case Management Programme to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to benefit 6 000 more patients.	$73 million Additional 100 to 120 case managers
Setting up of Crisis Intervention Teams	HA will set up Crisis Intervention Teams in all seven clusters in 2011-12 to provide intensive support to high-risk patients using a case management approach, and to provide rapid and prompt response to emergency referrals involving other patients in the community. About 1 000 patients will benefit each year by the initiative.	$35 million Six doctors and 42 nurses
Extension of Integrated Mental Health Programme	HA will extend the programme to all seven clusters to benefit a total of about 7 000 patients each year.	$20 million 20 doctors, nurses and allied health professionals working in multi-disciplinary teams
Expansion of the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme	To enhance early intervention for psychosis, HA will expand the service target of the EASY programme to include adults. About an additional 600 patients will benefit each year.	$30 million 43 nurses and allied health professionals
Extension of psychogeriatric	HA will extend the psychogeriatric outreach service to about 80 more residential care homes	$13 million

Programme	Description	Estimated expenditure involved and manpower requirement
outreach service	for the elderly in 2011-12.	Seven doctors and seven nurses
Enhancement of child and adolescent mental health service	HA will expand the professional team comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from autism and hyperactivity disorder. About an additional 3 000 children will benefit each year.	$45 million 48 doctors, nurses and allied health professionals working in multi-disciplinary teams

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)164

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2888

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

According to the Budget Speech, "it is estimated that public hospitals will perform 3 000 additional cataract operations and another 3 000 patients will receive subsidy for cataract surgery in the private sector in 2011-12". What are the details of the estimated facilities, the total number of working hours of the staff of each rank, the manpower and expenditure involved? How many days of waiting time will thus be shortened?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) has implemented since February 2008 a Cataract Surgeries Programme (CSP) to subsidize patients to receive surgeries in the private sector. Under CSP, patients who choose to receive surgeries in the private sector will receive a fixed subsidy of $5,000, subject to a co-payment of no more than $8,000. HA has at the same time increased the number of surgeries conducted in HA hospitals.

In 2011-12, HA has earmarked a total of $69 million for enhancing cataract services. HA will provide subsidy to another 3 000 patients to receive cataract surgeries in the private sector. At the same time, HA will conduct an additional 3 000 cataract surgeries with enhanced facilities, including a new Cataract Centre at Tseung Kwan O Hospital. The detailed additional manpower required for the above initiatives is being worked out and is not yet available.

The waiting time of cataract surgeries depends on a number of factors, including the number of new cases each year and complexity of the cases. Before the implementation of CSP, the notional waiting time of cataract surgery in HA was around 35.5 months. By increasing the number of surgeries conducted within HA and providing subsidy to patients to undertake surgeries in the private sector, HA projects that the waiting time will be shortened to no more than 24 months in 2011-12.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)165

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2889

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Budget Speech that the Hospital Authority will establish "an additional specialist centre for joint replacement in 2011-12". What are the details of the estimated patient attendance rate of the service, the facilities, the total number of working hours of the staff of each rank, the manpower and expenditure involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

The additional specialist centre for joint replacement (the Centre) will be established at the Yan Chai Hospital in the Kowloon West Cluster. It is estimated that the Centre can provide 400 surgeries and follow-up rehabilitation programmes each year. An estimated amount of $32 million will be required for the setting up of the Centre and its first year of operation. The additional manpower involved include three Associate Consultants; four Resident Trainees; two Advanced Practice Nurses; 11 Registered Nurses; nine Technical Services Assistants for acute services; and two Physiotherapists; two Occupational Therapists; one Assistant Social Welfare Officer and four Technical Services Assistants for rehabilitation service.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)166

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2890

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Budget Speech that the Hospital Authority "plans to provide magnetic resonance imaging services to 3 400 additional patients and computerised tomography scanning services to 3 000 additional patients each year starting from 2011-12". What are the details of the estimated facilities of each service, the total number of working hours of the staff of each rank, the manpower and expenditure involved? How many days of waiting time will thus be shortened?

Asked by: Hon. LEUNG Ka-lau

Reply:

In 2011-12, the Hospital Authority (HA) has earmarked a total of $14.4 million for enhancing magnetic resonance imaging (MRI) and computerised tomography (CT) scanning services through extension of service hours of MRI and CT scanners. HA will provide MRI service to 3 400 additional patients and CT service to 3 000 additional patients each year starting from 2011-12. The additional manpower required include four Associate Consultants, four Radiographers, two nurses and four supporting staff.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)167

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0541

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that "dedicated professional teams will be expanded to provide services for an additional 3 000 or so children with autism or hyperactivity disorder each year". In this connection, please provide details on the following :

(a) With regard to "dedicated professional teams will be expanded", what professional teams will be expanded actually?
(b) What types of professionals will be given additional manpower? Please provide a breakdown of the additional manpower by types of professionals.
(c) A breakdown of the additional manpower by district.

Asked by: Hon. CHEUNG Kwok-che

Reply:

To enhance the support to children suffering from autism and hyperactivity disorder, the Hospital Authority (HA) will expand the professional team comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from these disorders. Depending on their conditions and needs, these children may receive pharmacological treatment and training aiming at improving their speech and communication, social skills, behavior adjustment, problem solving skills, emotional management and interpersonal relationships. The professional team will also support parents and caregivers to enhance their understanding of the condition and treatment needs of these children. The initiative is expected to benefit around an additional 3 000 children each year, including about 2 000 children with autism and about 1 000 children with hyperactivity disorder. It is estimated that an additional 48 members of multi-disciplinary teams including doctors, nurses and allied health professionals will be recruited to provide the service. The additional recurrent expenditure involved is estimated at $45 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)168

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0542

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 156 of the Budget Speech that dedicated professional teams will be expanded to provide services for an additional 3 000 children with autism or hyperactivity disorder each year.

(a) The Government will provide services for an additional 3 000 children with autism or hyperactivity disorder. What are their respective percentages?

(b) What is the distribution of additional service places by district?

(c) What is the specific service content of such places? What is the average number of service hours expected to be provided to each service user?

Asked by: Hon. CHEUNG Kwok-che

Reply:

To enhance the support to children suffering from autism and hyperactivity disorder, the Hospital Authority (HA) will expand the professional team comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from these disorders. Depending on their conditions and needs, these children may receive pharmacological treatment and training aiming at improving their speech and communication, social skills, behavior adjustment, problem solving skills, emotional management and interpersonal relationships. The professional team will also support parents and caregivers to enhance their understanding of the condition and treatment needs of these children. The initiative is expected to benefit around an additional 3 000 children each year, including about 2 000 children with autism and about 1 000 children with hyperactivity disorder. It is estimated that an additional 48 members of multi-disciplinary teams including doctors, nurses and allied health professionals will be recruited to provide the service. The additional recurrent expenditure involved is estimated at $45 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)169

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3056

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Government's plan to make continuous efforts to develop medical services and enhance the public medical service system will surely result in an increased demand for nursing manpower. In view of this, will the Bureau close the nursing schools and provide additional resources to increase places for degree programmes in nursing so as to enhance nursing training to cope with the demand? If yes, what are the details? If no, what is/are the reason(s)?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines. Meanwhile, HA nursing schools will continue to provide training places to enhance continuous supply of nursing manpower, with the target of having 300 and 100 nurse trainees intakes for the Registered Nurse Higher Diploma Programme and the Enrolled Nurse Programme respectively in 2011-12.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)170

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3408

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

(a) What were the total domestic health expenditures and their percentage shares in Gross Domestic Product (GDP) in 2008-09, 2009-10 and 2010-11 respectively; and the respective proportions of the public and private health expenditures in the total domestic health expenditure in these years?

(b) In the 2011-12 Estimates, did the Administration envisage the proportion of the total domestic health expenditure in GDP? If so, what is the Administration's target and on what basis did it make the estimation? If not, what are the reasons?

(c) In the 2011-12 Estimates, did the Administration envisage the proportion of the public health expenditure in the domestic health expenditure? If so, what is the Administration's target and on what basis did it make the estimation? If not, what are the reasons?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Statistics on health expenditures in Hong Kong, comprising both public and private health expenditures, are collected through the Domestic Health Accounts of Hong Kong (HKDHA) compiled by the Food and Health Bureau (FHB) in accordance with the framework of the International Classification for Health Accounts (ICHA) promulgated by the Organisation for Economic Co-operation and Development (OECD) in 2000. The HKDHA capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health, providing a more detailed and complete picture of health expenditures that facilitates international comparison.

Meanwhile, the Estimates show expenditure by the Government under the health policy area group (PAG) in the Government Accounts. It should be noted that HKDHA capture a broader scope of public health expenditures than those under the health PAG in the Government Accounts. Annex 1 shows the difference between HKDHA and the Government Accounts. Thus public expenditure under health PAG in the Government Accounts is generally 15-17% lower than that of public health expenditure under HKDHA. On the other hand, due to complexity of gathering, compiling, verifying and analyzing health expenditure data from a variety of different sources, HKDHA take time to compile and are available up to 2006-07 only.

Annex 2 shows the statistics on total health expenditure, public health expenditure and private health expenditure from HKDHA in 1989-90 to 2006-07. Such statistics from HKDHA do not differentiate recurrent from non-recurrent health expenditures. Recurrent government expenditure and non-recurrent and capital expenditure under the health PAG in the Government Accounts in 1995-96 to 2011-12 are shown in Annex 3. Major items of non-recurrent and capital expenditure in 2008-09 to 2011-12 are shown in Annex 4.

Figures on overall population and those aged 65 and above are shown in Annex 5. Of note, both HKDHA and Government Accounts are not compiled on age-specific basis and hence age-specific figures are not available. In terms of Hospital Authority's (HA) cost of services published in the Controlling Officer's Report, the cost of HA services for persons aged 65 or above is estimated to represent 45.2% share of HA's overall cost of service in 2011-12, amounting to $19.4 million per 1,000 population aged 65 or above.

To demonstrate the Government's commitment to healthcare reform in addressing the challenges of an ageing population and rising medical costs, the Chief Executive has pledged in his Policy Address 2007-08 to increase the Government's recurrent expenditure on medical and health services from 15% in 2007-08 to 17% in 2012. This takes into consideration the need for increasing government budget to improve public healthcare services and to support the healthcare reform, and the overall budgetary situation of the Government.

Estimates on government expenditures in the health PAG under the Government Accounts are based on the estimated expenditures by government departments and organizations for the relevant functions and activities. There is no estimate of private expenditure on health services in the Government's Budget, and in turn there is no estimate of total domestic health expenditure in amount or as a ratio to GDP in the Budget. The 2011-12 estimate on public expenditure in the health PAG under the Government Accounts amounts to 2.4% as a ratio to the projected GDP as shown in the Appendices of the Budget Speech.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Annex 1

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

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

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

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

As a result of the above difference, the HKDHA estimates on public health expenditure are generally higher than the estimates of public expenditure on health PAG under the Government Accounts. The difference amounted to 15-17% from 2002-03 to 2006-07.

	2002-03	2003-04	2004-05	2005-06	2006-07
Public health expenditure under HKDHA (HK$ Million) (a)	38,526	39,889	37,094	36,930	37,417
Total public expenditure on health PAG under the Government Accounts (HK$ Million) (b)	33,169	34,201	32,199	31,616	32,127
Difference [(a – b) / (b)]	16.2%	16.6%	15.2%	16.8%	16.5%

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

Annex 2

Statistics on health expenditures from Hong Kong's Domestic Health Accounts (HKDHA), 1989-90 to 2006-07

	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
Total Health Expenditure																		
At current prices (HK$ million)	19,659	23,788	29,382	34,173	39,486	44,823	51,288	56,854	62,231	66,273	65,929	67,290	68,687	67,105	69,214	68,263	70,643	75,048
At constant 2007 prices (HK$ million)	27,236	30,824	34,604	36,763	39,322	42,223	46,227	48,341	50,377	54,027	56,363	59,587	61,973	63,084	69,244	70,311	72,565	76,994
Annual change (at constant 2007 prices)		13.2%	12.3%	6.2%	7.0%	7.4%	9.5%	4.6%	4.2%	7.2%	4.3%	5.7%	4.0%	1.8%	9.8%	1.5%	3.2%	6.1%
As % of GDP	3.6%	3.9%	4.1%	4.1%	4.1%	4.2%	4.5%	4.5%	4.6%	5.2%	5.1%	5.1%	5.3%	5.3%	5.6%	5.2%	5.0%	5.0%
Per capita (HK$) (at constant 2007 prices)	4,790	5,403	6,016	6,338	6,664	6,996	7,509	7,512	7,763	8,256	8,532	8,940	9,230	9,354	10,288	10,365	10,651	11,228
Public Health Expenditure																		
At current prices (HK$ million)	7,749	10,016	13,394	15,844	18,658	21,582	25,316	28,653	31,671	35,800	35,997	37,028	39,152	38,526	39,889	37,094	36,930	37,417
At constant 2007 prices (HK$ million)	10,736	12,979	15,774	17,045	18,580	20,330	22,818	24,363	25,638	29,185	30,774	32,789	35,325	36,217	39,906	38,207	37,935	38,387
Annual change (at constant 2007 prices)		20.9%	21.5%	8.1%	9.0%	9.4%	12.2%	6.8%	5.2%	13.8%	5.4%	6.5%	7.7%	2.5%	10.2%	-4.3%	-0.7%	1.2%
As % of GDP	1.4%	1.6%	1.9%	1.9%	1.9%	2.0%	2.2%	2.3%	2.3%	2.8%	2.8%	2.8%	3.0%	3.0%	3.2%	2.8%	2.6%	2.5%
As % of Total Health Expenditure	39.4%	42.1%	45.6%	46.4%	47.3%	48.1%	49.4%	50.4%	50.9%	54.0%	54.6%	55.0%	57.0%	57.4%	57.6%	54.3%	52.3%	49.9%
Per capita (HK$) (at constant 2007 prices)	1,888	2,275	2,742	2,939	3,149	3,368	3,707	3,786	3,951	4,460	4,658	4,920	5,261	5,370	5,929	5,632	5,568	5,598
Private Health Expenditure																		
At current prices (HK$ million)	11,910	13,771	15,988	18,329	20,829	23,241	25,972	28,201	30,560	30,473	29,932	30,262	29,535	28,580	29,325	31,168	33,713	37,631
At constant 2007 prices (HK$ million)	16,501	17,845	18,830	19,718	20,742	21,893	23,409	23,978	24,739	24,842	25,589	26,797	26,648	26,867	29,337	32,104	34,630	38,607
Annual change (at constant 2007 prices)		8.1%	5.5%	4.7%	5.2%	5.6%	6.9%	2.4%	3.2%	0.4%	3.0%	4.7%	-0.6%	0.8%	9.2%	9.4%	7.9%	11.5%
As % of GDP	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.3%	2.2%	2.2%	2.4%	2.3%	2.3%	2.3%	2.2%	2.4%	2.4%	2.4%	2.5%
As % of Total Health Expenditure	60.6%	57.9%	54.4%	53.6%	52.7%	51.9%	50.6%	49.6%	49.1%	46.0%	45.4%	45.0%	43.0%	42.6%	42.4%	45.7%	47.7%	50.1%
Per capita (HK$) (at constant 2007 prices)	2,902	3,128	3,274	3,399	3,515	3,627	3,803	3,726	3,812	3,796	3,873	4,021	3,969	3,984	4,359	4,733	5,083	5,630

Note: Health expenditure estimates with adjustment for inflation are computed at constant 2007 prices which are as released in the latest set of HKDHA, 1989-90 to 2006-07

Annex 3

Government expenditures under the health PAG in the Government Accounts in 1995-96 to 2011-12

	1995-96	2000-01	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11*	2011-12**
Total Public Expenditure									
At current prices (HK$ million)	212,863	275,609	251,532	244,868	252,495	330,968	307,192	323,758	393,309
As % of GDP	18.7%	20.9%	17.8%	16.3%	15.3%	20.1%	18.6%	18.5%	21.0%
Recurrent Government Expenditure									
At current prices (HK$ million)	127,631	184,522	187,162	189,498	199,446	214,119	221,180	224,343	242,144
As % of GDP	11.2%	14.0%	13.3%	12.6%	12.1%	13.0%	13.4%	12.8%	12.9%
Total Public Expenditure on Health Policy Area Group (PAG)									
At current prices (HK$ million)	24,285	32,720	31,616	32,127	33,623	36,706	38,387	39,855	45,152
At constant 2007 prices (HK$ million)	21,889	28,974	32,476	32,960	33,415	36,158	38,078	39,179	43,304
Annual change (at constant 2007 prices)	20.3%	6.4%	-2.1%	1.5%	1.4%	8.2%	5.3%	2.9%	10.5%
As % of GDP	2.1%	2.5%	2.2%	2.1%	2.0%	2.2%	2.3%	2.3%	2.4%
As % of Total Public Expenditure	11.4%	11.9%	12.6%	13.1%	13.3%	11.1%	12.5%	12.3%	11.5%
Per Capita (HK$) (at constant 2007 prices)	3,556	4,347	4,767	4,807	4,825	5,182	5,437	5,543	6,082
Recurrent Government Expenditure on Health PAG									
At current prices (HK$ million)	19,963	30,479	29,286	29,830	31,641	33,849	35,333	36,732	39,904
At constant 2007 prices (HK$ million)	17,993	26,990	30,083	30,603	31,445	33,344	35,049	36,109	38,271
Annual change (at constant 2007 prices)	12.2%	5.7%	-3.1%	1.7%	2.8%	6.0%	5.1%	3.0%	6.0%
As % of GDP	1.8%	2.3%	2.1%	2.0%	1.9%	2.1%	2.1%	2.1%	2.1%
As % of Recurrent Government Expenditure	15.6%	16.5%	15.6%	15.7%	15.9%	15.8%	16.0%	16.4%	16.5%
As % of Total Public Expenditure on Health PAG	82.2%	93.2%	92.6%	92.9%	94.1%	92.2%	92.0%	92.2%	88.4%
Per Capita (HK$) (at constant 2007 prices)	2,923	4,049	4,415	4,463	4,540	4,779	5,004	5,109	5,375
Non-recurrent and Capital Expenditure on Health PAG									
At current prices (HK$ million)	4,322	2,241	2,330	2,297	1,982	2,857	3,054	3,123	5,248
At constant 2007 prices (HK$ million)	3,896	1,984	2,393	2,357	1,970	2,814	3,029	3,070	5,033
Annual change (at constant 2007 prices)	80.2%	17.2%	12.6%	-1.5%	-16.4%	42.9%	7.6%	1.3%	63.9%
As % of GDP	0.4%	0.2%	0.2%	0.2%	0.1%	0.2%	0.2%	0.2%	0.3%
As % of Total Public Expenditure on Health PAG	17.8%	6.8%	7.4%	7.1%	5.9%	7.8%	8.0%	7.8%	11.6%
Per Capita (HK$) (at constant 2007 prices)	633	298	351	344	284	403	433	434	707

Notes: For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2007 prices are computed using the same inflation adjustment factor as in the HKDHA.

* Revised Estimates

** Estimates

Annex 4

Major items of non-recurrent and capital expenditure on health, 2008-09 to 2011-12

Dept/Item	2008-09 Actual Expenditure ($M)	2009-10 Actual Expenditure ($M)	2010-11 Revised Estimate ($M)	2011-12 Estimate ($M)
Non-recurrent expenditure				
Grant to the Samaritan Fund	1,000.0	-	-	-
Funding Research on Control of Infectious Diseases	29.0	22.9	59.2	62.8
Health Care Voucher Pilot Scheme	6.6	49.0	84.0	365.7
Human Swine Influenza Vaccination	-	256.5	2.8	-
Pneumococcal and Seasonal Influenza Vaccination	-	68.5	-	-
Capital expenditure				
Medical subventions (public hospital development)	3,972.6	5,153.0	1,311.4	1,636.8
Development of a territory-wide Electronic Health Record Sharing System	-	34.4	109.5	171.5
Hospital Authority – improvement works, feasibility studies, investigations and pre-contract consultancy services for building projects (block vote)	399.9	600.0	600.0	700.0
Hospital Authority – equipment and information systems (block vote)	691.0	693.5	844.0	716.4

Annex 5

Mid-year population by age group, 1989 to 2011

(in thousands)

Age group	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011*
0 - 14	1 241 (21.8%)	1 226 (21.5%)	1 199 (20.8%)	1 192 (20.5%)	1 189 (20.1%)	1 190 (19.7%)	1 195 (19.4%)	1 204 (18.7%)	1 178 (18.2%)	1 159 (17.7%)	1 154 (17.5%)	1 128 (16.9%)	1 099 (16.4%)	1 074 (15.9%)	1 040 (15.4%)	1 005 (14.8%)	969 (14.2%)	939 (13.7%)	921 (13.3%)	902 (12.9%)	873 (12.5%)	858 (12.1%)	834 (11.7%)
15 - 64	3 976 (69.9%)	3 995 (70.0%)	4 051 (70.4%)	4 087 (70.5%)	4 166 (70.6%)	4 271 (70.8%)	4 359 (70.8%)	4 578 (71.1%)	4 640 (71.5%)	4 694 (71.7%)	4 742 (71.8%)	4 808 (72.1%)	4 863 (72.4%)	4 893 (72.6%)	4 896 (72.7%)	4 959 (73.1%)	5 010 (73.5%)	5 066 (73.9%)	5 133 (74.1%)	5 196 (74.5%)	5 237 (74.8%)	5 298 (75.0%)	5 349 (75.1%)
65 and above	470 (8.3%)	483 (8.5%)	502 (8.7%)	522 (9.0%)	546 (9.3%)	574 (9.5%)	602 (9.8%)	654 (10.2%)	672 (10.3%)	691 (10.6%)	710 (10.7%)	729 (10.9%)	753 (11.2%)	777 (11.5%)	795 (11.8%)	819 (12.1%)	835 (12.3%)	852 (12.4%)	871 (12.6%)	880 (12.6%)	894 (12.8%)	912 (12.9%)	938 (13.2%)
Total	5 686 (100%)	5 705 (100%)	5 752 (100%)	5 801 (100%)	5 901 (100%)	6 035 (100%)	6 156 (100%)	6 436 (100%)	6 489 (100%)	6 544 (100%)	6 607 (100%)	6 665 (100%)	6 714 (100%)	6 744 (100%)	6 731 (100%)	6 784 (100%)	6 813 (100%)	6 857 (100%)	6 926 (100%)	6 978 (100%)	7 004 (100%)	7 068 (100%)	7 120 (100%)

Notes: Figures in brackets are as percentage of total population.

* Population for 2011 are projected figures from Hong Kong Population Projections 2010–2039

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)171

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3409

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to matters requiring special attention in 2011-12, the Food and Health Bureau will initiate pilot projects in various districts to set up community health centres and networks under different service models to provide more comprehensive primary care services. In respect of these pilot projects, please advise on the number currently under implementation, their details, the expenditure, manpower and ranks involved, and the number of participants and results of such projects so far.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Enhancing primary care was one of the proposals put forward in the Healthcare Reform Consultation Document "Your Health, Your Life" and received broad public support during the first stage public consultation on healthcare reform conducted between March and June 2008. In 2009, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health formulated framework recommendations on enhancing primary care in Hong Kong, including –

(i) developing primary care conceptual models and reference frameworks;

(ii) setting up and promoting a Primary Care Directory; and

(iii) devising feasible service models to deliver community-based primary care services through appropriate pilot projects.

Based on WGPC's recommendations, the Government has allocated or earmarked additional funding for primary care and public-private partnership (PPP) in healthcare since 2008-09. By 2011-12, the Government would increase the related annual recurrent expenditure by $1.7 billion (as compared to 2007-08). Moreover, $1.9 billion has been earmarked for non-recurrent and capital works items, for implementing various initiatives in line with the Government's primary care development strategy.

In September 2010, a Primary Care Office (PCO) was set up in the Department of Health (DH) to provide support to the Food and Health Bureau on policy formulation and strategy development on primary care, and co-ordinate the development of better primary care services in Hong Kong. The latest progress and the work plan are as follows –

(a) A web-based version of the Primary Care Development Strategy Document was published in December 2010. PCO will launch a territory-wide "Primary Care Campaign" in partnership with healthcare professionals starting from March 2011 to introduce the Government's primary care development strategy and initiatives to the general public.

(b) A web-based version of the reference frameworks for diabetes mellitus (DM) and hypertension (HT) care in primary care settings was published in January 2011. Development of primary care conceptual models and reference frameworks for the elderly and children will be started in 2011-12.

(c) Enrolment of doctors and dentists in the respective sub-directories of Primary Care Directory started in December 2010. The Directory will be launched in March 2011 to help the public identify primary care practitioners who can cater for their individual needs. We will start developing a sub-directory of Chinese medicine practitioners in 2011-12. The sub-directories of nurses and other allied health professionals will be developed at a later stage.

(d) Various pilot projects based on different Community Health Centre (CHC)-type models with healthcare professionals and providers from the public sector, private sector, non-governmental organisations (NGOs) and universities are being explored. A purpose-built CHC in Tin Shui Wai will be established in the first half of 2012. We will continue to plan CHC pilot projects in consultation with the relevant stakeholders.

The Government will continue to implement, through DH and the Hospital Authority (HA), pilot projects to enhance primary care, with a view to taking forward the primary care development strategy. These include a series of pilot projects to enhance support for chronic disease patients in primary care settings, the Elderly Health Care Voucher Pilot Scheme, various vaccination subsidy schemes, establishment of CHCs and networks, enhancement of primary dental care and oral health promotion, implementation of research projects on primary care, enhancement of primary care related training and capacity building in collaboration with healthcare professionals, etc.

There are five chronic disease management pilot projects with primary care nature, namely the Multi-disciplinary Risk Factor Assessment and Management Programme (RAMP), the Patient Empowerment Programme (PEP), Nurse and Allied Health Clinics (NAHC), the Public-Private Chronic Disease Management Shared Care Programme ("Shared Care Programme") and the Tin Shui Wai Primary Care Partnership Project (TSWPPP). The latest position is as follows –

Programme	Implementation schedule
RAMP	Will be extended to all seven clusters by 2011-12. A total of more than 167 000 patients are expected to benefit from the programme by 2011-12.
PEP	Will be extended to all seven clusters by 2011-12. A total of 32 000 patients are expected to benefit from the programme by 2012-13.
NAHC	Launched in all seven clusters in August 2009. The total number of attendances is expected to be over 224 500 by 2011-12.
Shared Care Programme	Launched in the New Territories East Cluster in March 2010 and extended to the Hong Kong East Cluster in September 2010. As at February 2011, 88 patients had enrolled in the programme.
TSWPPP	Launched in Tin Shui Wai North in June 2008 and extended to Tin Shui Wai South in June 2010. As at February 2011, 1 596 patients had enrolled in the programme.

The total amount of funding earmarked for chronic disease management pilot projects is $224.370 million in 2010-11 and $378.596 million in 2011-12. Staff of different disciplines involved include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, occupational therapists, executive officers, technical service assistants, general service assistants, etc. Set-up of information technology systems is required for making patient referrals and monitoring the programmes. General out-patient clinics running RAMP and NAHC are also provided with the necessary equipment and facilities.

Individual pilot projects to enhance primary care are subject to evaluation based on objective criteria with, where appropriate, assessment by an independent third-party. In this connection, for pilot projects being implemented through HA to strengthen support for chronic disease patients in primary care settings, the medical schools of the Chinese University of Hong Kong and the University of Hong Kong have been engaged as independent assessors to review and evaluate them against set service targets and performance indicators.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)172

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3410

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to matters requiring special attention in 2011-12, the Food and Health Bureau will oversee the implementation of the established tobacco control policy through promotion, education, legislation, enforcement, taxation and smoking cessation. Please advise on the manpower and resources involved in each of the above areas; on the Administration's plan; and on the amount and percentage of allotted resources as compared with the duty on tobacco.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

In 2010, the revenue collected from tobacco is $3,816.70 million.

The manpower and expenditures of the Tobacco Control Office (TCO) for tobacco control from 2008-09 to 2011-12 are shown in Annexes 1 and 2 respectively. The resources for smoking prevention and cessation related activities have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care. The provision of smoking cessation service forms an integral part of the Hospital Authority (HA)'s overall service provision and a breakdown of the expenditure on the service in 2010-11 is not available. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting.

The Estimates showed a projected increase of 20% in revenue from tobacco duty based on past experience where tobacco duty increase is offset by a decrease in quantity of duty-paid cigarettes. However, it should be noted that it is difficult to estimate accurately the impact of the proposed tobacco duty increase on revenue alongside other tobacco control measures taken as part of the Government's progressive, multi-pronged approach to tobacco control. The estimates on revenue from tobacco duty was made for budgetary purpose and do not reflect the Administration's policy intent to control tobacco use and reduce tobacco consumption as far as possible.

