Replies to supplementary questions raised by Finance Committee Members in examining the Estimates of Expenditure 2013-14

Director of Bureau : Secretary for Food and Health
Session No. : 19

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
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Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)01

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

SV067

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:

Pursuant to reply no. FHB(H)023, the Administration is requested to explain the decrease in the number of enquiries about, and the attendance of, the smoking prevention and cessation programmes operated by the Department of Health, whereas the corresponding rates in programmes operated by non-government organizations such as the Tung Wah Group of Hospitals, Pok Oi Hospital or Po Leung Kuk, have increased in 2012 as compared to 2011.

Asked by: Hon. CHAN Kin-por

Reply:

The Department of Health (DH) has been actively promoting smoking cessation services through its Integrated Smoking Cessation Hotline (1833 183). In addition to providing general enquiry and counselling, the Integrated Hotline also makes referral to other smoking cessation services, including clinics operated by DH, Hospital Authority, Tung Wah Group of Hospitals, Pok Oi Hospital and the Youth Quitline of the University of Hong Kong. Hence, the Hotline reflects public demand for smoking cessation service. It is noted that the number of calls in 2012 (13 262) is much lower than that in 2011 (20 571), but comparable to that of 2010 (13 880). The increase in 2011 was due mainly to Government's decision to increase tobacco tax by 50% in early 2011 which served as a strong incentive for smokers to quit.

In the past few years, DH has been expanding free smoking cessation services to the public through greater collaboration with different non-government organisations. As for the smoking cessation service at clinics directly operated by DH, majority of the users are civil servants.

The Youth Quitline, Po Leung Kuk and Life Education Activity Programme commenced services in mid-2011. Hence the 2011 statistics cover the services provided in the second half of the year, whereas the 2012 statistics represent full-year attendance.

Name in block letters: Richard YUEN

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

Date: 17.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)02

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

SV068

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:

Pursuant to reply no. FHB(H)036, the Administration is requested to provide information on whether and what measures would be implemented, and what additional resources would be provided to increase the capacity of the elderly health centre service so as to benefit more elderly people.

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Elderly Health Service (EHS) comprising 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs) was first established in 1998 to provide primary healthcare services, especially preventive care services, for the elderly. EHCs are but one of many providers of primary healthcare services in the community, which include other units of the Department of Health, the Hospital Authority, non-governmental organisations, private medical practitioners and other private healthcare providers. While there has been no plan to expand the service of EHCs, the Government is taking forward the primary care development strategy formulated in collaboration with the healthcare professions and promulgated in December 2010 aiming at enhancing the primary care for the whole population. In accordance with the strategy, the Government has been devising primary care conceptual models and reference frameworks for specific chronic diseases (such as hypertension and diabetes) and population groups including the elderly age group, and implementing various pilot initiatives and projects for delivering enhanced primary care services accordingly. These include, for instance, the following initiatives with particular focus on the elderly population:-

(i) the Elderly Health Care Voucher Pilot Scheme launched since January 2009, to subsidise the use of private primary healthcare services by the elderly. We have further enhanced the Scheme with increased voucher amount and converted it into a regular programme;

(ii) the Elderly Vaccination Subsidy Scheme launched in October 2009, to provide subsidies for elderly aged 65 or above to receive influenza vaccination and pneumococcal vaccination from private medical practitioners;

(iii) the Pilot Project on Outreach Primary Dental Care Services for the Elderly launched since April 2011, to provide primary dental care through outreach services for elderly people in residential care homes for the elderly or day care centres for the elderly; and

(iv) an Elderly Health Assessment Pilot Programme in collaboration with non-government organisations with the aim of promoting preventive care for the elderly and encourage its provision in the community. We aim to launch the Programme in mid-2013.