In accordance with the Public Finance Ordinance, any moneys raised or received for the purposes of the Government shall form part of the general revenue. The allocation for smoking cessation services will be made taking into account the actual requirements and priorities of different initiatives. Over the years, the Administration has been increasing the allocation of resources to areas of work in relation to tobacco control including smoking prevention and cessation. Together with the subvention to the Council on Smoking and Health and other non-government organizations, TCO's expenditure for tobacco control has increased from $35.8 million in 2008-09 to $76.7 million in 2011-12, representing 114% increase over a period of four years. This has yet to take into account expenditure on smoking cessation by HA for which we have no separate breakdown.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Annex 1

Staffing of Tobacco Control Office of the Department of Health

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Annex 2

Expenditures / Provisions of the Tobacco Control Office on Tobacco Control

Rank	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision on Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)173

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3411

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Administration inform this Committee of the changes in the number of beds for general, infirmary, mentally-ill and mentally-handicapped patients in each hospital cluster and each hospital under the Hospital Authority for 2008-09, 2009-10 and 2010-11; and of the reasons for the changes?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The table below sets out the changes in the number of beds for general, infirmary, mentally-ill and mentally-handicapped patients in each hospital cluster under HA for 2008-09, 2009-10 and 2010-11:

Clusters		**2008-09 (Actual)**	**2009-10 (Actual)**		**2010-11 (Revised estimates)**	
		Number of Beds as at end of March 2009	**Number of Beds as at end of March 2010**	**Year-to-Year Change**	**Number of Beds as at end of March 2011**	**Year-to-Year Change**
HKE	General	1 942	1 942	0	2 002	+60
	Infirmary	627	627	0	627	0
	Mentally ill	400	400	0	400	0
	Mentally handicapped	0	0	0	0	0
	Cluster total	**2 969**	**2 969**	**0**	**3 029**	**+60**
HKW	General	2 881	2 853	-28	2 853	0
	Infirmary	200	200	0	200	0
	Mentally ill	82	82	0	82	0
	Mentally handicapped	0	0	0	0	0
	Cluster total	**3 163**	**3 135**	**-28**	**3 135**	**0**
KC	General	3 002	3 002	0	3 002	0
	Infirmary	118	118	0	118	0
	Mentally ill	445	425	-20	425	0
	Mentally handicapped	0	0	0	0	0

Clusters		2008-09 (Actual)	2009-10 (Actual)		2010-11 (Revised estimates)	
		Number of Beds as at end of March 2009	**Number of Beds as at end of March 2010**	**Year-to-Year Change**	**Number of Beds as at end of March 2011**	**Year-to-Year Change**
	Cluster total	**3 565**	**3 545**	**-20**	**3 545**	**0**
KE	General	2 039	2 075	+36	2 135	+60
	Infirmary	116	116	0	116	0
	Mentally ill	80	80	0	80	0
	Mentally handicapped	0	0	0	0	0
	Cluster total	**2 235**	**2 271**	**+36**	**2 331**	**+60**
KW	General	5 204	5 174	-30	5 174	0
	Infirmary	328	328	0	328	0
	Mentally ill	1 000	920	-80	920	0
	Mentally handicapped	160	160	0	160	0
	Cluster total	**6 692**	**6 582**	**-110**	**6 582**	**0**
NTE	General	3 473	3 473	0	3 473	0
	Infirmary	517	517	0	517	0
	Mentally ill	524	524	0	524	0
	Mentally handicapped	0	0	0	0	0
	Cluster total	**4 514**	**4 514**	**0**	**4 514**	**0**
NTW	General	1 875	1 997	+122	2 094	+97
	Infirmary	135	135	0	135	0
	Mentally ill	1 469	1 176	-293	1 176	0
	Mentally handicapped	500	500	0	500	0
	Cluster total	**3 979**	**3 808**	**-171**	**3 905**	**+97**
HA Overall	General	20 416	20 516	+100	20 733	+217
	Infirmary	2 041	2 041	0	2 041	0
	Mentally ill	4 000	3 607	-393	3 607	0
	Mentally handicapped	660	660	0	660	0
	Overall	**27 117**	**26 824**	**-293**	**27 041**	**+217**

In planning for its service provision, the Hospital Authority (HA) takes into account a number of factors, including the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement. HA constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs.

To cope with the projected increase in service demand in certain districts, HA plans to open an additional 21 general beds in the New Territories West cluster. A number of ongoing hospital development projects such as North Lantau Hospital (Phase 1) and the expansion of Tesung Kwan O Hospital will also provide additional beds in the coming years. On the other hand, with the international trend of shifting the focus of treatment from inpatient care to community and ambulatory services, HA will continue to launch various service programmes to enhance support to patients in the community. Examples of these initiatives include

the Community Geriatric Assessment Services which provide outreach consultation and rehabilitation for frail patients, the Community Health Call Centre services that provide medical advice and early intervention to elderly patients, the Case Management Programme to provide intensive and personalized support to persons with severe mental illness, the Integrated Mental Health Programme to enhance the assessment and consultation services for patients with common mental disorder in primary care setting, etc. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure that its service can meet the community's needs.

Abbreviations :

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

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)174

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3412

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of general beds will only increase by 21 and there is no increase in the numbers of infirmary beds and beds for the mentally ill and the mentally handicapped when compared with 2010-11. Can such resources meet the service needs of the increasing population in Hong Kong according to the Administration's assessment? If no, will additional resources be allocated to meet such needs? What will be the manpower and expenditure involved?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

In planning for its service provision, the Hospital Authority (HA) takes into account a number of factors, including the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement. HA constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs.

To cope with the projected increase in service demand in certain districts, HA plans to open an additional 21 general beds in the New Territories West cluster. A number of ongoing hospital development projects such as North Lantau Hospital (Phase 1) and the expansion of Tesung Kwan O Hospital will also provide additional beds in the coming years. On the other hand, with the international trend of shifting the focus of treatment from inpatient care to community and ambulatory services, HA will continue to launch various service programmes to enhance support to patients in the community. Examples of these initiatives include the Community Geriatric Assessment Services which provide outreach consultation and rehabilitation for frail patients, the Community Health Call Centre services that provide medical advice and early intervention to elderly patients, the Case Management Programme to provide intensive and personalized support to persons with severe mental illness, the Integrated Mental Health Programme to enhance the assessment and consultation services for patients with common mental disorder in primary care setting, etc. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure that its service can meet the community's needs.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)175

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3413

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What are the occupancy rates and average length of stay of patients of general beds, infirmary beds and beds for the mentally ill and the mentally handicapped in hospitals under the Hospital Authority in 2008-09, 2009-10 and 2010-11 respectively?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The tables below set out the occupancy rate for general, infirmary, mentally ill and mentally handicapped beds and their respective average length of stay (ALOS) in each hospital cluster under the Hospital Authority (HA) and in HA as a whole in 2008-09, 2009-10 and 2010-11 (up to 31 December 2010).

2008-09

	Cluster							HA Overall
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	
General								
Bed occupancy rate	84%	71%	84%	84%	82%	86%	92%	**83%**
Inpatient ALOS (days)	5.6	6.8	6.8	5.6	5.7	6.3	5.3	**6.0**
Infirmary								
Bed occupancy rate	92%	87%	79%	89%	97%	91%	94%	**91%**
Inpatient ALOS (days)	82	462	82	208	105	269	528	**132**
Mentally ill								
Bed occupancy rate	74%	62%	88%	74%	65%	68%	76%	**73%**
Inpatient ALOS (days)	64	22	54	39	79	32	212	**79**
Mentally handicapped (Note)								
Bed occupancy rate	-	-	-	-	78%	-	98%	**93%**
Inpatient ALOS (days)	-	-	-	-	343	-	754	**569**

2009-10

	Cluster							HA Overall
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	
General								
Bed occupancy rate	83%	71%	84%	82%	81%	85%	92%	**82%**
Inpatient ALOS (days)	5.3	6.3	6.8	5.0	5.5	6.4	5.1	**5.8**
Infirmary								
Bed occupancy rate	90%	86%	87%	86%	96%	88%	96%	**90%**
Inpatient ALOS (days)	80	321	104	287	95	363	576	**135**
Mentally ill								
Bed occupancy rate	79%	84%	93%	67%	70%	72%	78%	**77%**
Inpatient ALOS (days)	60	26	57	31	72	33	190	**74**
Mentally handicapped (Note)								
Bed occupancy rate	-	-	-	-	72%	-	98%	**92%**
Inpatient ALOS (days)	-	-	-	-	465	-	1 153	**838**

2010-11 (April to December 2010)

	Cluster							HA Overall
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	
General								
Bed occupancy rate	82%	72%	87%	86%	81%	86%	91%	**83%**
Inpatient ALOS (days)	5.2	6.2	6.9	4.9	5.4	6.1	5.1	**5.7**
Infirmary								
Bed occupancy rate	90%	86%	85%	88%	97%	86%	93%	**89%**
Inpatient ALOS (days)	92	344	144	188	98	241	341	**124**
Mentally ill								
Bed occupancy rate	80%	85%	95%	76%	78%	72%	79%	**80%**
Inpatient ALOS (days)	59	28	54	36	76	35	157	**70**
Mentally handicapped (Note)								
Bed occupancy rate	-	-	-	-	64%	-	98%	**90%**
Inpatient ALOS (days)	-	-	-	-	286	-	805	**644**

Abbreviations

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

Note
Mentally handicapped beds are provided at KW Cluster and NTW Cluster only.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)176

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3414

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Administration advise on the number of unscheduled admissions to various specialties in respective hospital clusters managed by the Hospital Authority for 2008-09, 2009-10 and 2010-11?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The tables below set out the number of unscheduled hospital admissions to major specialties via the Accident & Emergency Department in each hospital cluster for 2008-09, 2009-10 and 2010-11 (up to 31 December 2010).

2008-09

Specialty	Number of hospital admissions via Accident & Emergency Department						
	HKE	HKW	KC	KE	KW	NTE	NTW
MED	30 131	19 473	28 736	35 701	70 101	40 743	30 855
SUR	8 897	8 839	8 810	11 368	23 632	12 220	10 213
GYN	2 142	1 356	1 766	2 845	6 353	3 616	2 827
OBS	235	452	394	380	1 013	1 120	823
PAE	3 789	2 258	4 232	5 127	12 988	9 255	5 594
ORT	5 608	3 831	4 645	6 603	12 980	8 378	5 274
PSY	1 112	450	1 402	170	1 321	2 013	540
Others	12 826	747	18 249	991	19 026	11 711	16 712

2009-10

Specialty	Number of hospital admissions via Accident & Emergency Department						
	HKE	HKW	KC	KE	KW	NTE	NTW
MED	32 645	21 049	29 826	41 857	72 605	40 666	35 558
SUR	9 104	8 320	8 168	11 866	23 245	12 441	10 740
GYN	2 258	1 340	1 645	3 021	6 471	2 833	2 901
OBS	216	436	345	323	925	922	746
PAE	3 516	2 469	4 373	6 019	13 495	9 772	6 095
ORT	5 867	4 021	4 382	7 522	12 918	8 851	5 577
PSY	1 208	387	1 217	193	1 266	2 065	511
Others	13 291	3 758	19 149	954	22 906	14 042	16 962

2010-11 (April to December 2010)

Specialty	Number of hospital admissions via Accident & Emergency Department						
	HKE	HKW	KC	KE	KW	NTE	NTW
MED	25 244	15 545	21 915	32 228	54 964	30 075	27 620
SUR	7 099	6 337	6 717	9 771	18 101	9 643	8 731
GYN	1 761	1 075	1 407	2 662	5 284	2 036	2 449
OBS	198	371	351	327	741	769	569
PAE	2 846	1 938	3 360	5 003	10 541	7 213	4 834
ORT	4 573	3 050	3 528	6 212	10 218	6 734	4 092
PSY	857	297	964	109	911	1 678	343
Others	9 727	5 368	13 968	655	17 620	11 044	13 343

Abbreviations

Specialty:
MED – Medicine
SUR – Surgery
GYN – Gynaecology
OBS – Obstetrics
PAE – Paediatrics
ORT – Orthopaedics & Traumatology
PSY – Psychiatry

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

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)177

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3415

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the waiting time for general outpatient services, would the Administration list out, in 2008-09, 2009-10 and 2010-11 respectively, the median waiting time and the waiting time at the 99th percentile for first outpatient appointment at all hospitals under the Hospital Authority; number of cases with waiting time below one year, between one to two years and of two years or above; as well as the number of attendances. Please also give the numbers of full-time medical staff and nursing staff.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The service of public general outpatient clinics (GOPCs) of the Hospital Authority (HA) is primarily targeted at the low-income and underprivileged groups, including the chronically ill, frail and vulnerable or disabled elders, and low-income families. In 2009, chronic disease patients, elderly patients and patients receiving Comprehensive Social Security Assistance (CSSA) accounted for some 70% of attendances at GOPCs.

The number of attendances at GOPCs from 2008-09 to 2010-11 is as follows -

2008-09 Actual	**2009-10 Actual#**	**2010-11 Revised Estimate#**
4 968 586	4 700 543	4 801 000

Attendances at Designated Flu Clinics operated during the Human Swine Influenza (Influenza A H1N1) pandemic are not included.

The number of doctors and nurses working in GOPCs from 2008 to 2010 is as follows –

2008		**2009**		**2010**	
Doctors	Nursing staff*	Doctors	Nursing staff*	Doctors	Nursing staff*
370	601	361	699	380	713

* Include nursing staff working for GOPCs only and those working for both GOPCs and specialist outpatient clinics**.** No further breakdown is available.

Since 2006, HA has introduced a Telephone Appointment Service (TAS) for individuals to book a consultation timeslot at GOPCs, in order to improve the crowded queuing situation and reduce the risk of cross-infection at GOPCs. TAS, set up at a one-off capital expenditure of $2.5 million, is designed mainly for use by patients with episodic illnesses. Chronic disease patients requiring regular follow-up consultations are assigned the next timeslot after each consultation, and do not need to book appointments through TAS for their follow-up consultations. The TAS accords priority to elderly people, CSSA recipients and people granted with medical fee waiver. In 2009, 93% of elderly patients were allocated a

GOPC timeslot within two working days through the TAS. Since TAS allocates current consultation timeslots for episodic illnesses, no waiting list or new case waiting time is available for GOPC services.

To facilitate patients with hearing impairment to make use of GOPC services, HA has introduced fax booking service since 2010. The cost for setting up the fax service was absorbed within HA's financial provision and no separate expenditure figures are available.

HA has no plan to introduce internet booking for GOPC services at this stage as internet is a relatively less accessible means for its target groups, namely the low-income and underprivileged groups, including the chronically ill, frail and vulnerable or disabled elders, and low-income families.

The Government will, in collaboration with HA, continue to monitor the operation and service utilisation of GOPCs. In anticipation of an increase in service demand and taking into consideration the service capacity of GOPCs, the number of GOPC attendances is expected to increase by 16 000 to 4 817 000 in 2011-12. HA will flexibly allocate manpower and other resources having regard to relevant considerations such as district demographics and service needs. It will also consider adopting measures to enhance GOPC services, including strengthening manpower, renovating and/or expanding clinics, and renewing equipment and facilities, with a view to enhancing the quality and level of public primary care services.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)178

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3416

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In respect of the median waiting time for the first appointment of specialist outpatient services, the median waiting time for first priority patients increases from an actual figure of less than 1 week as at 31 March 2010 to a revised estimate of 2 weeks as at 31 March 2011, and that for second priority patients increases from an actual figure of 5 weeks as at 31 March 2010 to a revised estimate of 8 weeks as at 31 March 2011. Would the Administration explain why? Does the Administration have any plans to improve the waiting time? If so, what are the details of the plans? What are the manpower and resources involved? If not, why?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

It has been the targets of the Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for first priority cases (i.e. urgent cases) and second priority cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. The target median waiting time remains the same in the 2010-11 revised estimate and the 2011-12 estimate. The relevant figures as at 31 March 2010 (i.e. one week for first priority patients and five weeks for second priority patients) were HA's actual performance in 2009-10, indicating that HA has achieved its service targets.

HA has taken the following measures within its existing resources to improve the waiting time at SOPCs :

(a) to set up family medicine specialist clinics to serve as gatekeeper for SOPCs and follow-up on routine cases;
(b) to update clinical protocols to refer medically stable patients to receive follow-up primary health care services;
(c) to collaborate with private practitioners and non-governmental organizations to launch shared care programmes for medically stable patients;
(d) to develop referral guidelines on common presentations and diagnoses for referrals to SOPCs;
(e) to establish an electronic referral system to facilitate SOPC referrals; and
(f) to empower HA primary care clinics to use certain special drugs and arrange diagnostic investigations/procedures, with a view to facilitating follow-up of patients.

The table below sets out the total costs of the outpatient services of major specialties in 2009-10:

Specialty	**Total Costs ($ million)**
Medicine	2,557
Surgery	787
Obstetrics & Gynecology	378
Paediatrics	269
Orthopaedics & Traumatology	399
Psychiatry	665
Ear, Nose and Throat	201
Ophthalmology	391

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)179

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3417

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Administration please provide the numbers of new cases triaged as first priority, second priority and routine categories in respect of the specialist outpatient services (including ear, nose and throat; gynaecology; obstetrics; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery and psychiatry) provided by the hospitals under the Hospital Authority (HA), and their respective percentages in 2008-09, 2009-10 and 2010-11? Among the cases of different priorities mentioned above, what are the respective lower quartile, median and the longest waiting time for consultation appointments at HA hospitals?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The tables below set out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine, their respective percentages in the total number of specialist outpatient new cases, and their respective lower quartile (25^{th} percentile), median (50^{th} percentile) and the longest (90^{th} percentile) waiting time in each hospital cluster for 2008-09, 2009-10 and 2010-11 (up to December 2010).

2008-09

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
HKE	ENT	1 391	18%	<1	<1	<1	2 588	33%	2	4	6	3 930	50%	20	20	21
	MED	1 999	19%	<1	1	2	3 504	33%	3	5	8	4 831	45%	3	10	44
	GYN	1 301	25%	<1	<1	1	457	9%	3	4	7	3 428	66%	11	15	31
	OPH	5 142	44%	<1	<1	1	1 291	11%	4	6	8	5 051	44%	9	13	23
	ORT	1 362	17%	<1	<1	2	2 171	27%	4	6	8	4 413	54%	12	19	44
	PAE	2 354	64%	<1	<1	<1	957	26%	4	6	8	373	10%	11	19	26
	PSY	709	17%	<1	<1	2	565	13%	<1	2	7	2 888	68%	<1	17	44
	SUR	1 747	14%	<1	1	2	3 717	30%	4	7	8	6 950	55%	13	24	123
HKW	ENT	217	4%	<1	<1	3	922	16%	<1	2	8	4 661	80%	3	7	17
	MED	275	3%	<1	<1	2	625	7%	3	5	9	8 169	89%	2	6	19
	GYN	712	9%	<1	1	2	971	13%	3	4	7	5 450	71%	2	13	44
	OPH	2 652	38%	<1	<1	2	1 211	17%	7	8	10	3 069	44%	51	58	84
	ORT	515	6%	<1	<1	2	1 673	19%	2	3	8	6 838	76%	7	16	55
	PAE	403	12%	<1	<1	1	1 143	33%	2	5	8	1 924	55%	8	11	24
	PSY	198	7%	<1	1	2	436	14%	1	2	12	2 406	79%	2	9	63
	SUR	2 084	16%	<1	<1	2	2 259	17%	3	4	9	8 402	65%	4	17	173
KC	ENT	1 720	12%	<1	<1	<1	2 190	15%	<1	1	3	10 497	71%	2	4	12
	MED	1 370	13%	<1	<1	1	1 155	11%	4	5	7	7 472	72%	13	20	37
	GYN	351	8%	<1	<1	3	1 073	24%	3	4	8	2 577	58%	11	13	16
	OPH	8 460	39%	<1	<1	1	4 150	19%	1	5	7	7 955	36%	30	32	34
	ORT	514	8%	1	1	2	703	11%	3	4	8	4 575	71%	18	35	81
	PAE	294	15%	<1	<1	2	812	41%	5	7	9	785	39%	2	10	13
	PSY	346	12%	<1	<1	1	923	32%	1	3	6	1 253	44%	3	10	39
	SUR	2 267	15%	<1	1	2	2 478	16%	3	5	8	10 012	66%	21	34	44
KE	ENT	1 758	23%	<1	<1	1	1 884	25%	3	4	7	4 023	52%	14	24	35
	MED	2 402	15%	<1	1	2	5 397	33%	6	7	8	8 393	51%	14	56	80
	GYN	1 553	21%	<1	1	1	1 232	17%	6	7	8	4 562	62%	15	48	71
	OPH	4 513	32%	<1	<1	1	3 558	25%	7	7	8	6 187	43%	106	111	129
	ORT	4 102	29%	<1	<1	1	2 854	20%	4	5	7	6 976	50%	44	50	95
	PAE	787	22%	<1	<1	1	773	22%	4	6	7	1 977	56%	7	14	42
	PSY	1 226	23%	<1	<1	1	1 614	30%	2	4	8	2 101	39%	12	27	82
	SUR	1 858	9%	<1	1	1	5 882	28%	6	7	8	13 188	63%	33	91	104

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
KW	**ENT**	4 192	29%	<1	<1	1	3 288	23%	4	6	8	6 685	46%	14	24	89
	MED	2 587	11%	<1	<1	1	5 864	24%	4	6	8	14 771	60%	25	37	48
	GYN	710	6%	<1	1	2	2 279	18%	3	6	8	9 232	74%	5	19	45
	OPH	6 145	36%	<1	<1	<1	3 259	19%	1	3	5	7 709	45%	4	13	42
	ORT	4 576	24%	<1	<1	1	4 092	21%	4	6	7	9 818	51%	13	58	67
	PAE	1 628	21%	<1	<1	1	984	12%	4	5	7	3 486	44%	6	8	13
	PSY	357	4%	<1	<1	2	1 519	17%	1	3	7	5 693	65%	1	12	59
	SUR	4 211	11%	<1	1	2	9 778	26%	4	6	7	22 849	61%	16	45	185
NTE	**ENT**	3 659	26%	<1	<1	4	2 704	19%	2	4	7	4 348	31%	36	41	68
	MED	1 462	9%	<1	<1	2	2 073	12%	4	5	8	9 915	59%	25	40	89
	GYN	1 102	11%	<1	<1	2	925	9%	3	4	8	7 564	75%	14	20	64
	OPH	6 709	39%	<1	<1	1	2 215	13%	3	4	7	7 300	43%	32	45	61
	ORT	5 001	26%	<1	<1	1	1 939	10%	3	4	8	10 372	54%	45	57	83
	PAE	426	10%	<1	1	2	902	22%	2	4	8	2 428	59%	14	27	41
	PSY	1 098	15%	<1	<1	2	1 443	20%	2	3	7	2 970	40%	10	31	111
	SUR	2 058	9%	<1	1	2	2 144	9%	3	5	8	14 198	62%	26	66	192
NTW	**ENT**	2 803	26%	<1	<1	1	771	7%	3	4	8	5 759	53%	20	85	91
	MED	1 385	13%	<1	1	2	2 573	25%	5	7	8	6 271	61%	14	35	38
	GYN	1 565	22%	<1	1	2	2 163	31%	2	3	8	2 746	39%	10	14	39
	OPH	6 102	37%	<1	<1	<1	3 367	20%	2	4	7	7 158	43%	6	22	36
	ORT	1 638	15%	<1	<1	1	1 495	14%	3	4	7	7 547	69%	14	25	34
	PAE	73	3%	1	1	2	531	22%	3	4	7	1 767	74%	20	21	22
	PSY	874	17%	<1	<1	1	1 675	32%	1	3	7	2 524	48%	8	25	56
	SUR	1 290	6%	<1	1	2	2 773	13%	3	5	11	16 169	77%	14	28	59

2009-10

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
HKE	ENT	1 487	19%	<1	<1	<1	2 778	35%	2	3	5	3 611	46%	20	20	21
	MED	2 388	22%	<1	1	2	3 837	35%	2	4	7	4 750	43%	3	9	42
	GYN	1 153	23%	<1	1	2	346	7%	4	5	7	3 470	70%	11	14	18
	OPH	5 442	45%	<1	<1	1	1 366	11%	4	6	8	5 209	43%	10	16	27
	ORT	1 748	22%	<1	<1	1	2 079	26%	4	5	7	4 105	52%	11	19	61
	PAE	1 191	52%	<1	<1	1	872	38%	3	6	8	240	10%	11	13	19
	PSY	688	18%	<1	<1	2	658	17%	<1	1	6	2 460	65%	<1	3	41
	SUR	1 977	17%	<1	1	2	3 593	30%	4	7	8	6 262	53%	12	18	123
HKW	ENT	232	4%	<1	<1	1	762	13%	<1	1	4	4 688	82%	2	5	14
	MED	241	2%	<1	<1	1	801	8%	2	3	7	8 623	89%	2	7	25
	GYN	791	11%	<1	<1	2	760	10%	4	6	8	5 362	71%	2	13	72
	OPH	2 874	40%	<1	<1	2	1 113	15%	4	6	8	3 244	45%	47	52	56
	ORT	388	4%	<1	<1	2	1 410	15%	1	2	6	7 781	81%	4	14	37
	PAE	408	12%	<1	<1	1	953	28%	2	5	7	2 055	60%	13	17	38
	PSY	268	8%	<1	<1	2	660	19%	1	2	5	2 562	73%	3	16	95
	SUR	1 904	15%	<1	1	2	2 032	16%	3	4	8	8 513	68%	2	12	138
KC	ENT	1 422	10%	<1	<1	<1	1 909	14%	<1	1	1	10 683	76%	<1	1	2
	MED	1 343	13%	<1	<1	1	1 092	11%	4	4	7	7 240	72%	12	15	37
	GYN	779	17%	<1	<1	1	1 674	38%	3	5	7	1 986	45%	4	9	26
	OPH	8 198	35%	<1	<1	1	4 843	21%	1	3	7	9 801	42%	32	35	37
	ORT	361	6%	<1	1	1	621	10%	2	3	6	4 801	75%	13	23	70
	PAE	445	25%	<1	<1	1	205	12%	3	4	7	1 115	63%	3	8	10
	PSY	472	17%	<1	<1	1	1 147	41%	1	3	6	1 202	43%	3	8	25
	SUR	2 388	16%	<1	1	2	2 510	17%	3	4	8	9 759	66%	17	25	37
KE	ENT	1 856	21%	<1	<1	1	1 766	20%	5	7	7	5 131	59%	15	21	24
	MED	2 423	15%	<1	1	2	4 918	30%	5	7	8	9 147	55%	12	54	90
	GYN	1 448	20%	<1	1	1	822	11%	6	7	8	4 999	69%	15	64	102
	OPH	4 842	34%	<1	<1	1	3 750	26%	7	7	8	5 688	40%	113	135	150
	ORT	3 881	27%	<1	<1	1	2 676	19%	4	6	7	7 603	54%	25	63	113
	PAE	844	25%	<1	<1	1	619	19%	3	6	7	1 879	56%	3	14	40
	PSY	708	11%	<1	1	1	1 889	31%	2	3	7	3 475	56%	6	15	65
	SUR	1 756	8%	<1	1	1	5 872	28%	6	7	8	13 223	63%	27	99	122

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
KW	**ENT**	4 050	28%	<1	<1	1	3 045	21%	4	6	8	7 603	52%	15	24	78
	MED	3 459	13%	<1	<1	1	6 556	25%	4	6	8	16 452	62%	24	36	50
	GYN	1 156	9%	<1	<1	2	2 141	17%	3	5	8	8 878	72%	4	12	36
	OPH	5 887	34%	<1	<1	<1	4 143	24%	1	2	4	7 467	43%	4	6	21
	ORT	5 028	24%	<1	<1	1	4 279	20%	4	6	9	11 782	56%	24	59	74
	PAE	2 845	41%	<1	<1	1	1 254	18%	3	4	7	2 605	38%	4	7	10
	PSY	610	6%	<1	<1	1	1 260	13%	1	4	8	8 036	81%	<1	5	40
	SUR	4 887	14%	<1	1	1	9 940	28%	4	6	7	20 629	58%	14	42	146
NTE	**ENT**	4 259	30%	<1	<1	2	2 668	19%	3	4	7	7 404	52%	24	32	66
	MED	2 807	17%	<1	<1	1	2 816	17%	4	5	8	10 189	63%	16	35	74
	GYN	1 370	12%	<1	<1	2	1 411	12%	3	4	7	7 916	70%	13	18	52
	OPH	6 937	39%	<1	<1	1	2 371	13%	3	4	8	8 564	48%	17	50	53
	ORT	6 122	33%	<1	<1	1	2 293	12%	3	5	8	10 074	54%	24	50	85
	PAE	607	16%	<1	<1	2	732	19%	3	5	8	2 392	63%	17	30	45
	PSY	1 506	19%	<1	1	2	1 736	22%	2	3	7	4 443	55%	3	15	87
	SUR	2 402	12%	<1	<1	2	2 832	14%	3	5	8	14 957	74%	17	37	100
NTW	**ENT**	3 424	32%	<1	<1	1	956	9%	3	4	7	6 308	59%	13	92	96
	MED	1 720	15%	1	1	2	2 302	20%	4	7	8	7 746	66%	8	36	43
	GYN	997	18%	<1	1	2	1 330	24%	3	4	7	3 265	58%	10	12	39
	OPH	5 450	33%	<1	<1	<1	1 076	6%	<1	1	8	10 103	61%	7	19	38
	ORT	1 823	16%	<1	<1	1	1 491	13%	3	4	7	7 916	70%	25	26	34
	PAE	82	4%	<1	1	2	476	22%	3	5	7	1 643	75%	17	20	23
	PSY	821	15%	<1	<1	1	1 779	32%	1	2	6	2 874	52%	1	5	32
	SUR	1 428	8%	<1	1	2	2 415	13%	3	4	7	14 605	79%	12	26	30

2010-11 (April to December 2010)

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
HKE	ENT	1 187	19%	<1	<1	<1	2 170	36%	2	5	8	2 748	45%	20	20	27
	MED	1 873	21%	<1	1	2	2 951	33%	2	4	7	4 163	46%	6	12	45
	GYN	977	25%	<1	<1	2	285	7%	3	4	7	2 627	68%	11	15	25
	OPH	4 146	41%	<1	<1	1	1 285	13%	4	7	8	4 585	46%	11	13	45
	ORT	1 480	21%	<1	<1	1	2 027	29%	4	5	7	3 427	49%	10	18	35
	PAE	194	17%	<1	1	1	768	67%	3	5	7	186	16%	7	8	12
	PSY	519	19%	<1	<1	2	581	21%	<1	<1	6	1 644	60%	<1	4	23
	SUR	1 506	17%	<1	1	2	2 930	32%	4	6	8	4 645	51%	10	13	120
HKW	ENT	282	6%	<1	<1	1	676	15%	2	3	6	3 673	79%	3	8	12
	MED	278	3%	<1	<1	2	685	8%	2	4	6	7 084	88%	4	11	30
	GYN	836	17%	<1	<1	2	580	12%	4	5	7	3 057	62%	12	13	90
	OPH	2 695	43%	<1	<1	2	829	13%	5	7	8	2 719	44%	48	52	52
	ORT	376	5%	<1	<1	2	848	12%	2	3	6	5 954	83%	6	14	37
	PAE	346	13%	<1	<1	1	860	31%	3	6	8	1 521	56%	14	17	49
	PSY	240	8%	<1	<1	1	574	19%	1	2	5	2 160	72%	2	7	111
	SUR	1 326	15%	<1	<1	2	1 440	16%	3	4	7	6 325	69%	3	14	141
KC	ENT	1 043	10%	<1	<1	<1	1 537	14%	<1	1	3	8 169	76%	1	1	4
	MED	1 007	13%	<1	<1	1	829	11%	3	4	6	5 793	74%	11	14	41
	GYN	502	14%	<1	1	1	1 096	32%	3	5	8	1 868	54%	9	11	28
	OPH	7 290	37%	<1	<1	1	3 769	19%	2	6	8	7 795	39%	27	37	41
	ORT	207	4%	<1	1	1	506	10%	2	3	6	4 173	78%	13	27	49
	PAE	353	23%	<1	<1	1	101	7%	2	3	4	1 047	69%	3	7	11
	PSY	359	17%	<1	<1	1	778	37%	2	4	7	938	45%	3	12	40
	SUR	1 856	16%	<1	1	1	2 198	19%	2	3	7	7 639	65%	18	20	32
KE	ENT	1 533	19%	<1	<1	1	1 575	19%	3	6	8	4 986	62%	11	22	30
	MED	1 931	15%	<1	1	2	3 670	28%	4	7	8	7 640	58%	11	23	54
	GYN	1 042	19%	<1	1	1	739	13%	5	7	8	3 820	68%	14	93	124
	OPH	4 175	35%	<1	<1	1	2 745	23%	7	7	8	5 002	42%	21	120	160
	ORT	2 979	25%	<1	<1	1	2 213	19%	5	6	11	6 513	56%	28	43	99
	PAE	745	25%	<1	<1	1	472	16%	3	6	7	1 718	59%	9	15	27
	PSY	378	8%	<1	1	1	1 324	27%	1	3	7	3 124	64%	4	15	81
	SUR	1 226	8%	<1	1	1	4 577	28%	5	7	8	10 513	64%	25	95	127

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)			Number of new cases	% of new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
KW	**ENT**	2 715	24%	<1	<1	1	2 476	22%	4	6	8	6 023	54%	14	21	64
	MED	2 647	12%	<1	<1	1	5 092	24%	4	6	7	13 692	64%	20	36	51
	GYN	894	10%	<1	1	2	1 694	18%	3	5	7	6 545	71%	5	12	24
	OPH	4 667	33%	<1	<1	<1	3 604	26%	4	5	7	5 801	41%	7	13	35
	ORT	3 504	22%	<1	<1	1	3 311	21%	4	6	16	8 931	57%	37	60	89
	PAE	2 330	38%	<1	<1	1	697	11%	3	4	7	2 841	47%	4	8	11
	PSY	391	5%	<1	<1	1	810	10%	<1	3	6	6 781	85%	<1	6	30
	SUR	3 538	13%	<1	<1	1	5 887	22%	3	5	7	17 381	65%	9	26	105
NTE	**ENT**	3 199	28%	<1	<1	2	2 005	18%	3	4	7	6 096	54%	23	43	71
	MED	2 190	17%	<1	<1	1	2 221	17%	4	5	8	8 367	64%	20	35	69
	GYN	1 083	13%	<1	<1	2	789	9%	2	4	7	5 964	70%	15	21	71
	OPH	5 485	36%	<1	<1	1	2 298	15%	3	4	8	7 352	48%	22	47	65
	ORT	5 064	33%	<1	<1	1	1 812	12%	3	5	8	8 524	55%	19	63	88
	PAE	474	14%	<1	1	2	431	13%	3	4	8	2 407	72%	8	15	38
	PSY	1 098	16%	<1	<1	2	1 336	20%	2	4	7	3 913	59%	8	21	108
	SUR	2 016	13%	<1	<1	2	2 463	16%	3	4	8	10 882	70%	16	39	81
NTW	**ENT**	2 531	29%	<1	<1	1	776	9%	3	4	7	5 310	62%	12	48	97
	MED	1 286	14%	1	1	2	1 958	22%	4	6	8	5 689	64%	7	40	46
	GYN	825	19%	<1	1	2	1 050	24%	3	5	8	2 574	58%	10	14	39
	OPH	4 524	32%	<1	<1	<1	1 282	9%	<1	1	6	8 168	58%	2	13	48
	ORT	1 374	15%	<1	<1	1	1 038	11%	3	4	7	6 804	74%	26	30	39
	PAE	253	14%	<1	1	2	270	15%	2	3	5	1 269	71%	13	13	15
	PSY	597	14%	<1	1	2	1 391	32%	1	3	7	2 289	53%	3	7	15
	SUR	1 037	7%	<1	<1	1	1 674	11%	3	4	7	12 292	82%	12	25	28

The triage system is not applicable to obstetric specialist outpatient service. The number of new cases, and the lower quartile (25th percentile), median (50th percentile) and the longest (90th percentile) waiting time in respect of obstetric specialist outpatient service in each hospital cluster for 2008-09, 2009-10 and 2010-11 (up to December 2010) are set out below.

Cluster	2008-09				2009-10				2010-11 (up to 31 December 2010)			
	Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
		25th	50th	90th		25th	50th	90th		25th	50th	90th
		percentile				percentile				percentile		
HKE	4 672	<1	1	3	4 308	<1	1	3	4 057	<1	1	3
HKW	4 679	<1	1	2	4 754	<1	1	2	3 887	1	1	3
KC	6 684	2	9	19	6 483	2	5	11	4 270	1	5	8
KE	6 168	<1	2	9	6 163	<1	1	4	5 200	<1	2	5
KW	12 143	4	7	12	12 432	4	7	12	10 871	3	6	11
NTE	10 629	<1	3	7	10 899	<1	3	6	8 614	1	4	9
NTW	3 824	1	2	10	4 410	1	2	11	3 108	1	2	11

Abbreviations

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

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

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)180

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3418

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The provision for the Hospital Authority for 2011-12 is 7.6% higher than the revised estimate for 2010-11. Will the Administration please give the reasons? Which initiatives have given rise to the increase in provision? What are the provisions for improving the working hours of doctors, shortening the waiting time for outpatient services and strengthening manpower?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The financial provision for the Hospital Authority (HA) for 2011-12 is $2,616 million (7.6%) higher than the revised estimate for 2010-11. The additional financial provision mainly includes the following :

(a) **$872 million additional recurrent provision** to meet the growth in service demand. Major initiatives to be implemented in 2011-12 include:

(i) expansion of service capacity to improve inpatient and surgical services in New Territories West Cluster and enhancement of obstetric and neonatal services in Kowloon East Cluster;

(ii) enhancement of community and ambulatory care to minimize hospital admissions and reduce avoidable hospitalization;

(iii) enhancement of provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, child and adolescent psychiatric service, emergency service and expansion of Cancer Case Manager Programme;

(iv) supporting the use of interventional medical devices / consumables that are not included in HA's standard charges and continued implementation of the Filmless HA Projects;

(v) enhancement of services including laboratory service for treatment of patients with chronic hepatitis and diabetes, Autologous Haemopoietic Stem Cell Transplant service, computer tomography service and magnetic resonance imaging service for reduction in waiting time;

(vi) enhancement of patient safety;

(b) **$865 million additional provision** for HA to implement a number of healthcare reform related initiatives, including:

(i) enhancement of chronic disease management through multi-disciplinary, case management and empowerment approach in accordance with the primary care development strategy;

(ii) enhancement of public primary care services by developing Community Health Centre (CHC) model of care and promoting family doctor concept of holistic healthcare in public primary care and general out-patient clinic (GOPC) services;

(iii) expansion of the coverage of the HA Drug Formulary by introducing a new drug as special drug for the treatment of cancer and expanding the clinical application of eight drug classes; and

(iv) enhancement of the competency and morale of healthcare staff through the provision of a full spectrum of training strategies and initiatives;

(c) **$697 million additional provision** for HA to implement various new / on-going initiatives, including:

(i) enhancement of mental health services through extension of the case management program, setting up of crisis intervention teams to provide support for high risk mental patients, and expansion of the service targets of the Early Assessment and Detection of Young Persons with Psychosis (EASY) program by including adults, extension of psychogeriatric services, and enhancement of autistic services, etc;

(ii) enhancement of nursing workforce by recruiting 300 additional nurses;

(iii) enhancement of pharmacy system to strengthen drug safety by enhancing the aseptic dispensing facility and services, modernization of the pharmaceutical supply chain processes, and enhancing pharmacist coverage at GOPC pharmacies, etc;

(iv) enhancement of drug quality by strengthening quality control of pharmaceuticals products supplied to HA, and coping with the increase in drug costs;

(v) expansion of HA's cataract service through additional cataract surgery throughput in hospitals,

(vi) enhancement of quality of care in hospital wards by improving staff mix and work process, modernization of patient care equipment, improvement of patient care culture through staff engagement and training, provision of advanced and expert nursing care and senior coverage for complex care requirement, and enhancing the support to nurse training in highly specialized areas;

(vii) establishment of a total joint replacement centre at Yan Chai Hospital to provide integrated surgical treatment and post-operative rehabilitation program; and

(viii) extension of the hospital accreditation scheme to other 15 hospitals in HA, further to the implementation of the pilot scheme, which has covered five hospitals.

(c) **$77 million one off funding** mainly for the purchase of minor equipment costing below $150,000 each and for the enhancement of training.

The budget allocation to individual cluster including the additional financial provision for 2011-12 is being worked out by HA and is not yet available. To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 330 doctors, 1 720 nursing staff and 590 allied health staff in 2011-12. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure that its service can meet the community's needs.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)181

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3419

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The provision for the Hospital Authority for 2011-12 is 7.6% higher than the revised estimate for 2010-11. Will the Administration please set out the amounts of additional resources allocated to each of the hospital clusters? Has the Administration considered improving the imbalance in resources among hospital clusters in allocating the resources? If yes, what are the bases for allocation? If no, what are the reasons?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The financial provision for the Hospital Authority (HA) for 2011-12 is $2,616 million (7.6%) higher than the revised estimate for 2010-11. The additional financial provision mainly includes the following :

(a) **$872 million additional recurrent provision** to meet the growth in service demand. Major initiatives to be implemented in 2011-12 include:

(i) expansion of service capacity to improve inpatient and surgical services in New Territories West Cluster and enhancement of obstetric and neonatal services in Kowloon East Cluster;

(ii) enhancement of community and ambulatory care to minimize hospital admissions and reduce avoidable hospitalization;

(iii) enhancement of provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, child and adolescent psychiatric service, emergency service and expansion of Cancer Case Manager Programme;

(iv) supporting the use of interventional medical devices / consumables that are not included in HA's standard charges and continued implementation of the Filmless HA Projects;

(v) enhancement of services including laboratory service for treatment of patients with chronic hepatitis and diabetes, Autologous Haemopoietic Stem Cell Transplant service, computer

tomography service and magnetic resonance imaging service for reduction in waiting time;

(vi) enhancement of patient safety;

(b) **$865 million additional provision** for HA to implement a number of healthcare reform related initiatives, including:

(i) enhancement of chronic disease management through multi-disciplinary, case management and empowerment approach in accordance with the primary care development strategy;

(ii) enhancement of public primary care services by developing Community Health Centre (CHC) model of care and promoting family doctor concept of holistic healthcare in public primary care and general out-patient clinic (GOPC) services;

(iii) expansion of the coverage of the HA Drug Formulary by introducing a new drug as special drug for the treatment of cancer and expanding the clinical application of eight drug classes; and

(iv) enhancement of the competency and morale of healthcare staff through the provision of a full spectrum of training strategies and initiatives;

(c) **$697 million additional provision** for HA to implement various new / on-going initiatives, including:

(i) enhancement of mental health services through extension of the case management program, setting up of crisis intervention teams to provide support for high risk mental patients, and expansion of the service targets of the Early Assessment and Detection of Young Persons with Psychosis (EASY) program by including adults, extension of psychogeriatric services, and enhancement of autistic services, etc;

(ii) enhancement of nursing workforce by recruiting 300 additional nurses;

(iii) enhancement of pharmacy system to strengthen drug safety by enhancing the aseptic dispensing facility and services, modernization of the pharmaceutical supply chain processes, and enhancing pharmacist coverage at GOPC pharmacies, etc;

(iv) enhancement of drug quality by strengthening quality control of pharmaceuticals products supplied to HA, and coping with the increase in drug costs;

(v) expansion of HA's cataract service through additional cataract surgery throughput in hospitals,

(vi) enhancement of quality of care in hospital wards by improving staff mix and work process, modernization of patient care equipment, improvement of patient care culture through staff engagement and training, provision of advanced and expert nursing care and senior coverage for complex care requirement, and enhancing the support to nurse training in highly specialized areas;

(vii) establishment of a total joint replacement centre at Yan Chai Hospital to provide integrated surgical treatment and post-operative rehabilitation program; and

(viii) extension of the hospital accreditation scheme to other 15 hospitals in HA, further to the implementation of the pilot scheme, which has covered five hospitals.

(c) **$77 million one off funding** mainly for the purchase of minor equipment costing below $150,000 each and for the enhancement of training.

The budget allocation to individual cluster including the additional financial provision for 2011-12 is being worked out by HA and is not yet available. To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 330 doctors, 1 720 nursing staff and 590 allied health staff in 2011-12. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure that its service can meet the community's needs.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)182

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3101

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the number of school children with mental health problems in the age groups of 6-12 and 13-18 in Hong Kong, the number of new patients waiting for first appointment and the average waiting time of new cases in the past five years.

Asked by: Hon. CHEUNG Kwok-che

Reply:

The table below sets out the number of patients and the number of cases of new booking at the child and adolescent psychiatric specialist outpatient (SOP) clinics of the Hospital Authority (HA) by age group in the past 5 years.

		2006-07	**2007-08**	**2008-09**	**2009-10**	**2010-11 (as at 31 Dec 2010)**
Aged 6-12	**Number of patients treated**	4 850	5 442	6 127	7 110	7 796
	Number of cases of new booking	2 385	2 463	2 681	3 422	2 728
Aged 13-18	**Number of patients treated**	2 987	3 170	3 486	4 068	4 379
	Number of cases of new booking	1 119	1 090	1 172	1 198	886

Note

Among the cases of new booking each year, some patients got medical appointment in the same year and are counted towards the number of patients treated in the year.

The table below sets out the median waiting time for first appointment at the child and adolescent psychiatric SOP clinics of HA in the past 5 years.

	2006-07	**2007-08**	**2008-09**	**2009-10**	**2010-11 (as at 31 Dec 2010)**
Median waiting time for first appointment (weeks)	14	16	11	16	13

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)183

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3421

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The number of community psychiatric nurses in the revised estimate as at 31.3.2011 decreases from 146 to 145 as compared with the actual number as at 31.3.2010, while the number in the 2011-12 estimate increases to 152, representing an increase of about 4% in two years. However, there is a sharp increase of about 23% in the number of psychiatric outreach attendances from the actual number of 135 927 in 2009-10 to 168 000 in the revised estimate for 2010-11. The number further increases to 226 600 in the 2011-12 estimate, resulting in a total increase of 68% in service volume in two years. Would the Administration advise how to ensure that medical staff has enough time to serve psychiatric patients in each case? How to ensure that the quality of service will not be lowered? And why manpower and resources do not increase accordingly when service volume increases.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Hospital Authority (HA) delivers a range of mental health services, including inpatient, outpatient and community psychiatric services, using 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 allows flexible deployment of staff to cope with service needs and operational requirements. As at 31 December 2010, there were 316 psychiatrists, 1 942 psychiatric nurses (including 145 community psychiatric nurses), 44 clinical psychologists and 172 occupational therapists in HA providing various services to psychiatric patients, including psychiatric community outreach services.

The estimated increase in the number of psychiatric outreach attendances from 168 000 in 2010-11 to 226 600 in 2011-12 is mainly due to the expansion of the Case Management Programme for patients with severe mental illness and the setting up of Crisis Intervention Teams in the coming year. To implement the two initiatives, apart from the planned increase in the number of community psychiatric nurses, some 150 case managers including nurses and allied health professionals will also be recruited. The total additional expenditure involved is estimated at $108 million. In addition, HA will expand the psychogeriatric outreach service in 2011-12 to cover about 80 more residential care homes for the elderly. The number of psychogeriatric outreach attendance is expected to increase from 83 000 in 2010-11 to 95 100 in 2011-12. The additional expenditure involved is estimated at $13 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)184

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3422

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration inform this Committee whether the Hospital Authority has included improvements to psychiatric services in the 2011-12 Estimates? If so, what are the details about improving the waiting time for psychiatric outpatient services? What are the details about improving the consultation time? What are the objectives of such improvements? What are the additional resources and manpower involved? Please provide a breakdown for the above.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

In 2010-11 (as at 31 December 2010), there were around 163 900 patients receiving follow up consultations at the psychiatric specialist outpatient clinics (SOPCs) of HA. In 2010-11, HA has set up common mental disorder clinics at the psychiatric SOPCs in all seven clusters to provide more timely assessment and treatment services for patients with common mental disorders. In addition, HA has since October 2010 implemented an Integrated Mental Health Programme in five clusters to provide better support to such patients in the primary care settings. As a result of these initiatives, the median waiting time for first appointment at psychiatric SOPCs for these cases was reduced from 17 weeks in 2008-09 to 9 weeks in 2010-11 (as at 31 December 2010). The duration of consultation for each patient will be determined having regard to the patient's clinical conditions and treatment needs.

In 2011-12, the Government will allocate additional funding of over $210 million to HA to implement the following programmes to further strengthen mental health services:

Programme	**Description**	**Estimated expenditure involved and estimated manpower requirement**
Extension of the Case Management Programme for patients with severe mental illness	HA will extend the Case Management Programme to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to benefit an additional 6 000 patients.	$73 million 100 to 120 case managers

Programme	**Description**	**Estimated expenditure involved and estimated manpower requirement**
Setting up of Crisis Intervention Teams	HA will set up Crisis Intervention Teams in all seven clusters to provide intensive support to high-risk patients using a case management approach, and to provide rapid and prompt response to emergency referrals involving other patients in the community. About 1 000 patients will benefit each year by the initiative.	$35 million Six doctors and 42 nurses
Extension of the Integrated Mental Health Programme	HA will extend the programme to all seven clusters to provide better support to patients with common mental disorders in the primary care settings. A total of about 7 000 patients will benefit each year by the initiative.	$20 million 20 doctors, nurses and allied health professionals working in multi-disciplinary teams
Expansion of the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme	To enhance early intervention for psychosis, HA will expand the service target of the EASY programme to include adults. About an additional 600 patients will benefit each year.	$30 million 43 nurses and allied health professionals
Enhancement of psychogeriatric outreach service	HA will extend the psychogeriatric outreach service to about 80 more residential care homes for the elderly.	$13 million Seven doctors and seven nurses
Enhancement of child and adolescent mental health service	HA will expand the professional team comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from autism and hyperactivity disorder. About an additional 3 000 children will benefit each year.	$45 million 48 doctors, nurses and allied health professionals working in multi-disciplinary teams

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)185

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3423

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration inform this Committee of the respective ratios of psychiatrists and nurses in each of the hospitals in the Hospital Authority clusters to the overall population, mental patients and the population aged 65 or above in the relevant districts in the 2008-09, 2009-10 and 2010-11 Estimates?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The table below sets out the ratio of psychiatrists in the Hospital Authority (HA) per 1 000 population by cluster in 2008-09, 2009-10 and 2010-11 (up to 31 December 2010):

Cluster	Ratio of psychiatrists per 1 000 population		
	Ratio to overall population	Ratio to people aged 65 or above	Ratio to mental patients
2008-09			
HKE	0.03	0.23	1.84
HKW	0.04	0.30	1.62
KC	0.06	0.43	2.09
KE	0.03	0.22	1.35
KW	0.03	0.23	1.47
NTE	0.04	0.40	1.96
NTW	0.06	0.75	2.57
Overall	0.04	0.33	1.87
2009-10			
HKE	0.04	0.27	1.90
HKW	0.04	0.31	1.63
KC	0.07	0.46	2.20
KE	0.03	0.22	1.35
KW	0.04	0.25	1.46
NTE	0.05	0.44	2.06
NTW	0.06	0.73	2.50
Overall	0.04	0.35	1.89

Cluster	Ratio of psychiatrists per 1 000 population		
	Ratio to overall population	Ratio to people aged 65 or above	Ratio to mental patients
2010-11 (up to 31 December 2010)			
HKE	0.04	0.26	1.93
HKW	0.04	0.30	1.56
KC	0.06	0.42	2.24
KE	0.04	0.27	1.56
KW	0.04	0.24	1.46
NTE	0.05	0.43	2.07
NTW	0.06	0.70	2.48
Overall	0.04	0.35	1.90

The table below sets out the ratio of psychiatric nurses in the HA per 1 000 population by cluster in 2008-09, 2009-10 and 2010-11 (up to 31 December 2010):

Cluster	Ratio of psychiatric nurses per 1 000 population		
	Ratio to overall population	Ratio to people aged 65 or above	Ratio to mental patients
2008-09			
HKE	0.23	1.50	11.90
HKW	0.14	1.09	5.94
KC	0.45	3.11	15.02
KE	0.09	0.70	4.40
KW	0.28	1.94	12.29
NTE	0.21	2.05	9.91
NTW	0.50	5.96	20.52
Overall	0.27	2.14	12.22
2009-10			
HKE	0.23	1.61	11.51
HKW	0.15	1.12	5.93
KC	0.45	3.07	14.76
KE	0.09	0.67	4.08
KW	0.28	1.95	11.49
NTE	0.21	2.01	9.39
NTW	0.49	5.53	18.96
Overall	0.27	2.12	11.54
2010-11 (up to 31 December 2010)			
HKE	0.23	1.52	11.48
HKW	0.16	1.15	6.02
KC	0.44	2.87	15.20
KE	0.11	0.84	4.91
KW	0.29	1.96	11.68

Cluster	Ratio of psychiatric nurses per 1 000 population		
	Ratio to overall population	Ratio to people aged 65 or above	Ratio to mental patients
NTE	0.21	1.98	9.45
NTW	0.49	5.41	19.18
Overall	0.27	2.12	11.68

It should be noted that the ratio of psychiatrists and psychiatric nurses among clusters do not necessarily correspond to the difference in the population among them because mental patients can receive mental health services in hospitals other than those in their own residential districts and cross-cluster utilization of services is rather common. The manpower ratios of psychiatrist and psychiatric nurse per 1 000 patients vary between clusters owing to the varying complexity of conditions of patients as well as the varying psychiatric in-patient capacity.

Abbreviations

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

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)186

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3424

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Matters Requiring Special Attention, the Hospital Authority will strengthen mental health services. Would the Administration provide details on the manpower for psychiatric services (including psychiatrists, nurses, community nurses), the respective ratios of these staff to patients, the numbers of psychiatric inpatient discharges and deaths, the re-admission rates within 28 days without booking, the re-admission rates within three months without booking, the numbers of attendances and cost for community psychiatric services by Hospital Authority cluster in 2008-09, 2009-10 and 2010-11?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Hospital Authority (HA) delivers mental health service using an integrated and multi-disciplinary approach involving psychiatrists, psychiatric nurses, clinical psychologists and occupational therapists etc. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. The table below sets out the number of psychiatrists, psychiatric nurses and community psychiatric nurses in each cluster for 2008-09, 2009-10 and 2010-11 (as at 31 December 2010).

	Number of Staff [Note 1]		
	Psychiatrist	**Psychiatric Nurse** [Note 2]	**Community Psychiatric Nurse (CPN)**
2008-09			
HKE	29	188	14.5
HKW	21	77	7
KC	30	216	10.5
KE	27	88	15
KW	63	525	36
NTE	53	268	18.5
NTW	65	518	32
Overall	**288**	**1 880**	**133.5**

	Number of Staff [Note 1]		
	Psychiatrist	**Psychiatric Nurse [Note 2]**	**Community Psychiatric Nurse (CPN)**
2009-10			
HKE	32	194	13.5
HKW	22	80	7
KC	33	221	10.5
KE	29	88	15
KW	67	529	37
NTE	59	269	24
NTW	68	515	38.5
Overall	**310**	**1 896**	**145.5**
2010-11 (as at 31 December 2010)			
HKE	32	190	13
HKW	22	85	7
KC	32	217	11
KE	34	107	14
KW	68	544	33
NTE	60	274	25
NTW	68	525	42
Overall	**316**	**1 942**	**145**

The table below sets out the number of psychiatrists and psychiatric nurses per 1 000 patients receiving psychiatric service in each cluster in 2008-09, 2009-10 and 2010-11 (up to 31 December 2010):

	Number of psychiatrists per 1 000 patients receiving psychiatric service of HA	**Number of psychiatric nurses per 1 000 patients receiving psychiatric service of HA**
2008-09		
HKE	1.84	11.90
HKW	1.62	5.94
KC	2.09	15.02
KE	1.35	4.40
KW	1.47	12.29
NTE	1.96	9.91
NTW	2.57	20.52
Overall	**1.87**	**12.22**
2009-10		

	Number of psychiatrists per 1 000 patients receiving psychiatric service of HA	Number of psychiatric nurses per 1 000 patients receiving psychiatric service of HA
HKE	1.90	11.51
HKW	1.63	5.93
KC	2.20	14.76
KE	1.35	4.08
KW	1.46	11.49
NTE	2.06	9.39
NTW	2.50	18.96
Overall	**1.89**	**11.54**
2010-11 (up to 31 December 2010)		
HKE	1.93	11.48
HKW	1.56	6.02
KC	2.24	15.20
KE	1.56	4.91
KW	1.46	11.68
NTE	2.07	9.45
NTW	2.48	19.18
Overall	**1.90**	**11.68**

The manpower ratios of psychiatrist and psychiatric nurse per 1 000 patients vary between clusters owing to the varying complexity of conditions of patients as well as the varying psychiatric in-patient capacity.

The table below sets out the number of discharges and deaths for inpatient psychiatric service in each cluster in 2008-09, 2009-10 and 2010-11:

Number of discharges and deaths for inpatient psychiatric service	2008-09	2009-10	2010-11 (up to 31 December 2010)
HKE	1 713	2 029	1 430
HKW	796	691	510
KC	2 566	2 533	2 044
KE	574	599	472
KW	3 377	3 393	2 700
NTE	3 900	4 096	2 978
NTW	2 614	2 677	2 123
Overall	**15 540**	**16 018**	**12 257**

The unplanned readmission rate within 28 days for psychiatry specialty was 6.6%, 6.5% and 6.9% in 2008-09, 2009-10 and 2010-11 (up to 31 December 2010) respectively. The unplanned readmission rate

within 28 days is a standard measure for unplanned readmission rate for respective specialty in HA. HA does not have the statistics on unplanned readmission rate within three months.

The table below sets out the number of psychiatric outreach attendances and average cost per psychiatric outreach attendance in each cluster in 2008-09, 2009-10 and 2010-11 (up to December 2010).

	Number of psychiatric outreach attendances	**Average cost per psychiatric outreach attendance**
2008-09		
HKE	12 672	1 120
HKW	5 085	1 120
KC	7 338	1 200
KE	10 222	1 060
KW	27 704	1 150
NTE	16 131	1 170
NTW	25 601	1 000
Overall	**104 753**	**1 110**
2009-10		
HKE	13 845	1 150
HKW	7 351	1 030
KC	8 679	1 100
KE	11 672	1 080
KW	37 130	1 000
NTE	22 970	1 190
NTW	34 280	1 160
Overall	**135 927**	**1 100**
2010-11	**(up to 31 December)**	**(Revised estimate)**
HKE	10 166	1 180
HKW	5 533	990
KC	6 496	1 110
KE	17 423	1 470
KW	34 120	1 130
NTE	16 849	1 250
NTW	34 593	1 080
Overall	**125 180**	**1 180**

The average cost per psychiatric outreach attendance varies between clusters owing to the varying complexity of conditions of patients and the different treatments required. Clusters with more patients with more complex conditions or requiring more costly treatment would incur a higher average cost.

Notes
1. The number of staff is calculated on full-time equivalent basis.
2. The number of psychiatric nurses includes community psychiatric nurses.

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

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)187

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3425

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the average daily costs per head of the drugs purchased and prescribed for psychiatric inpatients and non-inpatients in 2008-09, 2009-10 and 2010-11, as well as in the 2011-12 Estimates.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The table below sets out the average expenditure on drug for psychiatric inpatients and outpatients from 2008-09 to 2010-11.

Average expenditure on drug for psychiatric patients			
Types of patients	**2008-09 (actual)**	**2009-10 (actual)**	**2010-11 (up to 31 December 2010)**
In-patients	$40 per patient day	$45 per patient day	$46 per patient day
Out-patients	$321 per attendance	$376 per attendance	$383 per attendance

It should be noted that the average expenditure on drug for psychiatric in-patients refers to the drug use for each patient day while the average expenditure on drug for psychiatric out-patients refers to the drug use for each attendance which can cover more than one day. The average expenditure on drug for psychiatric in-patients and out-patients cannot therefore be directly compared.