Name in block letters: Richard YUEN

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

Date: 16.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)03

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S194

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 Reply No. FHB(H)123, please provide the following information:

(a) a breakdown of "acute" beds by specialty (such as surgery, medicine and obstetrics) in each cluster;

(b) details of staffing for the additional beds of the Hospital Authority (HA) set out in the table below:

Cluster	**No. of hospital beds to be opened in 2013-14**		**No. of doctors required to man the additional acute beds**	**No. of doctors required to man the additional convalescent/ rehabilitation beds**	**No. of nurses required to man the additional acute beds**	**No. of nurses required to man the additional convalescent/ rehabilitation beds**
	Acute	**Convalescent/ rehabilitation**				
Overall						
HKEC						
HKWC						
KCC						
KEC						
KWC						
NTEC						
NTWC						

(c) details of HA's plan to recruit 300 doctors in 2013-14 set out in the table below:

Cluster	**Department**	**No. of doctors to be recruited in 2013-14**			
		Consultant	**Senior Medical Officer/ Associate Consultant**	**Medical Officer/ Resident**	**Grand Total**
Please list by cluster	Accident & Emergency				
	Anaesthesia				
	Cardio-thoracic Surgery				
	Family Medicine				
	Medicine				
	Neurosurgery				

	Obstetrics & Gynaecology				
	Ophthalmology				
	Orthopaedics & Traumatology				
	Paediatrics				
	Pathology				
	Psychiatry				
	Radiology				
	Surgery				
	Others				
	Total				

(d) staff recruitment in 2012-13 set out in the table below:

Cluster	**Department**	**Estimated no. of doctors to be recruited in 2012-13**				**Actual no. of doctors recruited in 2012-13**			
		Consultant	**Senior Medical Officer/ Associate Consultant**	**Medical Officer/ Resident**	**Grand Total**	**Consultant**	**Senior Medical Officer/ Associate Consultant**	**Medical Officer/ Resident**	**Grand Total**
Please list by cluster	Accident & Emergency								
	Anaesthesia								
	Cardio-thoracic Surgery								
	Family Medicine								
	Medicine								
	Neurosurgery								
	Obstetrics & Gynaecology								
	Ophthalmology								
	Orthopaedics & Traumatology								
	Paediatrics								
	Pathology								
	Psychiatry								
	Radiology								
	Surgery								
	Others								
	Total								

(e) details of HA's plan to recruit 2 100 nursing staff and 610 allied health staff in 2013-14 set out in the table below:

Cluster	**No. of nursing staff to be recruited**	**No. of allied health staff to be recruited**
Please list by cluster		

(f) a breakdown by discipline of the 610 allied health staff to be recruited.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The table below sets out the number of acute beds in the Hospital Authority (HA) planned to be opened by specialties in each of the clusters in 2013-14:

Specialty	**No. of Acute Beds to be opened in 2013-14**	**Cluster**						
		HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Paediatrics	7	-	7	-	-	-	-	-
Intensive Care Unit / High Dependency Unit	8	-	-	1	4		3	-
Medicine	97	-	-	-	40	22	-	35
Surgery	35	-	-	-	-	-	-	35
Orthopaedics & Traumatology	10	-	-	-	-	-	-	10
Total	**157**	**0**	**7**	**1**	**44**	**22**	**3**	**80**

Note:
The planned distribution of beds by specialties may be subject to change in order to cater for operational needs of clusters.

(b)

The table below sets out the respective numbers of the 287 hospital beds to be opened in each of the clusters in 2013-14:

Cluster	**No. of Hospital Beds to be opened in 2013-14**	
	Acute	**Convalescent/Rehabilitation**
HKEC	0	0
HKWC	7	0
KCC	1	0
KEC	44	72
KWC	22	20
NTEC	3	0
NTWC	80	38
Total	**157**	**130**

With regard to the increase in the number of hospital beds, HA will deploy existing staff and recruit additional staff to cope with the opening of additional beds. Detailed manpower deployment in this respect is being worked out and not yet available.

(c)

In general, HA fills the vacancies of Consultant and Associate Consultant through internal transfer or promotion of suitable serving HA doctors as far as possible. As for vacancies of resident trainees, HA conducts recruitment exercise of resident trainees each year to recruit medical graduates of local universities, as well as other qualified doctors to fill the vacancies and undergo specialist training in HA. Individual departments may also recruit doctors throughout the year to cope with service and operational needs. To provide necessary manpower for maintaining the existing services and implementing service enhancement

initiatives, HA plans to recruit about 300 doctors in 2013-14. The annual recruitment exercise for resident trainees in 2013-14 is underway. The table below sets out the distribution of resident trainee posts for recruitment by major specialties in the HA.