HA is unable to project the relevant expenditure for 2011-12 since drug prescriptions for psychiatric patients are based on the patients' clinical conditions.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)188

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3426

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration advise on the Hospital Authority's annual total expenditure on psychiatric services, the comparison of such expenditure with that of the private sector, the year-on-year and cumulative rates of change in such expenditure, as well as the percentage of such expenditure in the Gross Domestic Product (GDP) for the years 2008-09, 2009-10, 2010-11 and 2011-12 Estimates of expenditure?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The table below sets out the expenditure on mental health services of the Hospital Authority (HA) and the percentage of such expenditure in the Gross Domestic Product (GDP) from 2008-09 to 2011-12.

	2008-09	**2009-10**	**2010-11 (Revised estimate)**	**2011-12 (Estimate)**
HA's annual expenditure on mental health services ($ million)	2,830	2,903	3,048	3,340
Year-on-year % growth of HA's expenditure	N/A	2.6%	5.0%	9.6%
Cumulative % growth of HA's expenditure since 2008-09	N/A	2.6%	7.7%	18.0%
HA's annual expenditure on mental health services as % of GDP	0.2%	0.2%	0.2%	0.2%

The public health expenditure as a ratio to GDP varies substantially among economies given the differences in health care financing sources, modes of provision of services and efficiency of the health care systems. It is not therefore appropriate to compare directly HA's expenditure on mental health services as a ratio to GDP of Hong Kong with that of other economies.

Expenditure on mental health services in the private sector is not available.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)189

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3427

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration advise on the number of psychiatric patients who were given or will be given new psychiatric drugs as covered by the 2008-09, 2009-10, 2010-11 and 2011-12 Estimates? What are their ratios to all patients with similar illness? What are the readmission rates and the waiting time between follow-up visits as compared to patients with similar illness? What are the average costs of drug purchased and prescribed for these patients?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Relevant information on the use of new psychiatric drugs in the Hospital Authority (HA) from 2008-09 to 2010-11 is set out in the table below. As drug prescription is based on clinical conditions of individual patients, it is not possible to estimate the number and percentage of psychiatric patients prescribed with new psychiatric drugs and hence no estimate for 2011-12 is given. Statistics on the readmission rates and the interval between follow-up consultations for patients prescribed with new psychiatric drugs are not available.

	2008-09	**2009-10**	**2010-11 (up to 31 January 2011)**
Number of patients prescribed with new anti-psychotic drugs	27 810	34 632	37 419
Percentage of psychotic patients prescribed with new anti-psychotic drugs	61%	73%	79%
Average expenditure on new anti-psychotic drugs per patient	$4,597	$4,272	$3,577

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)190

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3428

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Matters Requiring Special Attention, the Hospital Authority will introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the Hospital Authority Drug Formulary. Would the Administration provide details on the criteria for approving a drug to be introduced as standard drug in the Hospital Authority Drug Formulary, the criteria for listing a drug in clinical application, the number of drugs currently waiting for approval and the numbers of drugs approved in the past three years?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Government has earmarked additional recurrent funding of $237 million to the Hospital Authority (HA) to incorporate a cancer drug as special drug in the Drug Formulary (the Formulary) and expand the clinical applications of eight drug classes in 2011-12. All the eight drug classes are special drugs in the Formulary. The table below sets out the names of drugs/drug classes, their therapeutic use as well as the estimated number of patients who will benefit and the estimated expenditure involved for each drug/drug class each year.

Drug name/class	Therapeutic use	Estimated number of patients benefited	Estimated expenditure involved ($ million)
Incorporation of drug			
1. Capecitabine	Oral drug treatment for colorectal cancer	1 000	20
Expansion of clinical applications			
2. Traditional and recombinant insulin, DDP-IV inhibitor	Treatment for diabetic mellitus	29 000	38
3. Long-acting bronchodilators	Treatment for chronic obstructive pulmonary disease	7 500	44
4. Angiotensin II Receptor Blockers	Treatment for cardiovascular diseases	6 000	10
5. Atypical antipsychotic drugs (long acting oral and injection)	Treatment for mental illness	4 000	40

Drug name/class	Therapeutic use	Estimated number of patients benefited	Estimated expenditure involved ($ million)
6. Epoetins	Treatment for renal anaemia	2 500	44
7. Glaucoma eye drops	Treatment for glaucoma	1 000	5
8. Antivirals	Treatment for Hepatitis B	1 300	26
9. Oral iron chelators	Treatment for thalassaemia major	50	10

The Formulary is developed by evaluating new drugs and reviewing prevailing list of drugs on a regular basis under an established mechanism. The Drug Advisory Committee (DAC) regularly appraises new drugs, while the Drug Utilization Review Committee (DURC) conducts periodic review on existing drugs in the Formulary. The two committees are supported by expert panels which provide specialist views on the selection of drugs for individual specialties. The review process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness. The committees and expert panels also take into account relevant factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost, and views of professionals and patient groups, etc.

As part of the continuous efforts to enhance its transparency and partnership with the community, HA has established in 2009 a formal consultation mechanism under which annual consultation meetings will be convened to inform patient groups of the latest developments of the Formulary. Patient groups will be invited to submit their views and propose any changes to the Formulary after the meeting. Their views and suggestions will then be presented to the relevant committees for consideration.

Since April 2008, a total of 31 drugs have been included as general or special drugs in the Formulary. There is currently no drug pending review for inclusion in the Formulary in HA.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)191

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3429

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding "Matters Requiring Special Attention", it is stated that the Hospital Authority will extend the psychogeriatric outreach service. Please provide information by cluster under the Hospital Authority on the following items: the existing and additional number of geriatric community nurses, elderly homes and elderly clients, estimated number of visits paid to an elderly home per year, estimated number of cases requiring long-term follow-up action, estimated number of visits for each cases per year and estimated time for each case per visit.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

HA will expand the psychogeriatric outreach service in 2011-12 to cover about 80 more residential care homes (RCH) for the elderly and a total of about 320 RCH will be covered in 2011-12. It is expected that the number of psychogeriatric outreach attendances will increase from 83 000 in 2010-11 to 95 100 in 2011-12. An additional 1 500 to 2 000 elders would receive the service in 2011-12, with each elder receiving about six outreach attendances per year. The number and length of outreach attendances for each elder will vary depending on the elder's clinical conditions and the support rendered by the carers of the residential care homes. Around seven doctors and seven nurses will be recruited to provide the service in 2011-12, and the additional recurrent expenditure involved is estimated at $13 million. The estimated cost per psychogeriatric outreach attendance is about $1 010 in 2011-12.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)192

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3430

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the psychogeriatric outreach service in each cluster under the Hospital Authority in 2008-09, 2009-10, 2010-11 and Estimates of Expenditure 2011-12, Please provide information on the total number of clients per year and the expenditure, average costs, manpower and ranks involved.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The table below sets out the number of attendances, average cost per attendance and total costs of the psychogeriatric outreach service in each cluster of the Hospital Authority (HA) in 2008-09, 2009-10 and 2010-11.

Cluster	**Number of psychogeriatric outreach attendances**	**Average cost per psychogeriatric outreach attendance ($)**	**Total costs ($ million)**
2008-09			
Hong Kong East	7 876	1,050	8.2
Hong Kong West	8 903	570	5.0
Kowloon Central	5 684	680	3.9
Kowloon East	6 736	1,190	8.0
Kowloon West	16 700	1,020	17.1
New Territories East	10 577	1,190	12.6
New Territories West	10 141	1,300	13.1
Overall	**66 617**	**1,020**	**67.9**
2009-10			
Hong Kong East	9 717	960	9.3
Hong Kong West	10 817	530	5.7
Kowloon Central	6 374	830	5.3
Kowloon East	8 486	890	7.5
Kowloon West	20 766	980	20.4
New Territories East	15 269	980	15.0
New Territories West	11 574	1,170	13.5
Overall	**83 003**	**920**	**76.7**

Cluster	Number of psychogeriatric outreach attendances	Average cost per psychogeriatric outreach attendance ($)	Total costs ($ million)
2010-11 (revised estimate)			
Hong Kong East	9 250	990	9.2
Hong Kong West	10 880	540	5.8
Kowloon Central	6 610	810	5.4
Kowloon East	8 650	920	7.9
Kowloon West	20 710	1,010	20.8
New Territories East	15 270	1,050	16.0
New Territories West	11 630	1,220	14.2
Overall	**83 000**	**960**	**79.3**

The table below sets out the number of psychiatrists and psychiatric nurses (including community psychiatric nurses) providing the whole range of psychiatric services in each cluster in 2008-09, 2009-10 and 2010-11 (as at 31 December 2010). The various psychiatric services in HA are delivered through multi-disciplinary teams and there is no separate manpower figure only for the provision of psychogeriatric outreach service.

	Psychiatrist	Psychiatric Nurse (including community psychiatric nurse)
2008-09		
Hong Kong East	29	188
Hong Kong West	21	77
Kowloon Central	30	216
Kowloon East	27	88
Kowloon West	63	525
New Territories East	53	268
New Territories West	65	518
Overall	**288**	**1 880**
2009-10		
Hong Kong East	32	194
Hong Kong West	22	80
Kowloon Central	33	221
Kowloon East	29	88
Kowloon West	67	529
New Territories East	59	269
New Territories West	68	515
Overall	**310**	**1 896**
2010-11 (as at 31 December 2010)		
Hong Kong East	32	190
Hong Kong West	22	85
Kowloon Central	32	217
Kowloon East	34	107
Kowloon West	68	544
New Territories East	60	274
New Territories West	68	525
Overall	**316**	**1 942**

It should be noted that the average cost per psychogeriatric outreach attendance, the total costs of psychogeriatric outreach service, and the manpower for psychiatric service vary among clusters and cannot be compared directly owing to the varying complexity of patients' conditions and treatment needs.

HA will expand the psychogeriatric outreach service in 2011-12 to cover about 80 more residential care homes (RCH) for the elderly and a total of about 320 RCH will be covered in 2011-12. It is expected that the number of psychogeriatric outreach attendances will increase from 83 000 in 2010-11 to 95 100 in 2011-12. An additional 1 500 to 2 000 elders would receive the service in 2011-12, with each elder receiving about six outreach attendances per year. The number and length of outreach attendances for each elder will vary depending on the elder's clinical conditions and the support rendered by the carers of the residential care homes. Around seven doctors and seven nurses will be recruited to provide the service in 2011-12, and the additional recurrent expenditure involved is estimated at $13 million. The estimated cost per psychogeriatric outreach attendance is about $1 010 in 2011-12.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)193

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3431

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Matters Requiring Special Attention, the Hospital Authority will set up crisis intervention teams to provide prompt support for high risk mental patients and to respond to crisis situations involving other mental patients in the community. Would the Administration inform this Committee of the costs and manpower involved in the crisis intervention teams?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Hospital Authority will set up Crisis Intervention Teams in all seven hospital clusters in 2011-12 to provide intensive support to high-risk mental patients using a case management approach, and to provide rapid and prompt response to emergency referrals involving other patients in the community. Around six doctors and 42 nurses will be required to provide the service and the additional recurrent expenditure involved is estimated at $35 million. About 1 000 patients will benefit each year by the initiative.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)194

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3432

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The estimate for the Hospital Authority for 2011-12 is 7.6% higher than the revised estimate for 2010-11, so as to meet increasing demand for hospital services. Please advise this Committee in detail of how to meet the demand and the corresponding measures to be adopted. What are the manpower and resources involved at various hospitals in different hospital clusters?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The financial provision for the Hospital Authority (HA) for 2011-12 is $2,616 million (7.6%) higher than the revised estimate for 2010-11. The additional financial provision mainly includes the following :

(a) **$872 million additional recurrent provision** to meet the growth in service demand. Major initiatives to be implemented in 2011-12 include:

(i) expansion of service capacity to improve inpatient and surgical services in New Territories West Cluster and enhancement of obstetric and neonatal services in Kowloon East Cluster;

(ii) enhancement of community and ambulatory care to minimize hospital admissions and reduce avoidable hospitalization;

(iii) enhancement of provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, child and adolescent psychiatric service, emergency service and expansion of Cancer Case Manager Programme;

(iv) supporting the use of interventional medical devices / consumables that are not included in HA's standard charges and continued implementation of the Filmless HA Projects;

(v) enhancement of services including laboratory service for treatment of patients with chronic hepatitis and diabetes, Autologous Haemopoietic Stem Cell Transplant service, computer tomography service and magnetic resonance imaging service for reduction in waiting time;

(vi) enhancement of patient safety;

(b) **$865 million additional provision** for HA to implement a number of healthcare reform related initiatives, including:

(i) enhancement of chronic disease management through multi-disciplinary, case management and empowerment approach in accordance with the primary care development strategy;

(ii) enhancement of public primary care services by developing Community Health Centre (CHC) model of care and promoting family doctor concept of holistic healthcare in public primary care and general out-patient clinic (GOPC) services;

(iii) expansion of the coverage of the HA Drug Formulary by introducing a new drug as special drug for the treatment of cancer and expanding the clinical application of eight drug classes; and

(iv) enhancement of the competency and morale of healthcare staff through the provision of a full spectrum of training strategies and initiatives;

(c) **$697 million additional provision** for HA to implement various new / on-going initiatives, including:

(i) enhancement of mental health services through extension of the case management program, setting up of crisis intervention teams to provide support for high risk mental patients, and expansion of the service targets of the Early Assessment and Detection of Young Persons with Psychosis (EASY) program by including adults, extension of psychogeriatric services, and enhancement of autistic services, etc;

(ii) enhancement of nursing workforce by recruiting 300 additional nurses;

(iii) enhancement of pharmacy system to strengthen drug safety by enhancing the aseptic dispensing facility and services, modernization of the pharmaceutical supply chain processes, and enhancing pharmacist coverage at GOPC pharmacies, etc;

(iv) enhancement of drug quality by strengthening quality control of pharmaceuticals products supplied to HA, and coping with the increase in drug costs;

(v) expansion of HA's cataract service through additional cataract surgery throughput in hospitals,

(vi) enhancement of quality of care in hospital wards by improving staff mix and work process, modernization of patient care equipment, improvement of patient care culture through staff engagement and training, provision of advanced and expert nursing care and senior coverage for complex care requirement, and enhancing the support to nurse training in highly specialized areas;

(vii) establishment of a total joint replacement centre at Yan Chai Hospital to provide integrated surgical treatment and post-operative rehabilitation program; and

(viii) extension of the hospital accreditation scheme to other 15 hospitals in HA, further to the implementation of the pilot scheme, which has covered five hospitals.

(c) **$77 million one off funding** mainly for the purchase of minor equipment costing below $150,000 each and for the enhancement of training.

The budget allocation to individual cluster including the additional financial provision for 2011-12 is being worked out by HA and is not yet available. To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 330 doctors, 1 720 nursing staff and 590 allied health staff in 2011-12. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure that its service can meet the community's needs.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)195

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3433

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The budget of the Hospital Authority for 2011-12 is 7.6% higher than the revised estimate for 2010-11. One reason is to implement measures for improving the quality of clinical care. Would the Administration advise on the improvement measures to be implemented? What are the quality indicators? What will be the manpower and resources to be involved in various clusters and hospitals?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The financial provision for the Hospital Authority (HA) for 2011-12 is $2,616 million (7.6%) higher than the revised estimate for 2010-11. The additional financial provision mainly includes the following :

(a) **$872 million additional recurrent provision** to meet the growth in service demand. Major initiatives to be implemented in 2011-12 include:

(i) expansion of service capacity to improve inpatient and surgical services in New Territories West Cluster and enhancement of obstetric and neonatal services in Kowloon East Cluster;

(ii) enhancement of community and ambulatory care to minimize hospital admissions and reduce avoidable hospitalization;

(iii) enhancement of provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, child and adolescent psychiatric service, emergency service and expansion of Cancer Case Manager Programme;

(iv) supporting the use of interventional medical devices / consumables that are not included in HA's standard charges and continued implementation of the Filmless HA Projects;

(v) enhancement of services including laboratory service for treatment of patients with chronic hepatitis and diabetes, Autologous Haemopoietic Stem Cell Transplant service, computer tomography service and magnetic resonance imaging service for reduction in waiting time;

(vi) enhancement of patient safety;

(b) **$865 million additional provision** for HA to implement a number of healthcare reform related initiatives, including:

(i) enhancement of chronic disease management through multi-disciplinary, case management and empowerment approach in accordance with the primary care development strategy;

(ii) enhancement of public primary care services by developing Community Health Centre (CHC) model of care and promoting family doctor concept of holistic healthcare in public primary care and general out-patient clinic (GOPC) services;

(iii) expansion of the coverage of the HA Drug Formulary by introducing a new drug as special drug for the treatment of cancer and expanding the clinical application of eight drug classes; and

(iv) enhancement of the competency and morale of healthcare staff through the provision of a full spectrum of training strategies and initiatives;

(c) **$697 million additional provision** for HA to implement various new / on-going initiatives, including:

(i) enhancement of mental health services through extension of the case management program, setting up of crisis intervention teams to provide support for high risk mental patients, and expansion of the service targets of the Early Assessment and Detection of Young Persons with Psychosis (EASY) program by including adults, extension of psychogeriatric services, and enhancement of autistic services, etc;

(ii) enhancement of nursing workforce by recruiting 300 additional nurses;

(iii) enhancement of pharmacy system to strengthen drug safety by enhancing the aseptic dispensing facility and services, modernization of the pharmaceutical supply chain processes, and enhancing pharmacist coverage at GOPC pharmacies, etc;

(iv) enhancement of drug quality by strengthening quality control of pharmaceuticals products supplied to HA, and coping with the increase in drug costs;

(v) expansion of HA's cataract service through additional cataract surgery throughput in hospitals,

(vi) enhancement of quality of care in hospital wards by improving staff mix and work process, modernization of patient care equipment, improvement of patient care culture through staff engagement and training, provision of advanced and expert nursing care and senior coverage for complex care requirement, and enhancing the support to nurse training in highly specialized areas;

(vii) establishment of a total joint replacement centre at Yan Chai Hospital to provide integrated surgical treatment and post-operative rehabilitation program; and

(viii) extension of the hospital accreditation scheme to other 15 hospitals in HA, further to the implementation of the pilot scheme, which has covered five hospitals.

(c) **$77 million one off funding** mainly for the purchase of minor equipment costing below $150,000 each and for the enhancement of training.

The budget allocation to individual cluster including the additional financial provision for 2011-12 is being worked out by HA and is not yet available. To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 330 doctors, 1 720 nursing staff and 590 allied health staff in 2011-12. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure that its service can meet the community's needs.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)196

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3361

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of qualified nursing staff will only increase by 868. What are the reasons? Will the Government increase the number of nursing staff in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and service enhancement plans.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 1 720 nursing staff in 2011-12, which represents 90% of the available registered nurse and enrolled nurse graduates in Hong Kong as well as some existing nurses in the market. It is estimated that there will be a net increase of 868 nurses in 2011-12. HA will continue to monitor the manpower situation of nurses and make appropriate arrangements in manpower planning and deployment to meet the service needs.

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines. Meanwhile, HA nursing schools will continue to provide training places to ensure continuous supply of nursing manpower.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)197

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3362

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of dentists will remain unchanged. What are the reasons? Will the Government increase the number of dentists in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The six dentists in the Hospital Authority (HA) are mainly tasked to provide specialist hospital-based dental healthcare services such as oral maxillofacial services to in-patients in a number of HA hospitals including United Christian Hospital, Caritas Medical Centre, Kwong Wah Hospital, Alice Ho Miu Ling Nethersole Hospital, Our Lady of Maryknoll Hospital, Wong Tai Sin Hospital and Haven of Hope Hospital. Similar specialist services are provided by Department of Health in some other HA hospitals including Queen Mary Hospital, Prince of Wales Hospital, Queen Elizabeth Hospital, Tuen Mun Hospital, Princess Margaret Hospital and Pamela Youde Nethersole Eastern Hospital.

The Food and Health Bureau has been reviewing the manpower requirements for healthcare professionals and provides advice to the University Grants Committee in tandem with its triennial planning cycle. We will encourage tertiary institutions to increase student places for healthcare disciplines.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)198

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3363

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of doctors will only increase by 75. What are the reasons? Will the Government increase the number of doctors in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for healthcare services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 330 doctors in 2011-12, which represents almost all of the local medical graduates and some existing qualified doctors in the market. It is estimated that there will be a net increase of 75 doctors in 2011-12. HA will continue to monitor the manpower situation of doctors and make appropriate arrangements in manpower planning and deployment to meet the service needs.

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)199

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3364

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of psychiatric day attendances will only increase by 500. What are the reasons? Will the Government increase the number of attendances of such service in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

In planning its service provision, the Hospital Authority (HA) takes into consideration the projected service demand having regard to various factors such as population growth, demographic changes, changes in health service utilization patterns and service delivery model. Based on the above parameters, it is estimated that psychiatric day attendances will increase from 213 100 in 2010-11 to 213 600 in 2011-12 (an increase of 500 attendances). The existing 889 psychiatric day hospital places will have the capacity to cope with the increase in service demand.

HA delivers a range of mental health services, including inpatient, outpatient, ambulatory and community psychiatric services. Psychiatric day hospital service forms part of the continuum of care of mental patients. HA will keep its mental health services under review and makes necessary adjustment and enhancement in response to changes in circumstances and service needs.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)200

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3365

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of psychiatric outreach attendances will only increase by 58 600. What are the reasons? Will the Government increase the number of attendances of such service in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) delivers a range of mental health services, including inpatient, outpatient and community psychiatric services, using 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 allows flexible deployment of staff to cope with service needs and operational requirements. As at 31 December 2010, there were 316 psychiatrists, 1 942 psychiatric nurses (including 145 community psychiatric nurses), 44 clinical psychologists and 172 occupational therapists in HA providing various services to psychiatric patients, including psychiatric community outreach services.

The estimated increase in the number of psychiatric outreach attendances from 168 000 in 2010-11 to 226 600 in 2011-12 is mainly due to the expansion of the Case Management Programme for patients with severe mental illness and the setting up of Crisis Intervention Teams in the coming year. To implement the two initiatives, apart from the planned increase in the number of community psychiatric nurses, some 150 case managers including nurses and allied health professionals will also be recruited. The total additional expenditure involved is estimated at $108 million. In addition, HA will expand the psychogeriatric outreach service in 2011-12 to cover about 80 more residential care homes for the elderly. The number of psychogeriatric outreach attendance is expected to increase from 83 000 in 2010-11 to 95 100 in 2011-12. The additional expenditure involved is estimated at $13 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)201

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3366

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of allied health (community) attendances and allied health (outpatient) attendances of rehabilitation and palliative care services will only increase by 700 and 47 000 respectively. What are the reasons? Will the Government increase the number of attendances of such services in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The projected increase in the number of allied health (community) attendances and allied health (outpatient) attendances in 2011-12 is mainly due to the increase in the service demand arising from the growing and ageing population, and corresponding service enhancements such as implementation of new initiatives on mental health services.

In planning for its service provision, the Hospital Authority (HA) takes into account a number of factors, including the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement. HA constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 330 doctors, 1 720 nursing staff and 590 allied health staff in 2011-12. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure its service can meet the community's needs.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)202

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3367

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of psychiatric day places will remain unchanged. What are the reasons? Will the Government increase the number of such places in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

In planning its service provision, the Hospital Authority (HA) takes into consideration the projected service demand having regard to various factors such as population growth, demographic changes, changes in health service utilization patterns and service delivery model. Based on the above parameters, it is estimated that psychiatric day attendances will increase from 213 100 in 2010-11 to 213 600 in 2011-12 (an increase of 500 attendances). The existing 889 psychiatric day hospital places will have the capacity to cope with the increase in service demand.

HA delivers a range of mental health services, including inpatient, outpatient, ambulatory and community psychiatric services. Psychiatric day hospital service forms part of the continuum of care of mental patients. HA will keep its mental health services under review and makes necessary adjustment and enhancement in response to changes in circumstances and service needs.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)203

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3368

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of home visits by community nurses will only increase by 7 000. What are the reasons? Will the Government increase the number of people to be served in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The projected increase in the number of Community Nurse (CN) home visits in 2011-12 is mainly due to the increase in the service demand arising from population growth and ageing and corresponding service enhancements.

In planning for its service provision, the Hospital Authority (HA) takes into account a number of factors, including the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement. HA constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 330 doctors, 1 720 nursing staff and 590 allied health staff in 2011-12. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure its service can meet the community's needs.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)204

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3369

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of rehabilitation day and palliative care day attendances will only increase by 3 600. What are the reasons? Will the Government increase the number of attendances of such service in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The projected increase in the number of rehabilitation and palliative care day attendances in 2011-12 is mainly due to the increase in the service demand arising from the growing and ageing population, and corresponding service enhancement mainly through the enhanced service in the Day Rehabilitation Centre of the Hong Kong Buddhist Hospital.

In planning for its service provision, the Hospital Authority (HA) takes into account a number of factors, including the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement. HA constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 330 doctors, 1 720 nursing staff and 590 allied health staff in 2011-12. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure its service can meet the community's needs.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)205

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3370

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Government will not increase the number of family medicine specialist clinic attendances in 2011-12. What are the reasons? Will the Government increase the number of attendances of such service in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) is providing primary care mainly through its General Outpatient Clinics (GOPCs) and Family Medicine Specialist Clinics (FMSCs). FMSCs have two key functions, namely to triage patients referred from General Outpatient Clinics (GOPCs) to Specialist Outpatient Clinics (SOPCs) of relevant specialties, and to manage stable patients with chronic diseases referred from SOPCs of other specialties. FMSCs are mainly manned by specialist in Family Medicine.

In recent years, HA has trained up more specialists in Family Medicine and deployed them to serve at GOPCs, which can then take up part of the work of FMSCs. With enhanced GOPC service, HA has at present no plan to expand the FMSC service.

The Government has implemented, through HA, pilot projects to enhance primary care, with a view to taking forward the primary care development strategy. There are five chronic disease management pilot projects with primary care nature, namely the Multi-disciplinary Risk Factor Assessment and Management Programme (RAMP), the Patient Empowerment Programme (PEP), Nurse and Allied Health Clinics (NAHC), the Public-Private Chronic Disease Management Shared Care Programme ("Shared Care Programme") and the Tin Shui Wai Primary Care Partnership Project (TSWPPP). The latest situation is as follows –

Programme	**Implementation schedule**
RAMP	Will be extended to all seven clusters by 2011-12. A total of more than 167 000 patients are expected to benefit from the programme by 2011-12.
PEP	Will be extended to all seven clusters by 2011-12. A total of 32 000 patients are expected to benefit from the programme by 2012-13.
NAHC	Launched in all seven clusters in August 2009. The total number of attendances is expected to be over 224 500 by 2011-12.

Programme	**Implementation schedule**
Shared Care Programme	Launched in the New Territories East Cluster in March 2010 and extended to the Hong Kong East Cluster in September 2010. As at February 2011, 88 patients had enrolled in the programme.
TSWPPP	Launched in Tin Shui Wai North in June 2008 and extended to Tin Shui Wai South in June 2010. As at February 2011, 1 596 patients had enrolled in the programme.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)206

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3371

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The number of general outpatient attendances is expected to increase by 16 000 in 2011-12. What are the reasons? Will the Government increase the number of attendances of such service in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The service of public general outpatient clinics (GOPCs) of the Hospital Authority (HA) is primarily targeted at the low-income and underprivileged groups, including the chronically ill, frail and vulnerable or disabled elders, and low-income families. In 2009, chronic disease patients, elderly patients and patients receiving Comprehensive Social Security Assistance (CSSA) accounted for some 70% of attendances at GOPCs.

The number of attendances at GOPCs from 2008-09 to 2010-11 is as follows -

2008-09 Actual	**2009-10 Actual#**	**2010-11 Revised Estimate#**
4 968 586	4 700 543	4 801 000

Attendances at Designated Flu Clinics operated during the Human Swine Influenza (Influenza A H1N1) pandemic are not included.

The number of doctors and nurses working in GOPCs from 2008 to 2010 is as follows –

2008		**2009**		**2010**	
Doctors	Nursing staff*	Doctors	Nursing staff*	Doctors	Nursing staff*
370	601	361	699	380	713

* Include nursing staff working for GOPCs only and those working for both GOPCs and specialist outpatient clinics. No further breakdown is available.

Since 2006, HA has introduced a Telephone Appointment Service (TAS) for individuals to book a consultation timeslot at GOPCs, in order to improve the crowded queuing situation and reduce the risk of cross-infection at GOPCs. TAS, set up at a one-off capital expenditure of $2.5 million, is designed mainly for use by patients with episodic illnesses. Chronic disease patients requiring regular follow-up consultations are assigned the next timeslot after each consultation, and do not need to book appointments through TAS for their follow-up consultations. The TAS accords priority to elderly people, CSSA recipients and people granted with medical fee waiver. In 2009, 93% of elderly patients were allocated a

GOPC timeslot within two working days through the TAS. Since TAS allocates current consultation timeslots for episodic illnesses, no waiting list or new case waiting time is available for GOPC services.

To facilitate patients with hearing impairment to make use of GOPC services, HA has introduced fax booking service since 2010. The cost for setting up the fax service was absorbed within HA's financial provision and no separate expenditure figures are available.

HA has no plan to introduce internet booking for GOPC services at this stage as internet is a relatively less accessible means for its target groups, namely the low-income and underprivileged groups, including the chronically ill, frail and vulnerable or disabled elders, and low-income families.

The Government will, in collaboration with HA, continue to monitor the operation and service utilisation of GOPCs. In anticipation of an increase in service demand and taking into consideration the service capacity of GOPCs, the number of GOPC attendances is expected to increase by 16 000 to 4 817 000 in 2011-12. HA will flexibly allocate manpower and other resources having regard to relevant considerations such as district demographics and service needs. It will also consider adopting measures to enhance GOPC services, including strengthening manpower, renovating and/or expanding clinics, and renewing equipment and facilities, with a view to enhancing the quality and level of public primary care services.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)207

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3372

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The cost per inpatient discharged in various inpatient services will be raised in 2011-12. The cost for patients in general ward will only increase by $630 and the infirmary by $4,350. The cost for the mentally ill and mentally handicapped will increase by $2,930 and $15,340 respectively. What are the principles that determine the respective increment rates for these services?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The table below sets out the unit costs per in-patient discharged by types of beds in the Hospital Authority (HA) in 2010-11 and 2011-12. As shown below, the percentage increase in unit costs per in-patient discharged is in the range between 2.2% and 3.3%.

Types of beds	**Unit cost per in-patient discharged**			
	2010-11 (Revised Estimate) (a)	**2011-12 (Estimate) (b)**	**Projected increase (c) = (b) –(a)**	**Projected percentage increase (d) = (c) /(a) x 100%**
General (acute and convalescent)	19,100	19,730	+630	+3.3%
Infirmary	178,020	182,370	+4,350	+2.4%
Mentally ill	113,370	116,300	+2,930	+2.6%
Mentally handicapped	691,030	706,370	+15,340	+2.2%

The costs of in-patient service depend on a number of factors such as the complexity of conditions of patients; requirement for diagnostic services, treatment and prescriptions; and the length-of-stay in the hospitals. The unit costs per in-patient discharged are higher in infirmary, mentally ill and mentally handicapped beds than in general beds due to longer average-length-of-stay of patients.

Overall, the projected increase in unit costs is mainly attributed to rising costs and improvement to in-patient service.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)208

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3373

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The 2011-12 will see a rise in the costs of ambulatory and outreach services, i.e. the cost per A&E attendance by only $30; the cost per specialist outpatient attendance by $50; the cost per general outpatient attendance by $10; the cost per family medicine specialist clinic attendance by $40; the cost per outreach visit by community nurse by $10 and the cost per psychiatric outreach attendance by $200. What are the criteria for raising the cost of the above services?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The table below sets out the unit costs of ambulatory and outreach services by types of services for 2010-11 and 2011-12.

Types of services	**Unit cost of ambulatory and outreach services**			
	2010-11 (Revised Estimate) $	**2011-12 (Estimate) $**	**Increase in unit cost $**	**Percentage increase in unit cost**
A & E	800	830	+30	+3.75%
Specialist out-patient	900	950	+50	+5.56%
General out-patient	300	310	+10	+3.33%
Family medicine specialist clinic	870	910	+40	+4.60%
Outreach visit by community nurse	330	340	+10	+3.03%
Psychiatric outreach	1,180	1,380	+200	+16.95%

The projected increase in unit costs is mainly attributed to rising costs and service improvements. The notable increase in the projected cost on psychiatric outreach service is mainly due to the implementation of a number of enhancement programmes such as the case manager programme for severe mental illness, the integrated mental health programme for common mental disorder, the early intervention service for psychosis, etc. in 2011-12.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)209

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3383

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

There is a reference to the extension of the Case Management Programme (CMP) to persons with severe mental illness to 5 more districts in the Budget. Please advise on the locations of the districts. As the CMP will be extended from the current 3 districts, i.e. Kwun Tong, Kwai Tsing and Yuen Long, to 8 districts in 2012, when will it be implemented in the remaining 10 districts? Will the Administration review the collaboration between the CMP and the Integrated Community Centre for Mental Wellness? What is the Administration's plan for the substantial number of allied health staff required under the CMP?

Asked by: Hon. CHEUNG Kwok-che

Reply:

Since April 2010, the Hospital Authority (HA) has launched a Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalized support to patients with severe mental illness. In 2010-11, around 80 case managers have been recruited to provide service to about 5 000 patients. In 2011-12, the programme will be extended to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to support 6 000 more patients. It is estimated that an additional 100 to 120 case managers including nurses and allied health practitioners will be required to provide the service, and the additional recurrent expenditure is estimated at $73 million. HA plans to roll out the programme across the territory in the coming years to benefit more patients.

Under the programme, case managers work closely with various service providers, particularly the Integrated Community Centres for Mental Wellness (ICCMW) set up by the Social Welfare Department. To enhance service collaboration at district level, we have set up in 2010 District Task Groups (DTGs) on Community Mental Health Support Services across the territory to develop strategies and resolve operational issues in respective districts. These DTGs are co-chaired by the respective cluster representatives of psychiatric services of HA and District Social Welfare Officers of SWD and comprise representatives of ICCMW operators and relevant government departments, such as Housing Department and the Police. In addition, to enhance the capability of case managers and ICCMW staff to serve mental patients and to strengthen cross-sectoral collaboration for service delivery, a task group comprising representatives of HA, SWD and ICCMW operators has been formed to organise structured training programmes for case managers and ICCMW service personnel.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and works closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)210

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3360

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of allied health staff will only increase by 437. What are the reasons? Will the Government increase the number of allied health staff in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for healthcare services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and service enhancement plans.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiative, HA plans to recruit about 590 allied health staff in 2011-12, which represents over 90% of the available university graduates as well as some existing practitioners in the market. It is estimated that there will be a net increase of 437 allied health staff in 2011-12. The table below sets out the breakdown by grade of the planned additional allied health staff in 2011-12.

Grade	Number of additional staff to be recruited in 2011-12
Pharmacist and Dispenser	152
Medical Laboratory Technologist	32
Radiographer (Diagnostic Radiographer and Radiation Therapist)	46
Optometrist	10
Clinical Psychologist	18
Occupational Therapist	52
Physiotherapist	60
Social Worker	36
Others (including Dietitian, Physicist, Prosthetist & Orthotist, Podiatrist and Speech Therapist)	31
Overall	**437**

A sum of $240 million has been earmarked by HA for the recruitment of the above additional allied health staff in 2011-12. The increase in allied health manpower will mainly be to support the enhanced services in the areas of pharmacy services, mental health services, primary care services, end-of-life care for terminally ill patients, laboratory service for treatment of chronic hepatitis and diabetes, computerized tomography scanning and magnetic resonance imaging services.

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines. Meanwhile, HA will continue to monitor the manpower situation of allied health staff and make appropriate arrangements in manpower planning and deployment to meet the service needs.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)211

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3358

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

Subhead (No. & title):

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of training places for diploma courses in dental technology and certificate courses in dental surgery will decrease by 10 and 15 respectively, while that for diploma courses in dental hygiene will remain unchanged. What are the reasons? Will the Government increase the number of training places for such diploma/certificate courses in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

Admission to the General Diploma Course in Dental Technology and the Certificate Course of Proficiency in Dental Surgery Assisting requires five passes in the Hong Kong Certificate of Education Examination. With the implementation of the new academic structure for senior secondary education, there will be no more fresh Form Five graduates from 2011 onwards. In view of the anticipated decrease in demand, the number of training places for these two courses has been adjusted downwards in the 2011/12 academic year. However, we do not envisage a similar change in demand for the Higher Diploma Course in Dental Hygiene which targets at Form Seven instead of Form Five graduates. The number of training places for student dental hygienist has therefore remained unchanged for the 2011/12 academic year.

The Prince Philip Dental Hospital will take into account all relevant factors, including the service needs and manpower requirements for healthcare professionals, in deciding on the number of training places for dental ancillary personnel.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)212

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3359

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

Subhead (No. & title):

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the number of training places for undergraduates and postgraduates will only increase by 3 and 22 respectively. What are the reasons? Will the Government increase the number of training places for such programmes in the coming five financial years (2012-13 to 2016-17), taking into account the pace of population growth and aging? Does the Government have any measures to cope with the anticipated service needs?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The increase of three training places for undergraduates is based on the student intake for the Bachelor of Dental Surgery degree programme as approved by the University Grants Committee (UGC) for the triennium 2009-2012, while the increase of 22 postgraduate training places is due to the launch of additional postgraduate programmes by the University of Hong Kong (HKU) in the 2011/12 academic year. Both the undergraduate and postgraduate programmes are organized by the Faculty of Dentistry of HKU and are not funded by Head 140. The role of the Prince Philip Dental Hospital is to provide facilities for these programmes.

The Food and Health Bureau has been providing advice on manpower requirements for healthcare professionals in accordance with the triennial academic development planning cycle of the UGC. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)213

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3300

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What was the amount of provision allocated to providing mental health services and facilities last year (i.e. 2010-11)? What was the establishment of doctors and nurses? What are the current numbers of doctors, nurses and hospital beds? How many patients are waiting to be admitted to hospitals? How many patients require follow up consultations? What is the timing for follow up consultations? What are the estimated numbers of doctors, nurses and hospital beds to be added in the coming year (i.e. 2011-12). What is the estimated number of patients benefited?

Asked by: Hon. LAU Wai-hing, Emily

Reply:

At present, the Hospital Authority (HA) provides various medical services for mental patients, including inpatient, outpatient, medical rehabilitation and community support services, while the Social Welfare Department (SWD) provides ex-mentally ill persons and their families with a series of social rehabilitation services, including residential care, day-time training, vocational training and community support services. The revised estimate of the Government's expenditure on mental health service in 2010-11 amounted to $3.92 billion. As at 31 December 2010, there were 316 psychiatrists, 1 942 psychiatric nurses (including 145 community psychiatric nurses), 44 clinical psychologists and 172 occupational therapists in HA providing various services to psychiatric patients.

The multi-disciplinary teams of HA arrange appropriate treatment to patients having regard to individual clinical needs. Generally, patients whose clinical conditions require hospitalization or inpatient care will be arranged for admission to psychiatric inpatient wards for treatment and they do not need to wait for the service. As at 31 December 2010, there were 3 607 hospital beds for mentally ill patients in HA. In 2011-12, HA has no plan to reduce its psychiatric beds in 2011-12.

In 2010-11 (as at 31 December 2010), there were around 163 900 patients receiving follow up consultations at the psychiatric specialist outpatient clinics (SOPCs) of HA. In 2010-11, HA has set up common mental disorder clinics at the psychiatric SOPCs in all seven clusters to provide more timely assessment and treatment services for patients with common mental disorders. In addition, HA has since October 2010 implemented an Integrated Mental Health Programme in five clusters to provide better support to such patients in the primary care settings. As a result of these initiatives, the median waiting time for first appointment at psychiatric SOPCs for these cases was reduced from 17 weeks in 2008-09 to 9 weeks in 2010-11 (as at 31 December 2010). The duration of consultation of each patient will be determined having regard to the patient's clinical conditions and treatment needs.

In 2011-12, the Government will allocate additional funding of over $210 million to HA to implement the following programmes to further strengthen mental health services:

Programme	**Description**	**Estimated expenditure involved and estimated manpower**

		requirement
Extension of the Case Management Programme for patients with severe mental illness	HA will extend the Case Management Programme to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to benefit an additional 6 000 patients.	$73 million 100 to 120 case managers
Setting up of Crisis Intervention Teams	HA will set up Crisis Intervention Teams in all seven clusters to provide intensive support to high-risk patients using a case management approach, and to provide rapid and prompt response to emergency referrals involving other patients in the community. About 1 000 patients will benefit each year by the initiative.	$35 million Six doctors and 42 nurses
Extension of the Integrated Mental Health Programme	HA will extend the programme to all seven clusters to provide better support to patients with common mental disorders in the primary care settings. A total of about 7 000 patients will benefit each year by the initiative.	$20 million 20 doctors, nurses and allied health professionals working in multi-disciplinary teams
Expansion of the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme	To enhance early intervention for psychosis, HA will expand the service target of the EASY programme to include adults. About an additional 600 patients will benefit each year.	$30 million 43 nurses and allied health professionals
Enhancement of psychogeriatric outreach service	HA will extend the psychogeriatric outreach service to about 80 more residential care homes for the elderly.	$13 million Seven doctors and seven nurses
Enhancement of child and adolescent mental health service	HA will expand the professional team comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from autism and hyperactivity disorder. About an additional 3 000 children will benefit each year.	$45 million 48 doctors, nurses and allied health professionals working in multi-disciplinary teams

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)214

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3301

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the estimate and estimated staff establishment for the Case Management Programme for mental illness? What is the estimated number of patients to be served? Will there be a case manager for every district?

Asked by: Hon. LAU Wai-hing, Emily

Reply:

Since April 2010, the Hospital Authority (HA) has launched a Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalized support to patients with severe mental illness. In 2010-11, around 80 case managers have been recruited to provide service to about 5 000 patients. In 2011-12, the programme will be extended to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to support 6 000 more patients. It is estimated that an additional 100 to 120 case managers including nurses and allied health practitioners will be required to provide the service, and the additional recurrent expenditure is estimated at $73 million. HA plans to roll out the programme across the territory in the coming years to benefit more patients.

Under the programme, case managers work closely with various service providers, particularly the Integrated Community Centres for Mental Wellness (ICCMW) set up by the Social Welfare Department. To enhance service collaboration at district level, we have set up in 2010 District Task Groups (DTGs) on Community Mental Health Support Services across the territory to develop strategies and resolve operational issues in respective districts. These DTGs are co-chaired by the respective cluster representatives of psychiatric services of HA and District Social Welfare Officers of SWD and comprise representatives of ICCMW operators and relevant government departments, such as Housing Department and the Police. In addition, to enhance the capability of case managers and ICCMW staff to serve mental patients and to strengthen cross-sectoral collaboration for service delivery, a task group comprising representatives of HA, SWD and ICCMW operators has been formed to organise structured training programmes for case managers and ICCMW service personnel.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and works closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)215

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1176

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the proposal "to roll out a pilot initiative in collaboration with non-governmental organizations to enhance dental care and oral health for needy elderly through providing outreach services to residential care homes for the elderly", please advise on the following:

(a) What are the details of the measure? What are the schedules for implementing the measure and conducting a review?

(b) What is the estimated expenditure involved?

(c) What will be the estimated expenditure involved if the Administration extends the coverage to provide dental care service to all elderly in the territory?

(d) Would the Administration step up the training of dental officers and technicians to cope with the service demand for implementing the measure? If yes, what is the estimated expenditure involved? If no, what are the reasons?

(e) Whether the Administration has set any targets to assess the effectiveness of the proposal?

Asked by: Hon. WONG Kwok-hing

Reply:

We will launch a Pilot Project, in partnership with NGOs for a period of three years starting from April 2011, to provide elderly people residing in residential care homes (RCHEs) or receiving services in day care centres (DEs) with outreach primary dental care and oral health care services free of charge, including dental check-up, scaling, polishing and any other necessary pain relief and emergency dental treatments. The costs of all such outreach primary dental care and oral services provided to the elderly by the participating NGOs will be covered by the subvention to the NGOs from the Government. The Government will monitor the implementation of the Pilot Project, and conduct an interim review on its effectiveness after we have gained enough experience from the operation of the Pilot Project.

For elderly people identified as having the need for and considered suitable for receiving follow-up curative treatments, participating NGOs under the Pilot Project will arrange for the necessary treatments. For those who are recipients of Comprehensive Social Security Allowance (CSSA), the NGO concerned will arrange to apply for Dental Grant under the CSSA Scheme for them to cover the actual expenses of the dental treatment, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction. For those who have financial difficulties but are not recipients of CSSA, the NGO concerned will provide or arrange to provide financial assistance to meet the cost of the further curative treatments, including dentures. The need will be assessed by the NGOs concerned on an individual basis and the cost will be met by their own charity funding. For others who can afford, the NGO concerned will provide the curative treatments at a reasonable cost.

We expect that 17 NGOs will participate in the Pilot Project providing more than 100 000 attendance through 27 outreach teams benefiting some 80 000 elderly in RCHEs and DEs over the three-year pilot period. Each outreach team providing dental care should comprise at least one registered dentist and one dental surgery assistant, and each NGO is required to have at least one experienced registered dentist to supervise the whole operation. We envisage that the manpower requirement arising from the Pilot Project can be absorbed by current supply of dentists and technicians without necessitating increase in training. The total amount of subvention to the NGOs for the three-year Pilot Project is estimated to be about $88 million.

We have not made any estimate on the possible costs involved for providing dental care services to all elderly people.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)216

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1123

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the number of private patient cases in the Hospital Authority in the past 3 years (2008-09 to 2010-11) by specialty and by hospital.

Asked by: Hon. CHAN Hak-kan

Reply:

The tables below set out the number of private in-patient cases in the Hospital Authority for 2008-09, 2009-10 and 2010-11 (up to 31 December 2010) by specialty and by hospital.

2008-09

Hospital	Number of private inpatient cases by specialty							
	MED	**SUR**	**OBS**	**GYN**	**PAE**	**ORT**	**Others**	**Total**
Hong Kong East Cluster								
PYNEH	37	17	16	3	-	12	48	133
TWEH	-	-	-	-	-	-	10	10
Hong Kong West Cluster								
DKCH	-	-	-	-	35	78	-	113
GH	18	-	-	-	8	-	5	31
MMRC	-	-	-	-	-	-	25	25
QMH	738	1 092	160	832	317	164	242	3 545
TWH	1	3	-	-	-	-	-	4
Kowloon Central Cluster								
HKEH	-	-	-	-	-	-	71	71
QEH	80	13	2	3	-	14	23	135
Kowloon West Cluster								
KWH	9	5	-	-	-	2	6	22
PMH	-	-	-	-	11	-	6	17

Hospital	Number of private inpatient cases by specialty							
	MED	**SUR**	**OBS**	**GYN**	**PAE**	**ORT**	**Others**	**Total**
New Territories East Cluster								
AHNH	109	1	-	-	-	14	14	138
BH	-	-	-	-	-	-	5	5
PWH	224	212	21	302	54	151	212	1 176
SH	-	-	-	-	-	-	17	17
New Territories West Cluster								
TMH	4	-	-	-	-	-	2	6
Total	**1 220**	**1 343**	**199**	**1 140**	**425**	**435**	**686**	**5 448**

2009-10

Hospital	Number of private inpatient cases by specialty							
	MED	**SUR**	**OBS**	**GYN**	**PAE**	**ORT**	**Others**	**Total**
Hong Kong East Cluster								
PYNEH	41	23	8	2	3	16	37	130
TWEH	-	-	-	-	-	-	4	4
Hong Kong West Cluster								
DKCH	-	-	-	-	26	86	-	112
GH	15	-	-	-	-	-	12	27
MMRC	-	-	-	-	-	-	26	26
QMH	950	1 094	151	858	390	177	306	3 926
TWH	4	2	-	-	-	-	-	6
Kowloon Central Cluster								
HKEH	-	-	-	-	-	-	66	66
QEH	51	16	4	3	-	13	22	109
Kowloon West Cluster								
KWH	12	3	-	-	-	-	1	16
PMH	-	-	-	-	4	-	17	21
New Territories East Cluster								
AHNH	10	2	-	-	-	9	16	37
BH	-	-	-	-	-	-	1	1
PWH	291	181	12	370	63	129	305	1 351
SH	-	-	-	-	-	-	15	15
New Territories West Cluster								
TMH	-	-	-	-	-	-	1	1
Total	**1 374**	**1 321**	**175**	**1 233**	**486**	**430**	**829**	**5 848**

2010-11 (Up to December 2010)

Hospital	Number of private inpatient cases by specialty							
	MED	**SUR**	**OBS**	**GYN**	**PAE**	**ORT**	**Others**	**Total**
Hong Kong East Cluster								
PYNEH	23	13	11	3	2	8	29	89
TWEH	-	-	-	-	-	-	1	1
Hong Kong West Cluster								
DKCH	-	-	-	-	13	70	-	83
GH	10	-	-	-	-	-	8	18
MMRC	-	-	-	-	-	-	28	28
QMH	710	921	109	871	223	119	254	3 207
TWH	-	1	-	-	-	-	-	1
Kowloon Central Cluster								
HKBH	-	-	-	-	-	-	1	1
HKEH	-	-	-	-	-	-	29	29
QEH	49	4	7	1	-	10	16	87
Kowloon East Cluster								
TKOH	-	-	-	-	-	1	-	1
UCH	-	-	-	-	-	-	1	1
Kowloon West Cluster								
KWH	13	5	-	-	-	-	7	25
PMH	-	-	-	-	1	-	4	5
New Territories East Cluster								
AHNH	-	2	-	-	-	10	27	39
BH	-	-	-	-	-	-	3	3
PWH	289	145	26	320	62	129	225	1 196
SH	-	-	-	-	-	-	14	14
Total	**1 094**	**1 091**	**153**	**1 195**	**301**	**347**	**647**	**4 828**

Abbreviations

Specialty:
MED – Medicine
SUR – Surgery
OBS – Obstetrics
GYN – Gynaecology
PAE – Paediatrics
ORT – Orthopaedics & Traumatology
Others – Other specialties

Hospital:
AHNH - Alice Ho Miu Ling Nethersole Hospital
BH - Bradbury Hospice
DKCH - The Duchess of Kent Children's Hospital

GH - Grantham Hospital
HKBH – Hong Kong Buddhist Hospital
HKEH - Hong Kong Eye Hospital
KWH - Kwong Wah Hospital
MMRC - MacLehose Medical Rehabilitation Centre
PMH - Princess Margaret Hospital
PWH - Prince of Wales Hospital
PYNEH - Pamela Youde Nethersole Eastern Hospital
QEH - Queen Elizabeth Hospital
QMH - Queen Mary Hospital
SH - Shatin Hospital
TKOH – Tseung Kwan O Hospital
TMH - Tuen Mun Hospital
TWEH - Tung Wah Eastern Hospital
TWH - Tung Wah Hospital
UCH – United Christian Hospital

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)217

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1122

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding payment default cases of the Hospital Authority,

(a) how many were recorded in the past 3 years (i.e. from 2008-09 to 2010-11)?

(b) what was the proportion of eligible persons to non-eligible persons in the past 3 years (i.e. from 2008-09 to 2010-11)? Please give a breakdown by specialties.

Asked by: Hon. CHAN Hak-kan

Reply:

(a) The table below sets out the total number of write-off cases in the Hospital Authority (HA) for 2008-09, 2009-10 and 2010-11 (up to 31 December 2010) :

	2008-09	**2009-10**	**2010-11 (up to December 2010)**
Number of write-off cases	24 470	26 280	18 729

(b) The table below sets out the percentage of write-off cases over all payment cases under different specialties, with breakdown by eligible persons (EP) and non-eligible persons (NEP) and by specialty for 2008-09, 2009-10 and 2010-11 (up to 31 December 2010) :

Specialty	**2008-09**		**2009-10**		**2010-11 (up to December 2010)**	
	EP	**NEP**	**EP**	**NEP**	**EP**	**NEP**
Medicine	0.13%	0.02%	0.13%	0.01%	0.12%	0.01%
Surgery	0.13%	0.02%	0.12%	0.02%	0.11%	0.01%
Obstetrics	0.04%	0.09%	0.03%	0.08%	0.03%	0.05%
Gynaecology	0.11%	0.02%	0.11%	0.02%	0.10%	0.02%
Paediatrics	0.19%	0.04%	0.23%	0.04%	0.20%	0.05%

Specialty	2008-09		2009-10		2010-11 (up to December 2010)	
	EP	**NEP**	**EP**	**NEP**	**EP**	**NEP**
Orthopaedics and Traumatology	0.11%	0.03%	0.11%	0.02%	0.10%	0.01%
Psychiatry	0.04%	-	0.06%	-	0.05%	-
Others	0.08%	0.04%	0.09%	0.04%	0.09%	0.03%
Total	**0.09%**	**0.04%**	**0.10%**	**0.03%**	**0.09%**	**0.03%**

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)218

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1097

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

Subhead (No. & title):

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

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

Director of Bureau: Secretary for Food and Health

Question:

(a) It is mentioned under the Matters Requiring Special Attention in 2011-12 that the Administration will "continue to oversee the implementation of the established tobacco control policy through a multi-pronged approach, including promotion, education, legislation, enforcement, taxation and smoking cessation." What are the service programmes on smoking prevention and cessation launched by the Hospital Authority, the Department of Health and other subvented organisations in 2011-12? Please give an account of the major programmes and the expenditure involved.

(b) Is there any increase or decrease in the expenditure mentioned in (a) when compared with that of the previous financial year? What are the reasons and justifications for that? Will there be an increase in the expenditure mentioned in (a) to help smokers quit smoking with an increase in tobacco taxation this year?

(c) Will there be any evaluation on the effectiveness of the various programmes mentioned in (a)? What will be the performance indicators used in the evaluation?

(d) Please provide information on the service utilisation rate or number of participants of the various programmes mentioned in (a) in the previous financial year. What are the smoking cessation rates of the users in the short, medium/longer term?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The Tobacco Control Office (TCO) of the Department of Health (DH) and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation through cessation counseling telephone hotline, health talks and smoking cessation services in public clinics. Major activities include:

(a) health education on smoking prevention and promotional activities on smoking cessation by DH and the Council on Smoking and Health (COSH) subvented by DH;

(b) smoking cessation counseling telephone hotline (1833 183) and 5 smoking cessation clinics operated by DH;

(c) 3 full-time and 31 part-time smoking cessation clinics and associated telephone enquiries and counseling services operated by HA; and

(d) smoking cessation services, health education on smoking, and research activities provided by non-government organizations (NGOs), namely Tung Wah Group of Hospitals (TWGHs) (operating 4 centres) and Pok Oi Hospital (POH) (operating 15 mobile clinics which serve more than 70 locations in different districts).

Key statistics of smoking cessation services referred above are as follows:

Services	Clients served			Cessation rate		
	2008	**2009**	**2010**	**2008**	**2009**	**2010**
DH (hotline enquiries)	4 335	15 500	13 880	N/A	N/A	N/A
DH (clinic attendance)	329	567	597	36.7%	29.2%	N/A
TWGHs Programme (started in January 2009)	N/A	717	1 288	N/A	40.3%	N/A
POH Programme (started in April 2010)	N/A	N/A	1 008	N/A	N/A	N/A
HA (hotline enquiries)	6 782	6 778	6 844	N/A	N/A	N/A
HA (hotline counseling)	7 583	9 192	11 240	N/A	N/A	N/A
HA (clinic attendance)	2 109	2 854	4 156	N/A	49.4%	43.0%

N/A: not available

Smoking cessation programmes being provided by NGOs including TWGH and POH are subject to evaluation on their effectiveness, including cessation rate of those receiving their cessation services.

The manpower and expenditures of TCO for tobacco control from 2008-09 to 2011-12 are shown in Annexes 1 and 2 respectively. The resources for smoking prevention and cessation related activities have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care. The provision of smoking cessation service forms an integral part of HA's overall service provision and a breakdown of the expenditure on the service in 2010-11 is not available. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the cessation services by NGOs including TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for health care professionals in provision of smoking cessation service in the community. HA will also provide smoking cessation service in 2011-12 targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counseling, and pharmacotherapy.

In parallel, COSH will focus on promoting smoking cessation and a smoke-free living environment. It will conduct publicity campaigns at district level to encourage smokers to quit smoking and garner public support for a smoke-free Hong Kong. COSH will also continue its education and publicity efforts at kindergartens, primary and secondary schools through health talks and theatre programmes. The aim is to educate students on the hazards of smoking as well as how to resist the temptation of smoking and support a smoke-free environment.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Annex 1

Staffing of Tobacco Control Office of the Department of Health

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Annex 2

Expenditures / Provisions of the Tobacco Control Office on Tobacco Control

Rank	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision on Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)219

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1077

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the Government's efforts in the areas of Chinese medicine research and provide details of the expenditure involved in 2009-10 and 2010-11. What research is expected to be carried out in this area in 2011-12? What is the estimated amount of expenditure?

Asked by: Hon. LEUNG Yiu-chung

Reply:

An additional provision of $12.7 million will be allocated in 2011-12 to expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. Standards for 60 herbs have already been developed and published. Research work for another 36 herbs has been completed and that on the remaining 104 herbs is expected to be completed in 2012. No civil service post will be created for this initiative in 2011-12. At present, two civil service Scientific Officers (Medical) and nine NCSC positions, include two Chinese Medicine Officers, two Chinese Medicine Assistants, four project Officers and one Administration Assistant in DH, are responsible for the job.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)220

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3674

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In Hong Kong, incidents involving the sale of counterfeit pharmaceutical products by a number of pharmacies occurred again in 2010, directly affecting public health. Why does the Administration not increase the number of inspections of retail drug premises in the indicator this year so as to combat the sale of counterfeit pharmaceutical products by unscrupulous businessmen?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

For compliance checking on licensees, such as inspections on transaction records, storage conditions and labelling of pharmaceutical products, pharmacist inspectors of the Department of Health (DH) have enhanced unannounced inspections and test purchases at the retail level since 2009.

Whenever there are findings or intelligence suggestive of sale of counterfeit medicines, DH will inform the Customs and Excise Department for their investigation or joint operations.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)221

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3675

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:

Concerning the quality of healthcare institutions, would the Administration allocate additional resources to increase the number of inspections of nursing homes and establish an accreditation programme to improve the quality of healthcare institutions? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), the Department of Health (DH) registers nursing homes subject to conditions on accommodation, staffing and equipment. A Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes was issued by DH to set out the standards of good practice with a view to protecting patient safety and ensuring service quality.

As the registration authority, DH monitors the performance of nursing homes, issues licences, conducts inspections and investigates adverse events and complaints. Nursing homes are also encouraged to participate in accreditation programmes for quality assurance and continuous service improvement.

An additional provision of $3.7 million has been earmarked in 2011-12 to enhance DH's capacity in the regulation of private healthcare institutions, including nursing homes. Six posts including one Senior Medical and Health Officer, one Medical and Health Officer, one Nursing Officer, one Registered Nurse and two general grade posts will be created in 2011-12.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)222

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3676

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 requires that the elderly health care vouchers be used for preventive and curative services. However, the Administration has not taken into consideration that elderly people commonly have eye problems. Would the Administration consider extending the scope of use of the health care vouchers to cover eye examinations, so as to encourage elderly people to receive regular eye examinations for prevention in order to decrease the need to treat eye diseases in the future? Also, would consideration be given to allow optometrists to directly refer persons in need to receive treatment in public hospitals? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Vouchers can be used on health care services which could be preventive care, management of acute episodic condition, follow up or monitoring of long term conditions, and rehabilitation. Examinations of the eyes are covered by the Scheme as long as they are provided by health care service providers enrolled under the Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

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

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements in the public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

Monitoring of claims and handling of complaints

DH routinely monitors claim transactions through the eHealth System, checks claims and examines service records through inspection of service providers, and checks with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. Any irregularities detected would be followed up and rectified. In case of proven abuses, the healthcare service providers concerned will be removed from the Pilot Scheme. Where suspected fraud is involved, the case will be reported to the Police for investigation.

Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

The eHealth System currently captures general information on the type of healthcare services provided and the amount of voucher used for payment for the services as supplied by the healthcare providers.

Participating healthcare service providers are not required to provide how much they charge elderly people on top of the amount of vouchers claimed (in other words, the co-payment made out of pocket by the elderly). Information on the total expenditure incurred by the elderly in primary healthcare services involving the use of vouchers is therefore not available. One of the proposals arising from the interim review is to capture more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

Financial implication of lowering eligible age and increasing voucher amount

If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows -

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
Central & Western	120	84	29	3	26	3	4	9	1	2	281
Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)223

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3677

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:

To address to the rate of new dermatology cases to be seen within 12 weeks, the Administration stated last year that an additional $1.2 million would be allocated to the dermatology service in 2010-11. Furthermore, it also stated that the replacement of contract doctors by civil servants in the dermatology service might reduce the turnover rate of doctors in coming years. However, the appointment time for new dermatology cases within 12 weeks is still set at 56% in the estimate for this year. Has the Administration conducted a review on the effectiveness of the relevant measures? How does the Administration solve the problem? In addition, would the Administration set aside resources to recruit more nurses and doctors for dermatology outpatient clinics? Please provide the details and schedule.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Additional funding was allocated to the dermatology service in 2010-11 to recruit doctors to reduce the backlog of patients. Civil service posts have also been created to replace contract doctor posts since 2009. As at the end of 2010, all doctors in the service are appointed on civil service terms. This has helped reduce the number of doctors leaving the Social Hygiene Service. The Department of Health (DH) endeavors to fill vacancies arising from staff departure through recruitment of new doctors and redeployment within DH. Furthermore, the dermatology clinics have implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)224

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3678

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:

Dental care is part of primary health care. Would the Administration allocate additional resources to extend current dental service of the Department of Health, particularly to provide dental care and treatment to the elders, including services such as extraction and denture? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

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. DH also provides free emergency dental services to the public at 11 government dental clinics.

Under the Comprehensive Social Security Assistance (CSSA) Scheme, CSSA recipients aged 60 or above, who are disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses of dental treatment, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction. Under the Elderly Health Care Voucher Pilot Scheme launched since 2009, all elderly people aged 70 or above can make use of the vouchers to access dental services in private dental clinics and dental clinics run by non-governmental organisations (NGOs). As announced in this year's Budget, the Pilot Scheme will be extended for three years from 2012 to 2014 and the amount of voucher for each elder will be doubled to $500 per year.

In addition, the Government will launch a Pilot Project, in partnership with NGOs for a period of three years starting from April 2011, to provide elderly people residing in residential care homes (RCHEs) or receiving services in day care centres (DEs) with outreach primary dental care and oral health care services free of charge, including dental check-up, scaling, polishing and any other necessary pain relief and emergency dental treatments. The Government expect that 17 NGOs will participate in the Pilot Project providing more than 100 000 attendance through 27 outreach teams benefiting some 80 000 elderly in RCHEs and DEs over the three-year pilot period. The total amount of subvention to the NGOs for the three-year Pilot Project, to be funded by the Food and Health Bureau under Head 140, is estimated to be about $88 million. The Government will monitor the implementation of the Pilot Project, and conduct an interim review on its effectiveness.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 21.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)225

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3679

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 provision for 2011-12 which is $88.3 million higher than the revised estimate for 2010-11 will be used for -

(a) expanding Pharmaceutical Service to meet increasing drug regulatory needs;

(b) expediting the setting of standards for Chinese herbal medicines;

(c) introducing mandatory Good Manufacturing Practice requirements for manufacturing of proprietary Chinese medicines (pCm) and implementing a pharmacovigilance programme for pCm; and

(d) enhancing the capacity for regulation of private healthcare institutions including hospitals.

Please advise on the details of the above initiatives, and manpower and resources involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Details of the initiatives, and manpower and resources involved are as follows-

(a) expanding Pharmaceutical Service to meet increasing drug regulatory needs

In 2011-12, $27.8 million will be allocated to the Department of Health (DH) to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacist and 14 Pharmacist, five Scientific Officer (Medical) and 15 general grade posts will need to be created.

(b) expediting the setting of standards for Chinese herbal medicines

An additional provision of $12.7 million will be allocated in 2011-12 to expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. Standards for 60 herbs have already been developed. Research work for another 36 herbs has been completed and that on the remaining 104 herbs is also to be finished in 2012. No civil service post will be created for this initiative in 2011-12.

(c) introducing mandatory Good Manufacturing Practice (GMP) requirements for manufacturing of proprietary Chinese medicines (pCm) and implementing a pharmacovigilance programme for pCm

An additional provision of $6.1 million will be allocated in 2011-12 to introduce GMP requirements for the manufacturing of pCm and implement a pharmacovigilance programme for pCm. Guidelines on GMP have been developed and training will be provided to facilitate the trade to attain GMP standards. Seven posts, namely one Senior Pharmacist, two Pharmacist, three Scientific Officer (Medical) and one general grade posts will need to be created in 2011-12.

(d) enhancing the capacity for regulation of private healthcare institutions, including hospitals

An additional provision of $3.7 million has been earmarked in 2011-12 to enhance DH's capacity in the regulation of private healthcare institutions, including hospitals and nursing homes. Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), DH registers private hospitals and nursing homes subject to conditions on accommodation, staffing and equipment. A Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes was issued by DH to set out the standards of good practice with a view to protecting patient safety and ensuring service quality. As registration authority, DH monitors the compliance of licenced private hospitals and nursing homes through site inspection and investigation of adverse events and complaints. Six posts including one Senior Medical and Health Officer, one Medical and Health Officer, one Nursing Officer, one Registered Nurse and two general grade posts will be created in 2011-12.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)226

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3882

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 target figures in paragraph 20 of the Brief Description under this Programme, the Administration has not raised the number of attendances of hospital patients for dental treatment in 2011-12. Please advise on:

(a) the reasons for not raising the number of attendances;

(b) in the form of a table the number of attendances for dental scaling, extraction, filling, bridge, root canal treatment, denture and other services provided by the Administration; and

(c) whether the Administration has any measures in the next five financial years (2011-12 to 2015-16) to raise the number of attendances of hospital patients for dental treatment? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The Department of Health (DH) provides specialist oral maxillofacial surgery and dental treatment to hospital in-patients, patients with special oral health care needs and dental emergency in the Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of seven public hospitals. The provision of specialist dental care service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners. The utilisation of the service is demand-driven. We do not anticipate a substantial increase in the number of referrals and hence the number of attendances of hospital patients in 2011-12.

(b) We do not have the breakdown of attendances for different types of dental treatments.

(c) In the next five financial years (2011-12 to 2015-16), DH will keep under review the overall demand of specialist oral maxillofacial surgery and dental service in the OMS&DUs.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)227

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3680

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is estimated that the total number of specialist outpatient (clinical) attendances in 2011-12 is 6 563 000, an increase of 145 000 over the previous year. Has the Administration reserved resources for provision of adequate manpower to meet the increasing demand for services? If so, what are the details? If not, what is the reason for that?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The projected increase in the number of specialist outpatient attendances in 2011-12 is mainly due to the increase in the service demand arising from the growing and ageing population and corresponding service improvement through implementation of new initiatives, such as expansion of the Early Assessment and Detection of Young persons with Psychosis Programme, enhancement of cataract service and joint replacement service.

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)228

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3741

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the expenditure of the Hospital Authority in 2010-11 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 the complete statistics on the treatment for work-related injuries. The following information is however provided for reference:

(a) A total of 55 583 attendances (with 48 528 headcounts) arising from work-related injuries were recorded at the Accident and Emergency (A&E) Departments for the first nine months of 2010-11.

(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 31 291 attendances for clinical services, 25 056 attendances for occupational therapy treatment and 43 503 attendances for physiotherapy treatment.

(c) Among the patients in (a), 4 368 were admitted to HA hospitals within 48 hours of their attendances at the A&E Departments and the average length of stay was 3.3 days. 2 329 of them had undertaken surgeries.

The total expenditure on the above treatments is estimated at $149 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 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 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)229

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3742

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) What is the number of the work-related injuries cases that were referred for physiotherapy treatment in 2010-11? What is the amount of expenditure incurred by the Hospital Authority for the provision of physiotherapy treatment to those with work-related injuries?

(b) What is the number of work-related injuries cases that were referred for occupational therapy treatment in 2010-11? What is the amount of expenditure incurred by the Hospital Authority for the provision of occupational therapy treatment to those with work-related injuries?

Asked by: Hon. LEUNG Yiu-chung

Reply:

The Hospital Authority (HA) does not have the complete statistics on the treatment for work-related injuries. The following information is however provided for reference:

(a) A total of 55 583 attendances (with 48 528 headcounts) arising from work-related injuries were recorded at the Accident and Emergency (A&E) Departments for the first nine months of 2010-11.

(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 attendances or hospital discharge, they had:

    (i) a total of 43 503 attendances at the SOPCs involving physiotherapy treatment with an estimated expenditure of $8.7 million; and

    (ii) a total of 25 056 attendances at the SOPCs involving occupational therapy treatment with an estimated expenditure of $8.5 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 should not be taken as the total expenditure for the provision of physiotherapy treatment or 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	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)230

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3743

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the respective number of cases in 2010-11 where people suffering from work-related injuries had their first consultation and follow-up consultations in public hospitals? What is the average length of their stay in hospitals? 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 the complete statistics on the treatment for work-related injuries. The following information is however provided for reference:

(a) A total of 55 583 attendances (with 48 528 headcounts) arising from work-related injuries were recorded at the Accident and Emergency (A&E) Departments for the first nine months of 2010-11.

(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 31 291 attendances for clinical services, 25 056 attendances for occupational therapy treatment and 43 503 attendances for physiotherapy treatment.

(c) Among the patients in (a), 4 368 were admitted to HA hospitals within 48 hours of their attendances at the A&E Departments and the average length of stay was 3.3 days. 2 329 of them had 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 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)231

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3744

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the number of consultations provided by accident and emergency departments of hospitals to people suffering from work-related injuries in 2010-11? 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 rerence, a total of 55 583 attendances 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 2010-11. Details are as follows :

Hospital	**Number of A&E attendances on work-related injuries in 2010-11 (up to 31 December 2010)**
Alice Ho Miu Ling Nethersole Hospital	4 152
Caritas Medical Centre	2 175
Kwong Wah Hospital	5 347
North District Hospital	2 566
Princess Margaret Hospital	3 972
Pok Oi Hospital	4 063
Prince of Wales Hospital	1 754
Pamela Youde Nethersole Eastern Hospital	2 616
Queen Elizabeth Hospital	4 448
Queen Mary Hospital	2 317
Ruttonjee Hospital	5 083
St. John Hospital	146
Tseung Kwan O Hospital	2 806
Tuen Mun Hospital	6 008
United Christian Hospital	3 408
Yan Chai Hospital	4 722
Total	**55 583**

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)232

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3887

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the Brief Description of the programme, it is mentioned in the Targets of paragraph 10 that the number of community psychiatric nurses in 2011-12 will only be increased by 7 as compared with the revised estimate for 2010-11. Please advise on the following :

(a) What is the reason for the increase?

(b) Does the Administration have any measures to continue increasing the number of community psychiatric nurses over the next five financial years (2011-12 to 2015-16)? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) delivers a range of mental health services, including inpatient, outpatient and community psychiatric services, using 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 allows flexible deployment of staff to cope with service needs and operational requirements. As at 31 December 2010, there were 316 psychiatrists, 1 942 psychiatric nurses (including 145 community psychiatric nurses), 44 clinical psychologists and 172 occupational therapists in HA providing various services to psychiatric patients, including psychiatric community outreach services.

The estimated increase in the number of psychiatric outreach attendances from 168 000 in 2010-11 to 226 600 in 2011-12 is mainly due to the expansion of the Case Management Programme for patients with severe mental illness and the setting up of Crisis Intervention Teams in the coming year. To implement the two initiatives, apart from the planned increase in the number of community psychiatric nurses, some 150 case managers including nurses and allied health professionals will also be recruited. The total additional expenditure involved is estimated at $108 million. In addition, HA will expand the psychogeriatric outreach service in 2011-12 to cover about 80 more residential care homes for the elderly. The number of psychogeriatric outreach attendance is expected to increase from 83 000 in 2010-11 to 95 100 in 2011-12. The additional expenditure involved is estimated at $13 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)233

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3798

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

Subhead (No. & title):

Programme: Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Government will earmark $1 billion to set up a "Health and Medical Research Fund". The existing Health and Health Services Research Fund and Research Fund for the Control of Infectious Diseases will be subsumed under the new Fund to extend the current scope of research ambits to cover paediatrics, neuroscience and clinical genetics. Apart from the above newly added items, will the Fund also cover research into geriatric medicine and services for the chronically ill? If yes, please provide the details. If no, please state the reasons.

Asked by: Hon. CHEUNG Kwok-che

Reply:

The medical industry is one of the six pillar industries where Hong Kong enjoys clear advantages and which is crucial to the development of a sustainable economy in the long run. Research and development is an essential component in developing the medical industry. Hong Kong has the potential to conduct advanced medical research in specific areas including paediatrics, neuroscience and clinical genetics. Such advanced researches would give better insight into the diseases, maximise treatment outcomes, improve quality of care and population health. They could also help to attract and retain talents, both local and overseas, which is essential to the development as a centre for medical research and clinical excellence.

The Food and Health Bureau plans to set up a "Health and Medical Research Fund" (Fund), which would consolidate the existing "Health and Health Services Research Fund" (HHSRF) and "Research Fund for the Control of Infectious Diseases" (RFCID) into the new Fund. Apart from continuing to fund projects within the original research ambits (covering a broad range of topics including infectious diseases, health and medical services like chronic disease prevention and management, primary and elderly healthcare, public health issues and Chinese medicine), the additional funding for the new Fund will also finance research projects and facilities in areas of advanced medical research where Hong Kong enjoys comparative advantages. The new Fund will fund health and medical research projects and research infrastructure in a more comprehensive and coordinated manner.

The existing HHSRF and RFCID are administered through a well established scientific review mechanism in place. All eligible research applications have to undergo a stringent two-tier peer review process to ensure all funded projects are of appropriate scientific design and high scientific merits. The first tier of peer review is performed by external referees who are chosen for their expertise in specific research areas. The second tier is independently performed by the Grant Review Board (GRB) which comprises a multidisciplinary panel of local experts (such as doctors, nurses, allied health professionals, academics) with technical skills and experience in a wide spectrum of health sciences. They assess the scientific merits of the research projects, such as originality, significance of the research questions, quality of scientific content, credibility of design and methods and applicability to local context. Other objective assessment criteria including research ethics, justification of budget, and track record of grant applicant will also be considered. The GRB will make funding recommendation for consideration and endorsement by the Research Council

(RC) which is chaired by the Secretary for Food and Health and comprises prominent members of the health care system and academic institutions in Hong Kong. For the existing HHSRF and RFCID, the normal grant ceiling for any single project is $1 million. In 2009/10, the HHSRF approved a total of 29 research projects amounting to $13.58 million and the RFCID approved a total of 62 research projects amounting to $48.99 million.

For the new Fund, the vetting and funding mechanism would be modeled upon the established mechanism of the existing funds with appropriate adjustment to cater for the broadened scope of the new Fund. We expect the new Fund to support more research projects with grant ceilings increased as appropriate to cater for new projects to be funded. We also expect the proposed $1 billion new funding for injection into the new Fund to fund research projects and infrastructure over the next five years or more.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)234

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3799

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Administration assessed the shortfall of occupational therapists, physiotherapists, registered nurses and enrolled nurses in the hospitals under the Hospital Authority in the next three years (i.e. 2011, 2012 and 2013)? If yes, please provide details of the shortfall. If no, please state the reasons. Furthermore, how much additional resources will the Administration allocate for training allied health professionals in these four categories to meet the service demand in the next three years (i.e. 2011, 2012 and 2013)?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for healthcare services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 1 720 nursing staff in 2011-12, which represents 90% of the available registered nurse and enrolled nurse graduates in Hong Kong as well as some existing nurses in the market. It is estimated that there will be a net increase of 868 nurses in 2011-12. HA will continue to monitor the manpower situation of nurses and make appropriate arrangements in manpower planning and deployment to meet the service needs.

As for allied health practitioners, HA plans to recruit about 590 allied health staff in 2011-12, which represents over 90% of the available university graduates as well as some existing practitioners in the market. It is estimated that there will be a net increase of 437 allied health staff in 2011-12. The table below sets out the breakdown by grade of the planned additional allied health staff in 2011-12.

Grade	Number of additional staff to be recruited in 2011-12
Pharmacist and Dispenser	152
Medical Laboratory Technologist	32
Radiographer (Diagnostic Radiographer and Radiation Therapist)	46
Optometrist	10
Clinical Psychologist	18

Grade	Number of additional staff to be recruited in 2011-12
Occupational Therapist and Physiotherapist	112
Social Worker	36
Others (including Dietitian, Physicist, Prosthetist & Orthotist, Podiatrist and Speech Therapist)	31
Overall	**437**

A sum of $240 million has been earmarked by HA for the recruitment of additional allied health staff in 2011-12. The increase in allied health manpower will mainly be to support the enhanced services in the areas of pharmacy services, mental health services, primary care services, end-of-life care for terminally ill patients, laboratory service for treatment of chronic hepatitis and diabetes, computerized tomography scanning and magnetic resonance imaging services.

HA will continue to monitor the manpower situation of nurses and allied health staff and make appropriate arrangements in manpower planning and deployment to meet the service needs.

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines. Meanwhile, HA nursing schools will continue to provide training places to ensure continuous supply of nursing manpower.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)235

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3801

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Matters Requiring Special Attention in 2011-12 that the Administration will continue to oversee the implementation of the Elderly Health Care Voucher Pilot Scheme. In this connection, will the Administration provide the number of elderly people who have used the health care vouchers and the total amount of money used each year since the implementation of the scheme on 1 January 2009?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

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

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements of public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

Monitoring of claims and handling of complaints

DH routinely monitors claim transactions through the eHealth System, checks claims and examines service records through inspection of service providers, and checks with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. Any irregularities detected would be followed up and rectified. In case of proven abuses, the healthcare service providers concerned will be removed from the Pilot Scheme. Where suspected fraud is involved, the case will be reported to the Police for investigation.

Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

The eHealth System currently captures general information on the type of healthcare services provided and the amount of voucher used for payment for the services as supplied by the healthcare providers. Participating healthcare service providers are not required to provide how much they charge elderly people on top of the amount of vouchers claimed (in other words, the co-payment made out of pocket by the elderly). Information on the total expenditure incurred by the elderly in primary healthcare services involving the use of vouchers is therefore not available. One of the proposals arising from the interim review is to capture

more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

Financial implication of lowering eligible age and increasing voucher amount

If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows:

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
Central & Western	120	84	29	3	26	3	4	9	1	2	281
Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)236

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3807

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary announced that the Government would "increase the duty on cigarettes by $0.5 per stick or 41.5 per cent", while the Health Branch indicated that it would "continue to oversee the implementation of the established tobacco control policy through promotion, education, legislation, enforcement, taxation and smoking cessation". In this connection, please inform this Committee of:

(a) the government's revenue from tobacco duty and the public sector's expenses on smoking cessation service in 2010;

(b) the preliminary estimation of the revenue from tobacco duty and of the public sector's expenses on smoking cessation service this year (i.e. 2011-12) upon upward adjustment of tobacco duty; and

(c) whether the Administration plans to allocate the increased revenue from tobacco duty to smoking cessation service provided by the public sector (for example, by sponsoring drugs for smoking cessation). If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

In 2010, the revenue collected from tobacco is $3,816.70 million.

The manpower and expenditures of the Tobacco Control Office (TCO) for tobacco control from 2008-09 to 2011-12 are shown in Annexes 1 and 2 respectively. The resources for smoking prevention and cessation related activities have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care. The provision of smoking cessation service forms an integral part of the Hospital Authority (HA)'s overall service provision and a breakdown of the expenditure on the service in 2010-11 is not available. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting.

The Estimates showed a projected increase of 20% in revenue from tobacco duty based on past experience where tobacco duty increase is offset by a decrease in quantity of duty-paid cigarettes. However, it should be noted that it is difficult to estimate accurately the impact of the proposed tobacco duty increase on revenue alongside other tobacco control measures taken as part of the Government's progressive, multi-pronged approach to tobacco control. The estimates on revenue from tobacco duty was made for budgetary purpose and do not reflect the Administration's policy intent to control tobacco use and reduce tobacco consumption as far as possible.

In accordance with the Public Finance Ordinance, any moneys raised or received for the purposes of the Government shall form part of the general revenue. The allocation for smoking cessation services will be made taking into account the actual requirements and priorities of different initiatives. Over the years, the Administration has been increasing the allocation of resources to areas of work in relation to tobacco

control including smoking prevention and cessation. Together with the subvention to the Council on Smoking and Health and other non-government organizations, TCO's expenditure for tobacco control has increased from $35.8 million in 2008-09 to $76.7 million in 2011-12, representing 114% increase over a period of four years. This has yet to take into account expenditure on smoking cessation by HA for which we have no separate breakdown.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Annex 1

Staffing of Tobacco Control Office of the Department of Health

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Annex 2

Expenditures / Provisions of the Tobacco Control Office on Tobacco Control

Rank	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision on Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)237

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3808

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch stated that it would "continue to oversee the implementation of the three-year Elderly Health Care Voucher Pilot Scheme launched on 1 January 2009 and consider necessary adjustments having regard to the outcome of the interim review". In this connection, would the Administration advise:

(a) What is the outcome of the interim review of the Health Care Voucher Pilot Scheme?

(b) Whether there will be other adjustments to the Scheme besides increasing the value from $250 to $500 and allocating $1 billion to extend the Pilot Scheme for another three years as stated in the Budget Speech? If yes, what are the details?

(c) What is the estimated average expenditure an elderly citizen aged 70 or above incurs each year on primary health care services?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

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

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements of public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

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60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
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Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
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Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)238

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3809

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under the Matters Requiring Special Attention in 2011-12, the Hospital Authority stated that it would "enhance provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, and expansion of the Cancer Case Manager Programme". Would the Administration provide relevant details, including the expected number of patient attendances to each service, facilities, the total number of working hours for the staff of each rank and related manpower resources and expenditure for 2010-11 and 2011-12 (estimate)?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) will enhance haemodialysis service, cardiac service, clinical oncology service, palliative care and expand the cancer case manager programme in 2011-12. Details of these initiatives are set out in the table below. The detailed manpower requirements are being worked out and are not yet available.

Programme	Description	Estimated Recurrent Expenditure
Haemodialysis (HD) service	HA will enhance HD service for patients with end-stage renal disease by providing additional 37 hospital HD places and 30 home HD places, as well as developing home automated peritoneal dialysis for 55 patients.	$18 million
Cardiac service	HA will improve acute cardiac service by providing two additional cardiac care unit beds and enhance the provision of primary and emergency percutaneous coronary intervention service. HA aims to provide enhanced cardiac service to 30 additional patients in 2011-12.	$5 million
Clinical oncology service	HA will enhance provision of onsite clinical oncology service and chemotherapy day care at the United Christian Hospital of the Kowloon East cluster. An additional 750 consultations and 750 day attendances will be provided in 2011-12.	$7 million
Palliative care for terminally ill patients	HA will enhance palliative care, including pain control, symptom management, psychosocial spiritual care and home care support for patients with terminal cancer and end stage organ failure, through a multi-disciplinary team approach. HA aims to provide the service to 2,000	$20 million

Programme	Description	Estimated Recurrent Expenditure
	additional patients in 2011-12.	
Expansion of the cancer case manager program	HA will expand the cancer case manager programme to streamline and enhance coordination in management of cancer patients in Hong Kong East and Kowloon Central Clusters. HA aims to provide the service to 350 additional breast cancer patients and 600 additional colorectal cancer patients in 2011-12.	$4 million

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)239

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3810

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2011-12", the Hospital Authority stated that it would strengthen mental health services through extension of the case management programme to persons with severe mental illness, extension of the Integrated Mental Health Programme in primary care setting for patients with common mental disorder to all clusters, expansion of the service targets of the Early Assessment and Detection of Young Persons with Psychosis Programme, extension of psychogeriatric outreach service, enhancement of the autistic service and setting up of crisis intervention teams to provide prompt support for high risk mental patients and to respond to crisis situations involving other mental patients in the community. Could the Administration give relevant details for 2010-11 and 2011-12 (estimate), including the estimated number of patient attendances, facilities, total working hours of staff of each rank, as well as the manpower and expenditure for each of the services?

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the mental health programmes implemented by the Hospital Authority (HA) in 2010-11:

Programme	**Description**	**Estimated expenditure involved and estimated manpower requirement**
Case Management Programme for patients with severe mental illness	HA has launched a Case Management Programme for patients with severe mental illness in Kwai Tsing, Kwun Tong and Yuen Long districts to provide intensive, continuous and personalized community support to about 5 000 patients.	$78 million 80 to 100 case managers
Enhance services for patients with common mental disorders	HA has set up Common Mental Disorder Clinics at the psychiatric specialist out-patient clinics to provide more timely assessment and treatment services to patients with common mental disorders, and implemented an Integrated Mental Health Programme (IMHP) in five clusters to provide better support to these patients in the primary care settings. About 7 000 patients benefit by the two initiatives in 2010-11.	$31 million 30 members of multi-disciplinary teams, including doctors, nurses and allied health professionals

In 2011-12, the Government will allocate additional funding of over $210 million to HA to implement the following programmes to further strengthen mental health services:

Programme	Description	Estimated recurrent expenditure involved and estimated manpower requirement
Extension of the Case Management Programme	HA will extend the Case Management Programme to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to benefit 6 000 more patients.	$73 million Additional 100 to 120 case managers
Setting up of Crisis Intervention Teams	HA will set up Crisis Intervention Teams in all seven clusters in 2011-12 to provide intensive support to high-risk patients using a case management approach, and to provide rapid and prompt response to emergency referrals involving other patients in the community. About 1 000 patients will benefit each year by the initiative.	$35 million Six doctors and 42 nurses
Extension of IMHP	HA will extend the programme to all seven clusters to benefit a total of about 7 000 patients each year.	$20 million 20 doctors, nurses and allied health professionals working in multi-disciplinary teams
Expansion of the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme	To enhance early intervention for psychosis, HA will expand the service target of the EASY programme to include adults. About an additional 600 patients will benefit each year.	$30 million 43 nurses and allied health professionals
Extension of psychogeriatric outreach service	HA will extend the psychogeriatric outreach service to about 80 more residential care homes for the elderly in 2011-12.	$13 million Seven doctors and seven nurses
Enhancement of child and adolescent mental health service	HA will expand the professional team comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from autism and hyperactivity disorder. About an additional 3 000 children will benefit each year.	$45 million 48 doctors, nurses and allied health professionals working in multi-disciplinary teams

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)240

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3822

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is said in the Budget that an additional $8.4 million will be allocated for formulating the Good Manufacturing Practice for proprietary Chinese medicine manufacturers and for introducing pharmacovigilance. Since Section 119 of the Chinese Medicine Ordinance came into effect in end-2010, a number of manufacturers have been forced to withdraw from the market because they could not afford the relevant testing and certification costs. Will the Budget further consider injecting capital for setting up a fund to assist the Chinese medicine trade in meeting the said costs? If no, what are the reasons?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

To facilitate quality management, the Chinese Medicines Board has issued the "Guidelines on Good Manufacturing Practice in respect of Proprietary Chinese Medicines" to provide guidance to pCm manufacturers. At present, compliance with the Good Manufacturing Practice (GMP) requirements is not mandatory. The Government will engage the trade to work out a timeframe for the introduction of mandatory GMP requirements so as to regulate more effectively the manufacturing of pCm.

An additional provision of $6.1 million will be allocated in 2011-12 on GMP requirements for the manufacturing of pCm and implement a pharmacovigilance programme for pCm. Guidelines on GMP have been developed and training will be provided to facilitate the trade to attain GMP standards. To this end, seven posts, namely one Senior Pharmacist, two Pharmacists, three Scientific Officers (Medical) and one general grade post, will need to be created under the Department of Health in 2011-12. A provision of $2.3 million has also been earmarked for Government Laboratory to create four civil service posts, comprising one Chemist and three Science Laboratory Technicians II, to provide analytical support for GMP compliance check.

We expect that the local pCm industry will need to consolidate and adjust their manufacturing practice to cope with the new requirements before implementation of mandatory GMP compliance. We cannot estimate the number of manufacturers that will have to be closed for reason of non-compliance.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)241

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3841

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The 2010-11 Budget had earmarked $50 billion for the implementation of health care reform. Would the Government make use of the provision in 2011-2012? If yes, please give a breakdown of the estimated expenditure for the next two years and the percentage of tax deduction in the expenditure estimated.

Asked by: Hon. CHAN Mo-po, Paul

Reply:

The second stage public consultation on healthcare reform ended on 7 January 2011. The Food and Health Bureau received over 500 submissions from members of the public and organisations in various sectors in response to the healthcare reform second stage consultation document "My Health, My Choice". We have also commissioned opinion surveys and focus group studies on healthcare reform with a view to collating public views on specific issues concerning healthcare reform. We are now analysing the views of the public received and collated in the second stage consultation on healthcare reform. We will take into account the analysis in working out the way forward including any specific proposals to be taken forward.