Specialty	No. of Resident Trainee posts (as at 2 April 2013)
Accident & Emergency	31
Anaesthesia	20
Family Medicine	23
Medicine	64
Neurosurgery	12
Obstetrics & Gynaecology	6
Ophthalmology	12
Orthopaedics & Traumatology	16
Paediatrics	33
Pathology	8
Psychiatry	16
Radiology	14
Surgery (including Cardiothoracic Surgery)	35
Others	20
Total	**310**

Notes:

1. Due to lateral transfer of serving resident trainees to fill the resident trainee posts in the annual recruitment exercise for resident trainees in 2013-14, the number of resident trainee posts by specialty and cluster will be regularly updated.
2. The services of the psychiatric department include services for the mentally handicapped.

(d)

To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA planned to recruit about 290 doctors (full-time equivalent basis including both full-time and part-time staff) in 2012-13.

The table below sets out the intake number of doctors by major specialties and rank in each cluster of the HA in 2012-13. As the intake numbers are calculated on headcount basis including both full-time and part-time staff, the estimated number of doctors to be recruited is not comparable to the intake number.

Cluster	Specialty	2012-13 (April - December 2012)		
		Consultant	**Senior Medical Officer/Associate Consultant**	**Medical Officer/Resident (including recruitment of graduating Interns)**
HKEC	Accident & Emergency	0	2	7
	Anaesthesia	0	0	1
	Family Medicine	1	2	3
	Medicine	3	0	6
	Ophthalmology	0	1	2
	Paediatrics	1	0	2
	Psychiatry	0	1	3
	Radiology	0	0	2
	Surgery	3	0	1
	Others	1	0	5
	Total	**9**	**6**	**32**
HKWC	Accident & Emergency	0	0	1
	Anaesthesia	0	0	2
	Cardiothoracic Surgery	0	0	2
	Family Medicine	0	0	2
	Medicine	0	0	8
	Neurosurgery	0	0	1
	Obstetrics & Gynaecology	0	0	1
	Orthopaedics & Traumatology	0	0	2
	Paediatrics	0	0	1
	Psychiatry	0	0	5
	Radiology	1	0	2
	Surgery	0	1	7
	Others	0	0	1
	Total	**1**	**1**	**35**
KCC	Accident & Emergency	0	1	3
	Anaesthesia	0	0	1
	Cardiothoracic Surgery	0	0	2
	Family Medicine	0	1	4
	Medicine	0	0	6
	Neurosurgery	0	0	3
	Obstetrics & Gynaecology	1	5	2
	Ophthalmology	0	0	3
	Orthopaedics & Traumatology	1	0	0
	Paediatrics	1	0	1
	Psychiatry	0	0	1
	Surgery	0	0	4
	Others	1	0	3
	Total	**4**	**7**	**33**
KEC	Accident & Emergency	0	0	13
	Anaesthesia	1	0	1
	Family Medicine	0	0	4
	Medicine	1	0	10
	Obstetrics & Gynaecology	1	0	2
	Ophthalmology	1	1	0
	Orthopaedics & Traumatology	0	0	1
	Paediatrics	0	0	2
	Radiology	1	0	0
	Surgery	2	0	2
	Others	0	0	3
	Total	**7**	**1**	**38**