Our tentative plan is to complete and publish the Report on Second Stage Public Consultation on Healthcare Reform and announce the way forward within 2011. The reports of completed surveys and studies will be released through the website of the Food and Health Bureau as and when ready together with the consultation report. The workload arising from the second stage public consultation including the analysis of views and formulation of report 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 and manpower required. Resources required for the implementation of any specific proposals for the way forward will be assessed in due course.

As stated in the healthcare reform second stage consultation document, the Government's commitment to healthcare is set to continue to increase as we reform the healthcare system with a view to enhancing the long-term sustainability of the healthcare system as a whole. We will continue to uphold the public healthcare system as the safety net for the whole population, which is strongly supported by the public. The Government's annual recurrent expenditure on health has increased from $30.5 billion in 2007-08 to $39.9 billion in 2011-12, with substantial increase in resources being allocated to improve public healthcare services. Many quarters of the community have also expressed support for reforming the private health insurance and healthcare sector with a view to improving the quality, transparency and affordability of its services. Many views expressed have emphasized the need to increase healthcare capacity and manpower supply and to strengthen the quality assurance and price competitiveness of private healthcare services.

The Financial Secretary has pledged to draw $50 billion from the fiscal reserves to assist the implementation of healthcare reform, after the implementation of supplementary financing arrangements after consultation, no matter what the final arrangements are, so as to help meet the challenge of healthcare to future public finances. During the second stage public consultation on healthcare reform, we have received different views on the use of the $50 billion earmarked in the fiscal reserve to support healthcare reform, in response

to the various options to provide financial incentives for the supplementary financing proposals put forward for consultation. The use of the $50 billion earmarked in the fiscal reserve for implementing healthcare reform, and the possible provision of financial incentives for any supplementary financing proposals to be implemented, will be considered as part of the way forward of healthcare reform.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)242

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3865

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As stated in the Budget, the Hospital Authority will be allocated with an additional provision of $2.74 billion to meet new demands, including the shortening of the waiting time for specialist services. However, the information provided by the Administration reveals that the median waiting time for first appointment at a specialist clinic for first priority patients and second priority patients will significantly increase from less than 1 week and 5 weeks respectively in 2009-10 (actual) to 2 weeks and 8 weeks respectively in 2011-12 (target & plan). The percentage of accident and emergency triage II patients (emergency cases to receive service within the target waiting time of 15 minutes) will decrease from the 98% attainment level in 2009-10 to the estimated 95% in 2011-12. Can the Administration explain the reasons for the contradiction between the plunging service indicators and the service enhancement promised in the Budget? What will the Administration do to resolve complaints from frontline healthcare staff about the grossly inadequate manpower coordination in their department?

Asked by: Hon. LAU Sau-shing, Patrick

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 two weeks and eight weeks respectively. The target median waiting time remains the same in the 2010-11 revised estimate and the 2011-12 estimate. The relevant figures as at 31 March 2010 (i.e. one week for first priority patients and five weeks for second priority patients) were HA's actual performance in 2009-10, indicating that HA has achieved its service targets.

It has been the target of HA to have 95% of the triage II patients of Accident and Emergency department to be seen within 15 minutes. The target remains the same in the 2010-11 revised estimate and the 2011-12 estimate. The relevant figure as at 31 March 2010 (i.e. 98% attainment level) was HA's actual performance in 2009-10, indicating that HA has achieved its service target.

HA has deployed additional resources over the past few years to address manpower issues. Apart from recruiting additional healthcare staff to cope with increase in demand, HA has been striving to enhance the professional training of its healthcare staff, provide them with better working environment, promotion prospect and remuneration package so as to attract and retain talents. HA plans to implement the following initiatives for doctors, nurses and allied health staff in 2011-12 to further increase manpower strength and improve staff retention.

Doctors

(i) To recruit about 330 doctors to meet service needs;
(ii) To further enhance promotion opportunities of doctors;
(iii) To offer additional training opportunities to doctors, including increasing the number of overseas training places;

(iv) To extend the part-time employment pilot scheme in the Obstetrics & Gynaecology specialty to other specialties;
(v) To further deploy the special honorarium scheme for on-site overnight call duties; and
(vi) To increase clerical support and 24-hour phlebotomist services to relieve doctors from non-clinical work.

Nurses

(i) To recruit about 1 720 nursing staff to cope with service needs;
(ii) To continue to provide training places for registered nurses and enrolled nurses to enhance the supply of nursing manpower;
(iii) To offer additional training opportunities to nurses, including increasing the number of overseas training places;
(iv) To arrange a preceptorship programme for newly recruited nurses; and
(v) To further improve the working arrangements of nurses by streamlining work processes and reducing the non-clinical work handled by nurses; and

Allied health staff

(i) To recruit about 590 allied health staff to cope with service needs;
(ii) To provide structured on-the-job training to new recruits and offer additional training opportunities to allied health staff, including increasing the number of overseas training places;
(iii) To offer scholarships to students to undertake overseas studies in selected allied health disciplines with an anticipated shortage of local supply; and
(iv) To step up recruitment efforts in the overseas for allied health grades with recruitment difficulties.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 16.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)243

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3883

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In paragraph 10, under the table "Targets", of the programme outline, it is mentioned that only 21 general hospital beds will be increased in 2011-12 when compared with the 2010-11 Revised Estimates. In this connection, (a) what are the principles behind the increase? (b) are there any measures to increase the number of beds in a sustained manner in order to keep up with the rate of population ageing and population growth in the next 5 financial years (2011-12 to 2015-16)? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

In planning for its service provision, the Hospital Authority (HA) takes into account a number of factors, including the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement. HA constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs.

To cope with the projected increase in service demand in certain districts, HA plans to open an additional 21 general beds in the New Territories West cluster. A number of ongoing hospital development projects such as North Lantau Hospital (Phase 1) and the expansion of Tesung Kwan O Hospital will also provide additional beds in the coming years. On the other hand, with the international trend of shifting the focus of treatment from inpatient care to community and ambulatory services, HA will continue to launch various service programmes to enhance support to patients in the community. Examples of these initiatives include the Community Geriatric Assessment Services which provide outreach consultation and rehabilitation for frail patients, the Community Health Call Centre services that provide medical advice and early intervention to elderly patients, the Case Management Programme to provide intensive and personalized support to persons with severe mental illness, the Integrated Mental Health Programme to enhance the assessment and consultation services for patients with common mental disorder in primary care setting, etc. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure that its service can meet the community's needs.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)244

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3884

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Targets in paragraph 10 of the Programme's Brief Description, the numbers of hospital beds for infirmary, mentally ill and mentally handicapped are mentioned. As there is no increase in the estimates for 2011-12 when compared to the revised estimates for 2010-11, please advise: (a) Why is there no increase in expenditure? (b) Is there any measure in place to maintain a continuous increase in the number of hospital beds in the next five financial years (from 2011-12 to 2015-16) to match with the rate of population ageing and population growth? If so, what are the details? If not, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

In planning for its service provision, the Hospital Authority (HA) takes into account a number of factors, including the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for health services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement. HA constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs.

To cope with the projected increase in service demand in certain districts, HA plans to open an additional 21 general beds in the New Territories West cluster. A number of ongoing hospital development projects such as North Lantau Hospital (Phase 1) and the expansion of Tesung Kwan O Hospital will also provide additional beds in the coming years. On the other hand, with the international trend of shifting the focus of treatment from inpatient care to community and ambulatory services, HA will continue to launch various service programmes to enhance support to patients in the community. Examples of these initiatives include the Community Geriatric Assessment Services which provide outreach consultation and rehabilitation for frail patients, the Community Health Call Centre services that provide medical advice and early intervention to elderly patients, the Case Management Programme to provide intensive and personalized support to persons with severe mental illness, the Integrated Mental Health Programme to enhance the assessment and consultation services for patients with common mental disorder in primary care setting, etc. HA will continue to monitor the trend of utilization of service and implement suitable measures to ensure that its service can meet the community's needs.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)245

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3885

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Targets in paragraph 10 of the Programme's Brief Description, the target & planned figures as at March 2011 on the median waiting time for first appointment at specialist clinics will be higher than the actual figures as at March 2010; the waiting time for first priority patients will increase from less than one week to two weeks, and the waiting time for second priority patients will increase from less than five weeks to eight weeks. Please advise : (a) What is the reason for such increase? (b) Seeing that the target and planned figures as at March 2012 will be the same as the figures for 2010-11, is there any measure to shorten the waiting time in the next financial year (2012-13)? If so, what are the details? If not, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

It has been the targets of the Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for first priority cases (i.e. urgent cases) and second priority cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. The target median waiting time remains the same in the 2010-11 revised estimate and the 2011-12 estimate. The relevant figures as at 31 March 2010 (i.e. one week for first priority patients and five weeks for second priority patients) were HA's actual performance in 2009-10, indicating that HA has achieved its service targets.

HA has taken the following measures within its existing resources to improve the waiting time at SOPCs :

(a) to set up family medicine specialist clinics to serve as gatekeeper for SOPCs and follow-up on routine cases;
(b) to update clinical protocols to refer medically stable patients to receive follow-up primary health care services;
(c) to collaborate with private practitioners and non-governmental organizations to launch shared care programmes for medically stable patients;
(d) to develop referral guidelines on common presentations and diagnoses for referrals to SOPCs;
(e) to establish an electronic referral system to facilitate SOPC referrals; and
(f) to empower HA primary care clinics to use certain special drugs and arrange diagnostic investigations/procedures, with a view to facilitating follow-up of patients.

The table below sets out the total costs of the outpatient services of major specialties in 2009-10:

Specialty	**Total Costs ($ million)**
Medicine	2,557
Surgery	787
Obstetrics & Gynecology	378
Paediatrics	269
Orthopaedics & Traumatology	399
Psychiatry	665
Ear, Nose and Throat	201
Ophthalmology	391

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)246

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3886

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As indicated in Targets under paragraph 10 of the Brief Description of this Programme, the number of community nurses in the 2011-12 estimate only increases by 10 comparing with the revised estimate for 2010-11. Please advise : (a) What are the reasons for the increase? (b) Does the Administration have any measures to increase continuously the number of community nurses in the next five financial years (2011-12 to 2015-16)? If yes, what are the details? If no, why?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. It constantly makes assessment on its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. In conducting overall planning for its manpower, HA takes into account the past trend of staff turnover and estimates the level of additional manpower required in the coming years. It also takes into consideration the possible changes in health services utilization pattern, medical technology development and productivity of healthcare workers, projected demand for healthcare services taking into account the population growth and demographic changes, the growth rate of the activity level of specific specialties and plans for service enhancement.

To meet the rise in service demand, HA will increase the number of its community nurses from 388 in 2010-11 to 398 in 2011-12. The number of home visits by community nurses is expected to increase from 827 000 in 2010-11 to 834 000 in 2011-12. HA will continue to monitor the manpower situation of community nurses and make appropriate arrangements in manpower planning and deployment to meet the service needs.

The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines. Meanwhile, HA nursing schools will continue to provide training places to ensure continuous supply of nursing manpower.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	17.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)247

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1098

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

(a) Would the Department of Health (DH) please advise on the manpower for the enforcement of the statutory functions under the Smoking (Public Health) Ordinance (Cap. 371) and Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in 2011-12? What is the expenditure involved?

(b) Regarding the manpower mentioned in (a) above, how many staff are responsible for frontline inspection and prosecution duties?

(c) Compared to last financial year, whether the manpower and expenditures mentioned in (a) and (b) above have been increased or decreased. What are the underlying reasons and rationale?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The staffing provision for Tobacco Control Office (TCO) is at the Annex. In respect of enforcement work, DH created in 2010-11 four civil service posts and converted 37 non-civil service contract (NCSC) positions to civil service posts. Conversion of a further 11 NCSC positions will be done in 2011-12. The number of frontline enforcement staff is 99 in 2010-11 and 2011-12.

The 2010-11 Revised Estimate under Programme 1 for enforcement of legislation relating to tobacco control is $33.9 million, of which $3 million relating to the designation of no-smoking areas at public transport facilities (PTFs) will lapse in 2011-12. The 2011-12 Estimate of $36.6 million under Programme 1 has included a new allocation of $5 million (part of the $26 million mentioned in the Budget Highlights for strengthening tobacco control) to support the installation and maintenance of signage for no-smoking areas at PTFs. It should be noted that the above provision does not cover enforcement activities performed by other government departments as enforcement agencies.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Staffing of Tobacco Control Office of the Department of Health

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)248

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1099

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 advise on the manpower for the implementation of smoking prevention and cessation in 2011-12 financial year. What is the expenditure involved?

(b) Compared to last financial year, please advise whether the manpower and expenditures mentioned in (a) above have increased or decreased. What are the underlying reasons and rationale?

(c) Have the manpower and expenditure mentioned in (a) above increased accordingly to assist smokers to quit smoking after the increase of tobacco duty this year?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The staffing provision for Tobacco Control Office (TCO) is at Annex 1. To enhance smoking cessation services, Department of Health (DH) created in 2010-11 six non-civil service contract positions (two included under "Administrative and General Support" and four under "Health Education and Smoking Cessation" as per Annex 1).

The expenditures / provision of tobacco control activities managed by TCO from 2008-09 to 2011-12 breakdown by types of activities are at Annex 2. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the existing cessation services by TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for health care professionals in provision of smoking cessation service in the community. HA will also provide smoking cessation service in 2011-12 targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counselling, and pharmacotherapy.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Annex 1

Staffing of Tobacco Control Office of Department of Health

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Annex 2

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)249

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1100

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

(a) It is mentioned in Matters Requiring Special Attention in 2011-12 that the Department will "continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation". Please list out the contents of the major programmes involved and the amount of related expenditures.

(b) Compared to last financial year, whether the expenditures mentioned in (a) above have increased or decreased. What are the underlying reasons and rationale?

(c) Have the expenditures mentioned in (a) above increased accordingly to assist smokers to quit smoking after the increase of tobacco duty this year?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of Department of Health (DH) from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

In respect of provision for smoking cessation service, the DH hotline handled 15 500 calls in 2009 and 13 880 calls in 2010.

The enrolment in DH smoking cessation clinics was 567 in 2009 for whom the smoking cessation rate at one year after treatment was 29.2% which is comparable to those in overseas countries. In 2010, there were 597 clients utilising the service, the cessation rate for whom will be available in 2012.

To strengthen its efforts on smoking prevention and cessation, DH has entered into separate funding and service agreements with Tung Wah Group of Hospitals (TWGH) in 2009 and Pok Oi Hospital (POH) in 2010. The programmes cover a comprehensive range of activities and services including smoking cessation service, education for the public and research projects.

The TWGH programme admitted 717 clients in 2009, with smoking cessation rate at one year after treatment at 40.3%. In 2010, the programme admitted 1 288 clients, the cessation rate for whom will be available in 2012.

The POH programme started operation in April 2010 and admitted 1 008 clients, the cessation rate for whom will be available in 2012.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the existing cessation services by TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for healthcare professionals in provision of smoking cessation service in the community. HA will also provide smoking cessation service in 2011-12 targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counselling, and pharmacotherapy.

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Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)250

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1183

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 of participants decreased from the actual of 347 000 in 2009 to the estimate of 315 000 in 2011. In this regard, please advise on:

(a) the reasons for the estimated decrease in the number of participants;

(b) the estimated expenditure involved;

(c) whether the decrease in the number of participants leads to a reduction in the expenditure? If yes, would the Administration consider redeploying the expenditure savings for extending the Dental Care Service to secondary school students? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. WONG Kwok-hing

Reply:

(a) The reduction in the actual number of participants in 2009 and the estimated number of participants in 2011 in the School Dental Care Service (SDCS) was mainly due to the decrease in the number of primary school children.

(b) The annual expenditure of SDCS in the financial years of 2009-10, 2010-11 and 2011-12 are as follows-

Financial Year	2009-10	2010-11 (Revised Estimate)	2011-12 (Estimate)
Annual expenditure ($ million)	189.2	192.3	227.2

(c) The higher estimated provision in 2011-12 is mainly due to the replacement of dental units in school dental clinics. The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits. SDCS provides preventive and basic dental care, including an annual dental examination, and oral health education for participating school children. There are other educational and promotional activities such as the "Teens Teeth" programme and the annual "Love Teeth Campaign" for the secondary school students.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)251

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1184

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the indicator "number of enrolment in Elderly Health Centres (EHCs)" remaining at 38 500, please advise on-

(a) the population of elders in Hong Kong aged 65 or above in the past five years;

	Mid-year population of elders aged 65 or above
2006	
2007	
2008	
2009	
2010	

(b) the estimated population of elders in Hong Kong aged 65 or above in the coming five years;

	Mid-year population of elders aged 65 or above
2011	
2012	
2013	
2014	
2015	

(c) the average expenditure required to serve each elder in EHC at present; and

(d) whether more enrolments will be added in 2011-12? If yes, what are the details? What is the estimated expenditure involved? If no, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

(a) The population of elders in Hong Kong aged 65 or above from 2006 to 2010 as estimated by the Census and Statistics Department was as follows-

	Mid-year population of elders aged 65 or above
2006	852 100
2007	871 400
2008	879 600
2009	893 500
2010	912 100

(b) According to the population projections conducted by the Census and Statistics Department, the estimated population of elders in Hong Kong aged 65 or above from 2011 to 2015 are as follows-

	Mid-year population of elders aged 65 or above
2011	937 700
2012	974 500
2013	1 015 000
2014	1 061 100
2015	1 114 600

(c) The expenditure required to serve each elder covers health assessment and any follow-up services needed. Such expenditure varies according to individual needs. For the health assessment only, the average cost for each member in 2010-11 was $1,030. The revised estimate for EHCs in 2010-11 was $96.8 million.

(d) EHCs were first established in 1998 as a pilot model for providing primary healthcare services especially preventive care services for the elderly, among other healthcare providers in the community including other units of the Department of Health, the Hospital Authority, non-governmental organisations, private medical practitioners and other private healthcare providers. The Government has no plan to expand the service at EHCs at this juncture.

Instead, the Government is implementing a primary care development strategy aiming at enhancing the primary care for the whole population. Under the strategy, the Government has been devising primary care models and frameworks for specific chronic diseases and population groups including the elderly age group, and taking forward various pilot initiatives and projects for delivering enhanced primary care services accordingly. One of the initiatives is the Elderly Health Care Voucher Pilot Scheme launched since January 2009, which will be extended to 2012-2014 with voucher amount doubled to $500 for each elderly aged 70 or above annually to subsidise their use of private healthcare services. Alongside the extended period and increased voucher amount, the Government will promote the provision and use of preventive care by the elderly making reference to the model and experience of the EHCs.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)252

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1185

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the indicator "number of attendances for health assessment and medical consultation at elderly health centres (EHCs)" remaining at 175 000, please provide the following information-

(a) a breakdown of the number of attendances for health assessment and medical consultation at each EHC in the past five years; and

(b) a breakdown of the number of attendances by disease categories in the past five years.

Asked by: Hon. PAN Pey-chyou

Reply:

(a) From 2006 to 2010, the attendances for health assessment and consultation at each EHC were as follows-

	Attendances for health assessment and consultation				
Year	**2006**	**2007**	**2008**	**2009**	**2010**
Aberdeen EHC	11 509	11 548	11 378	11 342	10 956
Kowloon City EHC	9 449	9 309	8 919	9 230	9 549
Kwai Shing EHC	10 045	8 527	8 248	8 307	8 147
Lam Tin EHC	10 086	8 998	9 285	9 289	9 324
Lek Yuen EHC	11 112	10 847	10 708	11 083	10 813
Nam Shan EHC	9 641	9 189	8 504	8 564	8 823
Sai Ying Pun EHC	9 788	9 896	9 755	9 744	10 307
San Po Kong EHC	10 682	9 799	9 778	9 816	9 791
Shau Kei Wan EHC	9 916	9 551	9 333	8 080	9 139
Shek Wu Hui EHC	13 339	13 082	12 103	12 260	12 894
Tai Po EHC	10 691	10 612	10 308	10 440	10 095
Tseung Kwan O EHC	11 079	11 353	11 172	11 184	10 619
Tsuen Wan EHC	11 694	11 538	10 639	10 647	10 334
Tuen Mun Wu Hong EHC	11 090	10 791	10 293	9 879	9 638
Tung Chung EHC	5 646	7 499	7 883	8 126	8 268
Wan Chai EHC	10 881	10 675	9 717	8 780	9 015
Yau Ma Tei EHC	11 332	10 564	9 878	9 378	9 278
Yuen Long EHC	8 187	8 084	7 956	8 256	8 325

(b) We do not have the statistics as requested.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)253

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3397

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) The revised estimate for Rehabilitation in 2010-11 was 1.1% higher than the original estimate for 2010-11. Would the Administration advise on the reasons for the increase? Was enhancement of service or manpower involved? If yes, what were the enhanced service and manpower?

(b) The estimate for 2011-12 is 1.6% higher than the revised estimate for 2010-11. Would the Administration advise on the reasons for the increase? What are the items that cause the increase in estimate?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

(a) The revised estimate for 2010-11 is higher than the original estimate mainly due to the effect of pay rise.

(b) The provision for 2011-12 is higher than the revised estimate for 2010-11 mainly due to the purchase of additional clinical tools and replacement of minor plant and equipment.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)254

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3398

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:

Could the Administration please list out the number of children on the waiting list of Government's child assessment centres, the number of children who have received assessment and the number of children assessed to have developmental disabilities in the past three years, and provide breakdowns by developmental problems of children?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The numbers of referrals received and assessments conducted at Government's six child assessment centres during 2008-09 to 2010-11 (provisional figures) are as follows-

	2008-09	2009-10	2010-11 (provisional figures)
Number of new cases referred to Child Assessment Centres	6 714	7 480	8 581
Number of assessments	24 111	32 039	34 180

The numbers of newly diagnosed child developmental problems at the six child assessment centres during 2008-09 to 2010-11 are as follows-

Child developmental problem	2008-09	2009-10	2010-11 (provisional figures)
Attention problem / disorder	1 341	1 798	2 201
Autistic spectrum disorder	1 130	1 537	1 894
Borderline developmental delay	1 494	1 731	2 007
Dyslexia and mathematics learning disorder	710	784	688
Hearing impairment (moderate to profound grade)	72	79	64
Language delay / disorder and speech problem	2 096	2 378	2 534
Significant developmental delay / mental retardation	1 016	1 049	1 133
Visual impairment (blind or low vision)	39	35	53

Note: A child might have more than one developmental problem.

Nearly all newly registered cases were seen within three weeks and the comprehensive assessments for over 90% of these new cases were completed within six months from registration in the past three years.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)255

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3399

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:

Could the Administration advise on the median, average and the longest waiting time for new cases of child assessment centres in the past three years?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Nearly all new cases were seen within three weeks in the past three years. Assessments for over 90% of newly registered cases were completed within six months in the past three years. Statistics on the median, average and longest waiting time for assessment by child assessment centres are not readily available.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)256

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3400

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:

Could the Administration advise on the staffing establishment of child assessment centres? What types of professional staff are involved? What types of healthcare staff are involved? Please list out the posts of professional and healthcare staff respectively.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The establishment of the Child Assessment Service is as follows –

Grades	Number of posts
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	15
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	25
Professional Support	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	16
Occupational Therapist I	6
Physiotherapist I	5
Optometrist	2
Speech Therapist	9
Technical Support	
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	10
Clerical Assistant	16
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**128**

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)257

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3401

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:

For children who have rehabilitation plans formulated after developmental diagnosis, could the Administration advise whether follow-up service will be provided accordingly by staff of the centres? What is the manpower involved? What is the average and the longest follow-up period respectively? Please provide a breakdown by child developmental anomalies.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Child Assessment Service (CAS) provides comprehensive diagnosis, rehabilitation plan, interim child and family support, as well as review of evaluation to children suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support.

CAS has a multi-disciplinary group of healthcare and professional staff, comprising paediatricians, public health nurses, audiologists, clinical psychologists, occupational therapists, optometrists, physiotherapists, speech therapists and medical social workers. A team approach is adopted and hence a breakdown of the manpower involved in the provision of follow-up service is not available.

Statistics on the average and longest follow-up period by developmental anomaly are not readily available.

The numbers of newly diagnosed child developmental problems cases at the six child assessment centres from 2008-09 to 2010-11 are as follows-

Child developmental problem	2008-09	2009-10	2010-11 (provisional figures)
Attention problem / disorder	1 341	1 798	2 201
Autistic spectrum disorder	1 130	1 537	1 894
Borderline developmental delay	1 494	1 731	2 007
Dyslexia and mathematics learning disorder	710	784	688
Hearing impairment (moderate to profound grade)	72	79	64
Language delay / disorder and speech problem	2 096	2 378	2 534
Significant developmental delay / mental retardation	1 016	1 049	1 133
Visual impairment (blind or low vision)	39	35	53

Note: A child might have more than one developmental problem.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)258

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3402

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:

Would the Administration advise on the numbers of parents and children who gained support through counselling, talks and support groups provided by the centres in the past three years? What are the percentages of the above parents and children against the numbers of parents and children who sought help?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The numbers of families receiving interim support service, including counselling, health talk and support group, provided by the Child Assessment Service (CAS) and their respective percentages compared to the total number of families referred to CAS in 2008 - 2010 are as follows-

	2008	2009	2010
Number of families receiving interim support services in CAS (percentage compared to the total number of families referred to CAS)	3 269 (49.9%)	2 790 (38.7%)	5 543 (65.9%)

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)259

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3403

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:

Could the Administration provide a breakdown of the numbers of children who were assessed to have the needs for appropriate pre-school and school placement for training, remedial and special education in the past three years?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The numbers of cases referred to pre-school and school placement for training, remedial and special education in 2008, 2009 and 2010 were 6 428, 8 400 and 9 487 respectively. Case statistics by support service are not available.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)260

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3404

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:

The actual attendances at child assessment centres in 2010 was 32 300, which was far more than the actual attendances of 26 200 in 2009. Would the Administration advise on the reasons?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Attendances at child assessment centres has increased from 26 200 in 2009 to 32 300 in 2010 due to the increased referrals to child assessment centres in 2010 and the launch of the Developmental Training Programme for parents in April 2010. 150 workshops were organised for parents and drew 3 294 attendances in 2010.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)261

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3862

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

According to paragraph 156 of the Budget Speech, mental health services for children and adolescents will be expanded to cover an additional 3 000 children with autism or hyperactivity disorder. In this connection,

(a) Which types of dedicated professional teams are involved?

(b) What are the service scope and details? What is the cost per case?

(c) How many children are waiting for these services as at February 2011?

Asked by: Hon. TONG Ka-wah, Ronny

Reply:

(a) and (b)

To enhance the support to children suffering from autism and hyperactivity disorder, the Hospital Authority (HA) will expand the professional team comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from these disorders. Depending on their conditions and needs, these children may receive pharmacological treatment and training aiming at improving their speech and communication, social skills, behavior adjustment, problem solving skills, emotional management and interpersonal relationships. The professional team will also support parents and caregivers to enhance their understanding of the condition and treatment needs of these children. The initiative is expected to benefit around an additional 3 000 children each year, including about 2 000 children with autism and about 1 000 children with hyperactivity disorder. It is estimated that an additional 48 members of multi-disciplinary teams including doctors, nurses and allied health professionals will be recruited to provide the service. The additional recurrent expenditure involved is estimated at $45 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

(c)

As at 31 January 2011, there were about 3 400 children on the waiting list of the child and adolescent psychiatric outpatient clinics of HA.

Signature	
Name in block letters	Ms Sandra LEE
Post Title	Permanent Secretary for Food and Health (Health)
Date	14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)262

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1154

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the employment of non-civil service contract (NCSC) staff, please provide the following information:

	2011-12	2010-11	2009-10	2008-09
Number of NCSC staff	( )	( )	( )	( )
Details of NCSC staff posts				
Expenditure on the salaries of NCSC staff	( )	( )	( )	( )
Monthly salary range of NCSC staff				
• $30,001 or above	( )	( )	( )	( )
• $16,001 to $30,000	( )	( )	( )	( )
• $8,001 to $16,000	( )	( )	( )	( )
• $6,501 to $8,000	( )	( )	( )	( )
• $5,001 to $6,500	( )	( )	( )	( )
• $5,000 or below	( )	( )	( )	( )
• number of staff with salary below $5,824	( )	( )	( )	( )
• number of staff with salary between $5,824 and $6,500	( )	( )	( )	( )
Length of service of NCSC staff				
• 5 years or above	( )	( )	( )	( )
• 3 to 5 years	( )	( )	( )	( )
• 1 to 3 years	( )	( )	( )	( )
• less than 1 year	( )	( )	( )	( )

Number of NCSC staff successfully turning into civil servants	( )	( )	( )	( )
Number of NCSC staff failing to turn into civil servants	( )	( )	( )	( )
Percentage of NCSC staff in the total number of staff in the department	( )	( )	( )	( )
Percentage of staff costs on NCSC staff in the total staff costs in the department	( )	( )	( )	( )
Number of NCSC staff with paid meal break Number of NCSC staff without paid meal break	( ) ( )	( ) ( )	( ) ( )	( ) ( )
Number of NCSC staff on 5-day week Number of NCSC staff on 6-day week	( ) ( )	( ) ( )	( ) ( )	( ) ( )

Figures in ( ) denote year-on-year changes

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding non-civil service contract (NCSC) staff engaged by the Department of Health (DH) since the financial year 2008-09 [1] is tabulated below:

	2010-11 (as at 31.12.10)	2009-10 (as at 31.3.10)	2008-09 (as at 31.3.09)
Number of NCSC staff	844 (-28.7%)	1 183 (+11.6%)	1 060 (N/A)
Details of NCSC staff posts	Please see Annex		
Expenditure on the salaries of NCSC staff ($million)	88.2 [2] (N/A) [2]	187.6 (-2.1%)	191.6 (N/A)
Monthly salary range of NCSC staff			
• $30,001 or above	57 (-6.6%)	61 (-30.7%)	88 (N/A)
• $16,001 to $30,000	44 (-47.0%)	83 (+27.7%)	65 (N/A)
• $8,001 to $16,000	675 (-30.3%)	969 (+16.6%)	831 (N/A)
• $6,501 to $8,000	68	70	76

	2010-11 (as at 31.12.10)	2009-10 (as at 31.3.10)	2008-09 (as at 31.3.09)
	(-2.9%)	(-7.9%)	(N/A)
• $5,001 to $6,500	0	0	0
• $5,000 or below	0	0	0
• Monthly salary less than $5,824	0	0	0
• Monthly salary between $5,824 and $6,500	0	0	0
Length of service of NCSC staff			
• 5 years or above	289 (+78.4%)	162 (+1.3%)	160 (N/A)
• 3 to less than 5 years	222 (-21.6%)	283 (+4.8%)	270 (N/A)
• 1 to less than 3 years	278 (-22.8%)	360 (-0.8%)	363 (N/A)
• Less than 1 year	55 (-85.4%)	378 (+41.6%)	267 (N/A)
Number of civil servants appointed who were previously NCSC staff in DH (for recruitment conducted by DH in the respective year)	2 (-96.6%)	59 (-65.5%)	171 (N/A)
Number of NCSC staff who failed in civil service recruitment in DH excluding those who did not meet short-listing criteria (for recruitment conducted by DH in the respective year)	13 (-71.1%)	45 (-54.5%)	99 (N/A)
Percentage of NCSC staff in the total number of staff in the department	13.3% (-26.1%)	18.0% (+5.9%)	17.0% (N/A)
Percentage of salary expenditure for NCSC staff in the total salary expenditure for staff in the department	5.0% (-37.5%)	8.0% (-8.0%)	8.7% (N/A)
• Number of NCSC staff with conditioned hours including meal break (i.e. whose terms of employment including pay, meal breaks, etc is a total package for the service rendered)	263 (-33.4%)	395 (-14.1%)	460 (N/A)
• Number of NCSC staff with conditioned hours excluding meal break	581 (-26.3%)	788 (+31.3%)	600 (N/A)

	2010-11 (as at 31.12.10)	2009-10 (as at 31.3.10)	2008-09 (as at 31.3.09)
• Number of NCSC staff on 5-day week	282 (N/A)	No record [4]	No record [4]
• Number of NCSC staff with other work pattern [3]	562 (N/A)	No record [4]	No record [4]

Figures in ( ) denote year-on-year changes

Notes:
1. Figures for 2011-12 are not available.
2. Comparison with previous year is not applicable as the expenditure did not reflect full year cost.
3. Other work patterns include 5.5 days work per week, alternate Saturday off and other shift patterns.
4. No record is kept regarding the work pattern of individual NCSC staff in 2008-09 and 2009-10.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

NCSC Positions in DH as at 31.3.2009

Job Title	No.
Administrative Assistant	25
Assistant Chinese Medicine Officer	4
Assistant Information Technology Officer	1
Assistant Manager	11
Assistant Tobacco Control Inspector I	17
Assistant Tobacco Control Inspector II	39
Assistant Translator	1
Audiologist	1
Chinese Medicine Assistant	23
Chinese Medicine Officer	2
Community Development Officer	1
Contract Accounting Manager	3
Contract Accounting Officer	2
Contract Auditor	1
Contract Dentist (Orthodontics)	1
Contract Dietitian	1
Contract Doctor	16
Contract Doctor (Special Duties)	1
Contract Environmental Hygienist	1
Contract Inoculator	7
Contract Liaison Officer	5
Contract Nurse	1
Contract Physicist	1
Contract Physiotherapist	1
Contract Senior Information Technology Manager	2
Contract Social Worker	6
Darkroom Assistant	3
Dental Workshop Helper	3
General Worker	70
HIV Physician	1
Health Programme Assistant	11
Health Programme Attendant	1
Health Promotion Officer	7
Health Surveillance Assistant	499
Health Surveillance Officer	3
Health Surveillance Supervisor	41
Laboratory Assistant	3
Manager	4
Media & Marketing Manager	1
Mortuary Assistant	2
Mortuary Helper	6
Project Assistant	77

Project Assistant (Pharmaceutical Service)	2
Project Officer (Chinese Medicines)	1
Registered Pharmacist	9
Registration Assistant	18
Registration Supervisor	26
Research Assistant	19
Research Officer	39
Senior General Worker	1
Senior Tobacco Control Inspector I	3
Senior Tobacco Control Inspector II	2
Service Administrator	1
Tobacco Control Inspector I	7
Tobacco Control Inspector II	10
Translator	1
Part-time Contract Dentist (Orthodontics)	1
Part-time Contract Doctor	1
Part-time Contract Doctor (Special Duties)	7
Part-time Contract Senior Doctor	3
Part-time Manager	3
Total :	1 060

NCSC Positions in DH as at 31.3.2010

Job Title	No.
Administrative Assistant	29
Assistant Chinese Medicine Officer	3
Assistant Information Technology Officer	1
Assistant Manager	15
Assistant Tobacco Control Inspector I	20
Assistant Tobacco Control Inspector II	6
Chinese Medicine Assistant	22
Chinese Medicine Officer	3
Contract Accounting Manager	4
Contract Accounting Officer	1
Contract Auditor	1
Contract Dentist (Orthodontics)	1
Contract Dietitian	1
Contract Doctor	12
Contract Doctor (Special Duties)	1
Contract Engineer (Biomedical)	2
Contract Enrolled Nurse	2
Contract Inoculator	15
Contract Liaison Officer	4
Contract Medical Laboratory Technician	2
Contract Nurse	24
Contract Senior Information Technology Manager	2
Contract Social Worker	4
Darkroom Assistant	3
Dental Workshop Helper	3
General Worker	66
HIV Physician	1
Health Programme Assistant	11
Health Programme Attendant	1
Health Promotion Officer	4
Health Surveillance Assistant	698
Health Surveillance Supervisor	45
Laboratory Assistant	2
Manager	3
Media & Marketing Manager	1
Mortuary Helper	2
Project Assistant	62
Project Assistant (Pharmaceutical Service)	1
Project Officer (Chinese Medicines)	2
Registered Pharmacist	19
Registration Assistant	14
Registration Supervisor	19

Research Assistant	13
Research Officer	10
Senior General Worker	1
Senior Tobacco Control Inspector I	5
Service Administrator	1
Tobacco Control Inspector I	7
Tobacco Control Inspector II	2
Part-time Contract Dentist (Orthodontics)	2
Part-time Contract Doctor	2
Part-time Contract Doctor (Special Duties)	6
Part-time Contract Senior Doctor	1
Part-time Manager	1
Total :	1 183

NCSC Positions in DH as at 31.12.2010

Job Title	No.
Administrative Assistant	22
Advisor	1
Assistant Information Technology Officer	1
Assistant Manager	9
Assistant Tobacco Control Inspector I	16
Chinese Medicine Assistant	24
Chinese Medicine Officer	3
Contract Accounting Manager	3
Contract Accounting Officer	1
Contract Auditor	1
Contract Dentist (Endodontics)	1
Contract Dentist (Orthodontics)	3
Contract Doctor	12
Contract Doctor (Special Duties)	1
Contract Engineer (Biomedical)	2
Contract Liaison Officer	2
Contract Nurse	1
Contract Senior Information Technology Manager	2
Contract Social Worker	4
Darkroom Assistant	3
Dental Workshop Helper	3
General Worker	64
Health Programme Assistant	8
Health Programme Attendant	1
Health Promotion Officer	2
Health Surveillance Assistant	497
Health Surveillance Supervisor	17
Manager	3
Media & Marketing Manager	1
Project Assistant	51
Project Officer (Chinese Medicines)	2
Registered Pharmacist	16
Registration Assistant	13
Registration Supervisor	15
Research Assistant	9
Research Officer	11
Senior General Worker	1
Senior Tobacco Control Inspector I	2
Service Administrator	1
Tobacco Control Inspector I	3
Part-time Contract Dentist (Orthodontics)	2
Part-time Contract Doctor	2

Part-time Contract Doctor (Special Duties)	6
Part-time Contract Senior Doctor	1
Part-time Manager	1
Total :	844

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)263

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1155

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the employment of "agency workers", please provide the following information:

	2011-12	2010-11	2009-10	2008-09
Number of agency contracts	( )	( )	( )	( )
Contract sum paid to each agency	( )	( )	( )	( )
Total amount of commission paid to each agency	( )	( )	( )	( )
Length of contract for each agency	( )	( )	( )	( )
Number of agency workers	( )	( )	( )	( )
Details of posts held by agency workers	( )	( )	( )	( )
Monthly salary range of agency workers				
- $30,001 or above	( )	( )	( )	( )
- $16,001 to $30,000	( )	( )	( )	( )
- $8,001 to $16,000	( )	( )	( )	( )
- $6,501 to $8,000	( )	( )	( )	( )
- $5,001 to $6,500	( )	( )	( )	( )
- $5,000 or below	( )	( )	( )	( )
- number of workers with salary below $5,824	( )	( )	( )	( )
- number of workers with salary between $5,824 and $6,500	( )	( )	( )	( )
Length of service of agency workers				
- 5 years or above	( )	( )	( )	( )
- 3 to 5 years	( )	( )	( )	( )
- 1 to 3 years	( )	( )	( )	( )
- less than 1 year	( )	( )	( )	( )
Percentage of agency workers in the total number of staff in the department	( )	( )	( )	( )

Percentage of amount paid to agencies in the total departmental staff cost	( )	( )	( )	( )
Number of workers with paid meal break	( )	( )	( )	( )
Number of workers without paid meal break	( )	( )	( )	( )
Number of workers on 5-day week	( )	( )	( )	( )
Number of workers on 6-day week	( )	( )	( )	( )

Figures in ( ) denote year-on-year changes

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding agency contracts under the Department of Health (DH) since the financial year 2008-09[1] is tabulated below:

	2010-11 (as at 30.9.2010)	2009-10 (as at 31.3.2010)	2008-09 (as at 31.3.2009)
Number of agency contracts	73 (-2.7%)	75 (+134.4%)	32 (N/A)
Contract sum paid to each agency ($million)	0.11 to 9.01	0.16 to 13.27	0.07 to 3.71
Total amount of commission paid to each agency	Commission of agency contractors has not been specified in quotation documents/contracts. We do not have such information.		
Length of service period for each agency	1 to 6 months	1 to 12 months	1 to 12 months
Number of agency workers	317 (-25.1%)	423 (+92.3%)	220 (N/A)
Details of posts held by agency workers	Agency workers are temporary manpower deployed to fulfill short-term urgent service needs. No specific posts are assigned to them.		
Monthly salary range of agency workers			
- $30,001 or above	0	0	0
- $16,001 to $30,000	1	0	0
- $8,001 to $16,000	8	0	0
- $6,501 to $8,000	175	118	0
- Between $5,824 to $6,500	0	0	13
- Below $5,824	0	38	89
- $5,000 or below	0	0	0
- Salary records not available[2]	133	267	118

	2010-11 (as at 30.9.2010)	2009-10 (as at 31.3.2010)	2008-09 (as at 31.3.2009)
Length of service of agency workers - 5 years or above - 3 to 5 years - 1 to 3 years - Less than 1 year	We do not keep information on years of service of agency workers. The employment agency may arrange different employees or arrange replacement workers to work for the Department during the contract period for different reasons.		
Percentage of agency workers in the total number of staff in the Department	5.0% (-23.1%)	6.5% (+80.6%)	3.6% (N/A)
Percentage of amount paid to agencies in the total salary expenditure for staff in the Department	1.9% (-5.0%)	2.0% (+150.0%)	0.8% (N/A)
Number of agency workers with or without paid meal breaks	We do not keep information on whether agency workers have paid meal breaks. It is determined by the employment contract between agency workers and their employment agencies.		
Number of agency workers on 5-days week	205	No record[4]	No record[4]
Number of agency workers with other work patterns[3]	112	No record[4]	No record[4]

Figures in ( ) denote year-on-year changes

DH also hires IT support services through Office of the Government Chief Information Officer bulk contracts. The numbers of agency workers under these contracts are 97, 83 and 66 in 2010-11, 2009-10 and 2008-09 respectively.

Notes:

1. Figures for 2011-12 are not available.

2. Records of salary level of non-skilled agency workers for the period of 2008-09, 2009-10 and 2010-11 and agency workers engaged after April 2010 are kept according to mandatory wage requirements issued by the Administration.

3. Other work patterns include 5.5 days per week, alternate Saturday off and other shift patterns.

4. No record is kept regarding work pattern of agency workers in 2008-09 and 2009-10.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)264

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1156

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the employment of "outsourced workers", please provide the following information:

	2011-12	2010-11	2009-10	2008-09
Number of outsourced service contracts	( )	( )	( )	( )
Total amount paid to outsourced service providers	( )	( )	( )	( )
Length of contract for each outsourced service provider	( )	( )	( )	( )
Number of workers engaged through outsourced service providers	( )	( )	( )	( )
Details of posts held by outsourced workers (e.g. customer service, property management, security, cleaning, information technology, etc.)	( )	( )	( )	( )
Monthly salary range of outsourced workers				
• $30,001 or above	( )	( )	( )	( )
• $16,001 to $30,000	( )	( )	( )	( )
• $8,001 to $16,000	( )	( )	( )	( )
• $6,501 to $8,000	( )	( )	( )	( )
• $5,001 to $6,500	( )	( )	( )	( )
• $5,000 or below	( )	( )	( )	( )
• number of workers with salary below $5,824	( )	( )	( )	( )
• number of workers with salary between $5,824 and $6,500	( )	( )	( )	( )
Length of service of outsourced workers				
• 5 years or above	( )	( )	( )	( )
• 3 to 5 years	( )	( )	( )	( )
• 1 to 3 years	( )	( )	( )	( )
• less than 1 year	( )	( )	( )	( )

Percentage of outsourced workers in the total number of staff in the department	( )	( )	( )	( )
Percentage of amount paid to outsourced service providers in the total departmental staff cost	( )	( )	( )	( )
Number of workers with paid meal break Number of workers without paid meal break	( ) ( )	( ) ( )	( ) ( )	( ) ( )
Number of workers on 5-day week Number of workers on 6-day week	( ) ( )	( ) ( )	( ) ( )	( ) ( )

Figures in ( ) denote year-on-year changes

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding the employment of "outsourced workers" is tabulated below-

	2011-12	2010-11	2009-10	2008-09
Number of outsourced service contracts	Not available at this stage as it depends on the results of tenders.	117 (+46.3%)	80 (-4.8%)	84 (N/A)
Total amount paid to outsourced service providers		$35.6 million (-30.6%)	$51.3 million (+19.9%)	$42.8 million (N/A)
Length of service period for each outsourced service provider		1-6 months : 46 7-12 months : 71	1-6 months : 35 7-12 months : 45	1-6 months : 42 7-12 months: 42
Number of workers engaged through outsourced service providers		Full-time : 194 (-34.2%) Part-time : 30[2] (0%)	Full-time : 295[1] (+71.5%) Part-time : 30[2] (+15.4%)	Full-time: 172 (N/A) Part-time : 26[2] (N/A)
Details of posts held by outsourced workers (e.g. customer service, property management, security, cleaning, information technology, etc.)		• Security : 66 • Cleaning : 74 • Gardening : 1 • Information Technology : 11 • Health Screening : 72	• Security : 66 • Cleaning : 41 • Gardening : 1 • Information Technology : 34 • Health Screening : 171 • Others: 12	• Security : 66 • Cleaning : 37 • Gardening: 1 • Information Technology: 35 • Health Screening : 59
Monthly salary range of outsourced workers • $30,001 or above	Not available at this stage as it depends on	6		

	2011-12	2010-11	2009-10	2008-09
• $16,001 to $30,000 • $8,001 to $16,000 • $6,501 to $8,000 • $5,001 to $6,500 • $5,000 or below • number of workers with unspecified salaries	the results of tenders.	5 0 51 62 Part-time : 28[2] 72	5 0 49 31 Part-time : 28[2] 209	4 0 49 31 Part-time : 24[2] 86
• number of workers with salary below $5,824 • number of workers with salary between $5,824 and $6,500		68 Part-time : 16[2] 6	39 Part-time : 16[2] 4	35 Part-time : 16[2] 4
Length of service of outsourced workers • 5 years or above • 3 to 5 years • 1 to 3 years • less than 1 year		We do not keep information on years of service of outsourced workers. The outsourced service providers may arrange different employees or arrange replacement workers to work for the Department during the contract period for different reasons.		
Percentage of outsourced workers in the total number of staff in the department		3.5% (-28.6%)	4.9% (+53.1%)	3.2% (N/A)
Percentage of amount paid to outsourced service providers in the total staff salary expenditure in the Department		1.5% (-31.8%)	2.2% (+15.8 %)	1.9% (N/A)
Number of workers with paid meal break Number of workers without paid meal break		We do not keep information on whether outsourced workers have paid meal breaks. It is determined by the employment contract between outsourced workers and outsourced service providers.		
Number of workers on 5-day week Number of workers on 6-day week Number of workers on other work patterns (including 5.5-day	Not available at this stage as it depends on	22 (+46.7 %) 52 (0%) 78 (+59.2%)	15 (0%) 52 (0%) 49 (+8.9%)	15 (N/A) 52 (N/A) 45 (N/A)

	2011-12	2010-11	2009-10	2008-09
week, alternative Saturday off and other shift patterns) Number of workers whose work pattern is not specified in the contracts	the results of tenders.	72 (-65.6%)	209 (+143.0%)	86 (N/A)

Figures in ( ) denote year-on-year changes

Notes:

1. The increase in the total number of staff employed under contracts of outsourced services in 2009-10 was mainly attributable to the additional health screening services in relation to the outbreak of human swine influenza.
2. Part-time workers refer to those who work five or less hours per day, and/or less than five days per week.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)265

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1180

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 total financial provision for 2011-12 is estimated to be $502.6 million which, when compared with the revised estimate of $414.3 million for 2010-11, represents an increase of 21.3%

(a) What are the reasons for the increase in the estimated total provision?

(b) What are the items in detail and the estimated expenditure involved in the increased provision?

Asked by: Hon. PAN Pey-chyou

Reply:

The provision for 2011-12 will be higher than the revised estimate for 2010-11 mainly due to additional provision for implementing the following initiatives -

(a) expanding Pharmaceutical Service to meet increasing drug regulatory needs

In 2011-12, $27.8 million will be allocated to the Department of Health (DH) to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacist and 14 Pharmacist, five Scientific Officer (Medical) and 15 general grade posts will need to be created.

(b) expediting the setting of standards for Chinese herbal medicines

An additional provision of $12.7 million will be allocated in 2011-12 to expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. Standards for 60 herbs have already been developed. Research work for another 36 herbs has been completed and that on the remaining 104 herbs is also to be finished in 2012. No civil service post will be created for this initiative in 2011-12.

(c) introducing mandatory Good Manufacturing Practice (GMP) requirements for manufacturing of proprietary Chinese medicines (pCm) and implementing a pharmacovigilance programme for pCm

An additional provision of $6.1 million will be allocated in 2011-12 to introduce GMP requirements for the manufacturing of pCm and implement a pharmacovigilance programme for pCm. Guidelines on GMP have been developed and training will be provided to facilitate the trade to attain GMP standards. Seven posts, namely one Senior Pharmacist, two Pharmacist, three Scientific Officer (Medical) and one general grade posts will need to be created in 2011-12.

(d) enhancing the capacity for regulation of private healthcare institutions, including hospitals

An additional provision of $3.7 million has been earmarked in 2011-12 to enhance DH's capacity in the regulation of private healthcare institutions, including hospitals and nursing homes. Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap 165), DH registers private hospitals and nursing homes subject to conditions on accommodation, staffing and equipment. A Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes was issued by DH to set out the standards of good practice with a view to protecting patient safety and ensuring service quality. As registration authority, DH monitors the compliance of licenced private hospitals and nursing homes through site inspection and investigation of adverse events and complaints. Six posts including one Senior Medical and Health Officer, one Medical and Health Officer, one Nursing Officer, one Registered Nurse and two general grade posts will be created in 2011-12.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)266

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1181

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 65 posts in 2011-12 to meet operational needs, please advise on-

(a) the estimated expenditure involved;

(b) the ranks and spectrum of duties involved; and

(c) how many of these posts are permanent in nature.

Asked by: Hon. PAN Pey-chyou

Reply:

(a) The total annual recurrent staff costs for the net increase of 65 posts are calculated at $31.9 million.

(b) Details of the net 65 posts are at the Annex.

(c) All posts involved are permanent posts.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Creation and Deletion of Posts in Department of Health in 2011-12

Major scope of responsibilities / Rank	Number of posts to be created/deleted
Programme 1 – Statutory Functions	
(a) Establishing a dedicated office to strengthen the capacity of the pharmaceutical service in the regulation of drugs	
Head of office /	
Assistant Director of Health [Note]	1
Professional support /	
Chief Pharmacist [Note]	1
Senior Pharmacist	2
Pharmacist	14
Scientific Officer (Medical)	5
Administrative and general support /	
Chief Executive Officer	1
Executive Officer II	2
Clerical Officer	2
Assistant Clerical Officer	5
Clerical Assistant	4
Personal Secretary I	1
Sub-total:	*38*
(b) Enhancing the capacity for regulation of private healthcare institutions	
Medical support /	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Nursing support /	
Nursing Officer	1
Registered Nurse	1
Administrative and general support /	
Assistant Clerical Officer	1
Clerical Assistant	1
Sub-total:	*6*
(c) Implementing preparatory work for introducing mandatory Good Manufacturing Practice for proprietary Chinese medicines	
Professional support /	
Senior Pharmacist	1
Pharmacist	2
Scientific Officer (Medical)	3
Administrative and general support /	
Assistant Clerical Officer	1

Major scope of responsibilities / Rank	Number of posts to be created/deleted
Sub-total:	*7*
(d) Conversion of non-civil service contract positions to civil service posts for tobacco control	
Enforcement /	
Overseer	1
Senior Foreman	2
Foreman	8
Administrative and general support /	
Assistant Clerical Officer	3
Sub-total:	*14*
(e) Conversion of non-civil service contract positions to civil service posts for port health control	
Enforcement /	
Foreman	2
Sub-total:	*2*
(f) Offsetting deletion	
Administrative and general support /	
Office Assistant	-2
Sub-total:	*-2*
Total :	***65***

Note: Directorate posts

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)267

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1182

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 expansion of Pharmaceutical Service", please advise-

(a) on the relevant details;

(b) on the estimated expenditure involved;

(c) whether additional staff will be employed for the expansion? If yes, what are the details? What is the estimated expenditure involved? If no, what are the reasons?

(d) if there is a need to employ additional staff, whether priority will be given to former pharmacists or dispensers of the Department of Health (DH) who are now working in the Hospital Authority so that they can be transferred back to DH?

Asked by: Hon. PAN Pey-chyou

Reply:

In 2011-12, a total of $27.8 million will be allocated to the Department of Health (DH) to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacist and 14 Pharmacist, five Scientific Officer (Medical) and 15 general grade posts will need to be created.

The newly created posts will be filled in accordance with established Government recruitment and promotion procedures.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)268

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3195

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

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the estimates of expenditure of the Information Technology Management Unit (ITMU) of the Department,

(a) what is the estimated expenditure for 2011-12? What is the change compared with the actual expenditure for 2010-11? What account for this change in expenditure?

(b) what specific initiatives will be involved in the estimates of expenditure for 2011-12? Which are ongoing and which are new initiatives respectively? What will be the staff number, cost and implementation timetable of each initiative? Among the staff involved, how many of them will be civil servants, non-civil service contract staff and staff of outsourced services respectively?

(c) whether funds have been reserved for promoting electronic civic participation and public sector information access? If yes, what are the specific details, including the titles and particulars of the initiatives, the manpower and cost involved, and the implementation timetable? If not, what are the reasons and will consideration be given to introducing the initiatives in the future?

(d) what are the permanent establishment and the number of existing staff and vacancies of the ITMU? Is manpower expected to increase in the coming year? If yes, how many additional posts will be created? What ranks will be involved? Will they be permanent posts? Will they be appointed on civil service terms? If there will be no increase in manpower, what are the reasons?

(e) has there been any comprehensive review of the effectiveness of the ITMU? If yes, what are the results and the specific improvement measures involved? If not, what are the reasons and will a review be conducted in the future?

Asked by: Hon. TAM Wai-ho, Samson

Reply:

(a) The provision for the ITMU for 2010-11 and 2011-12 are $56.2 million and $59.6 million, respectively. An increase of $3.4 million in 2011-12 will be provided for the implementation of "Departmental Endpoint Security System", enhancement of DH database on registered drugs, development of a new drug inventory and dispensary system for DH clinics, development of tracking system for application for import/export licenses of registered and unregistered drugs, and movement of unregistered drugs in Hong Kong.

(b) The projects for 2011-12 will be as follows–

New Projects		Number of staff			Estimated expenditure $ million	Implementation schedule
		Civil Servant	Non Civil Service Contract Staff	Outsourcing Staff		
(i)	System support and maintenance of Departmental Endpoint Security System	0	0	1	0.6	2011-12
(ii)	Enhancement of the DH Drug Database System	0	0	1	0.7	2012-13
(iii)	Development of a New Pharmaceuticals Inventory and Dispensary System	0	0	1	0.7	2012-13
(iv)	Pharmaceuticals License Application and Movement Monitoring System	0	0	3	1.4	2013-14

Ongoing Projects		Number of staff			Estimated expenditure (including maintenance on hardware and software) $ million
		Civil Servant	Non Civil Service Contract Staff	Outsourcing Staff	
(v)	Support and maintenance of in-house IT systems - Methadone Treatment Information System, Child Health Service System, Public Mortuary Information System.	3	0	13	8.8
(vi)	System support, maintenance and enhancements for IT systems in Student Health Service	5	0	7	8.8
(vii)	Support and maintenance of IT infrastructure and security projects	0	1	6	6.4
(viii)	Implementation of Health Portal System	1	0	6	6.3
(ix)	Support, maintenance and upgrade of Departmental mailing system	2	0	5	5.3
(x)	Support and maintenance of Laboratory Information System	0	0	2	8.8
(xi)	Support and maintenance of Public Health Information System	0	0	1	11.8

(c) To support the initiatives related to e-engagement and opening up of public sector information, DH has provided a designated web page on GovHK portal for the public to search information on registered drugs in Hong Kong. The expenditure is absorbed in the existing maintenance support on the IT infrastructure and cannot be identified.

(d) The establishment, strength and vacancy of ITMU as at 1 March 2011 are as follows–

Rank	Establishment	Strength	Vacancy
Systems Manager	3	3	0
Analyst Programmer I	3	3	0
Analyst Programmer II	1	0	1
Computer Operator I	2	2	0
Executive Officer I	1	1	0
Clerical Officer	1	1	0
Total:	11	10	1

In addition, one contract staff and 40 outsourcing IT staff are employed to provide project management service, support and maintenance for the on-going projects in 2010-11. Six additional outsourcing IT staff will be employed to support new projects in 2011-12.

(e) DH conducts review of ITMU and formulates the Departmental IT Plan every three years. Based on the latest review, it was concluded that the IT security and protection of sensitive data should be enhanced. As such, funding has been allocated for the development of "Departmental Endpoint Security System" which will be implemented in 2011.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)269

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3375

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Government's initiative to enhance mental health services for children and adolescents through the expansion of dedicated professional teams under the Hospital Authority to provide services for an additional 3 000 children with autism or hyperactivity disorder each year, please specify the scope of the said services, the types and numbers of additional allied health practitioners in the dedicated professional teams. In the face of acute shortage of allied health practitioners, has the Government conducted any manpower planning to cope with the surging demand for additional manpower?

Asked by: Hon. CHEUNG Kwok-che

Reply:

To enhance the support to children suffering from autism and hyperactivity disorder, the Hospital Authority (HA) will expand the professional team comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from these disorders. Depending on their conditions and needs, these children may receive pharmacological treatment and training aiming at improving their speech and communication, social skills, behavior adjustment, problem solving skills, emotional management and interpersonal relationships. The professional team will also support parents and caregivers to enhance their understanding of the condition and treatment needs of these children. The initiative is expected to benefit around an additional 3 000 children each year, including about 2 000 children with autism and about 1 000 children with hyperactivity disorder. It is estimated that an additional 48 members of multi-disciplinary teams including doctors, nurses and allied health professionals will be recruited to provide the service. The additional recurrent expenditure involved is estimated at $45 million.

The Administration conducts manpower planning for mental health services from time to time in the light of the manpower situation and the service needs. HA will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment, and work closely with relevant institutions to provide training to psychiatric healthcare personnel.

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 14.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)270

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3774

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Since 1 February 2003, mainland spouses of Hong Kong residents who give birth in Hong Kong have been classified as Non-eligible Persons (NEPs). What is the number of NEPs giving birth in public hospitals in each of the past eight years? And how many of them were married to Hong Kong residents?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The table below sets out the number of deliveries by non-eligible persons (NEPs) in the public hospitals under the Hospital Authority (HA) from 2003-04 to 2010-11 (up to 31 December 2010), and the percentage of those NEPs whose spouse were Hong Kong residents. It should be noted that NEP patients are not obliged to disclose the resident status of their spouses when using HA's service. The figures provided below is based on the information available in HA.

Year	Number of deliveries in HA	Percentage of NEPs whose spouse were Hong Kong residents
2003-04	8 729	82%
2004-05	11 932	72%
2005-06	13 248	50%
2006-07	11 239	44%
2007-08	9 021	41%
2008-09	10 612	36%
2009-10	9 803	34%
2010-11 (up to 31 December 2010)	8 427	33%

Signature _____

Name in block letters Ms Sandra LEE

Post Title Permanent Secretary for Food and Health (Health)

Date 17.3.2011