Cluster	Specialty	2012-13 (April - December 2012)		
		Consultant	**Senior Medical Officer/Associate Consultant**	**Medical Officer/Resident (including recruitment of graduating Interns)**
KWC	Accident & Emergency	1	1	7
	Anaesthesia	0	0	3
	Family Medicine	0	1	12
	Medicine	2	0	21
	Neurosurgery	1	0	3
	Obstetrics & Gynaecology	0	0	2
	Ophthalmology	0	0	3
	Orthopaedics & Traumatology	0	0	6
	Paediatrics	4	1	5
	Pathology	0	0	2
	Psychiatry	0	1	2
	Radiology	1	0	0
	Surgery	0	0	6
	Others	0	0	8
	Total	**9**	**4**	**80**
NTEC	Accident & Emergency	0	0	2
	Anaesthesia	0	0	2
	Family Medicine	0	0	6
	Medicine	0	0	11
	Obstetrics & Gynaecology	0	0	1
	Ophthalmology	0	1	2
	Orthopaedics & Traumatology	0	0	3
	Paediatrics	0	0	4
	Psychiatry	0	0	3
	Radiology	0	0	3
	Surgery	1	0	5
	Others	0	0	5
	Total	**1**	**1**	**47**
NTWC	Accident & Emergency	0	2	4
	Anaesthesia	1	0	2
	Family Medicine	0	1	7
	Medicine	2	0	7
	Neurosurgery	0	0	4
	Obstetrics & Gynaecology	1	0	2
	Orthopaedics & Traumatology	0	0	2
	Paediatrics	0	1	1
	Psychiatry	0	0	3
	Radiology	0	1	1
	Surgery	0	0	5
	Others	0	0	2
	Total	**4**	**5**	**40**

Notes:

1. Intake refers to the total number of permanent & contract staff (both full-time and part-time) joining HA on headcount basis during the period.

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

(e)

The table below sets out the number of intake of nurses in each of the clusters HA plans to recruit in 2013-14:

Cluster	No. of nurses to be recruited in 2013-14
HKEC	220
HKWC	265
KCC	250
KEC	280
KWC	460
NTEC	310
NTWC	315
Total	**2 100**

Please refer to (f) below for the number of intake of allied health staff HA plans to recruit.

(f)

In 2013-14, HA plans to recruit about 610 allied health staff, including 349 staff for new services and unfilled vacancies. The breakdown of the 349 new recruits by major grades is summarized in the table below. The remaining number of AH staff to be recruited will depend on the attrition situation of different grades throughout the year, therefore HA is unable to provide a breakdown by grade.

Grade	No. of Allied Health staff to be recruited for new services/unfilled vacancies in 2013-14
Medical Laboratory Technologist	44
Radiographer (Diagnostic Radiographer & Radiation Therapist)	41
Medical Social Worker	8
Occupational Therapist	28
Physiotherapist	54
Pharmacist and Dispenser	108
Others	66

Notes:

1. The group of "Others" includes Audiology Technicians, Clinical Psychologists, Dental Technicians, Dietitians, Mould Laboratory Technicians, Optometrists, Orthoptist, Physicists, Podiatrists, Prosthetists & Orthotists, Scientific Officers (Medical) - Pathology, Scientific Officers (Medical) - Audiology, Scientific Officers (Medical) - Radiology, Scientific Officers (Medical) - Radiotherapy and Speech Therapists.

2. Since the actual provision of staff to clusters is still being worked out, the relevant detailed breakdown cannot be provided.

Abbreviations:

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

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)04

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S195

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 Reply FHB(H)125, please provide the following information:

(a) the breakdown on the financial provision for the measures ((1)(i) to (xii), (2)(i) to (xii) and (3)(i) to (viii)) in Reply (b); and

(b) regarding Hospital Authority's planned additional consultation quotas of public general outpatient clinics (GOPCs) in 2013-14, please provide the relevant details in the following table:

Cluster	Planned additional consultation quotas of GOPCs	Number of doctors required for additional services	Number of nurses required for additional services
Hospital clusters (please list by each cluster)			

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The respective financial provision for measures listed under items (1)(i) to (xii) are as follows:

(1) (i) $317 million for supporting the hospital and service commissioning of the North Lantau Hospital Phase I, Caritas Medical Centre (CMC) Phase II redevelopment, New Pharmacy at Tseung Kwan O Hospital (TKOH) New Ambulatory Block, and Kwun Tong Jockey Club General Out-patient Clinic;

(ii) $6 million for setting up commissioning teams for coordinating all the planning and preparatory works to facilitate service commissioning of Yan Chai Hospital Redevelopment, Tin Shui Wai Hospital, and Yaumatei Specialist Clinic re-provisioning;

(iii) $14 million for setting up planning teams for service and capital planning of future hospital redevelopment projects;

(iv) $155 million for increasing capacity in high needs communities to cope with the rising service demand due to growing and aging population by opening an additional total of 120 acute beds in TKOH, Tuen Mun Hospital (TMH) and Pok Oi Hospital;

(v) $34 million for improving the access of critically ill patients to intensive care by opening 1 additional Intensive Care Unit bed and 7 High Dependency Unit beds;

(vi) $57 million for increasing service capacity to meet admission surge during high season of flu epidemic in winter and summer time;

(vii) $16 million for supporting technology advancement and new treatment options for higher standard of care for urological, surgical, gynaecological and neurosurgical patients;

(viii) $21 million for upkeeping the service standard by replacing obsolete medical equipment for essential clinical and laboratory services;

(ix) $6 million for enhancing the management of technology adoption for interventional medical devices in improving the standard of patient care;

(x) $36 million for developing safer service model in operating theatres by improving sterilization services through facility enhancement, equipment modernization and capacity building;

(xi) $23 million for enhancing clinical risk management through proactive identification, evaluation and reduction of risks relating to both human and system factors that could give rise to medical incidents; and

(xii) $15 million for strengthening support service to provide better back-up for the growing and advancing healthcare services.

The respective financial provision for measures listed under items (2)(i) to (xii) are as follow:

(2) (i) $76 million for enhancing the services provided to patients with critical illnesses by improving their access to time-critical care and adopting modern technology in their treatment;

(ii) $30 million for enhancing cancer services by improving the access of cancer patients to timely and appropriate care for their conditions, ranging from diagnosis and treatment to palliative care;

(iii) $62 million for strengthening mental health services according to HA's Adult Mental Health Service Plan 2010-2015;

(iv) $23 million for enhancing eye disease treatment for elderly patients;

(v) $158 million for allaying shortage and high turnover of healthcare staff for quality patient care;

(vi) $118 million for enhancing nursing workforce in HA by recruiting additional nurses and strengthening their staffing level in acute settings;

(vii) $70 million for improving waiting list management by implementing measures to enhance services that have pressing issues of waiting list and access;

(viii) $19 million for improving the access of target population groups to public primary care services by improving the physical capacity of General Outpatient Clinics (GOPC) and increasing the GOPC episodic quota;

(ix) $119 million for enhancing drug quality by a number of measures including the expansion of coverage of HA Drug Formulary;

(x) $65 million for enhancing paediatric care services including prenatal screening to minimize congenital disability;

(xi) $14 million for enhancing transplant services; and

(xii) $46 million for upholding the essential infection control standards for prevention and control of infections in public hospitals, as well as the ability to activate contingency measures in a timely manner at times of emerging infection outbreaks.

The respective financial provision for measures listed under items (3)(i) to (viii) are as follow:

(3) (i) $31 million for system development, enhancement and maintenance of the eHealth System and Primary Care Directory;

(ii) $28 million for support service by HA's Information Technology Unit to the eHealth Record Office of Food and Health Bureau;

(iii) $95 million for opening of additional 130 convalescent beds in Tuen Mun Hospital, Haven of Hope Hospital, Tseung Kwan O Hospital and Caritas Medical Centre in 2013-14;

(iv) $60 million for a 5-year project to explore collaboration with non-governmental organizations to enhance the capacity of infirmary services to meet demand and reduce the waiting time;

(v) $50 million for repair, maintenance and improvement of hospital and clinic buildings and facilities for delivery of public healthcare services;

(vi) $45 million for provision of additional training places in allied health (AH) disciplines for the coming three years to cope with the increase in the number of places for the AH programmes (e.g. radiography, physiotherapy, occupational therapy and medical laboratory technician) in universities;

(vii) $46 million for installation of additional electrical beds and other medical devices in HA facilities for better patient care and better working environment for staff; and

(viii) $220 million for implementation of energy conservation and related measures in HA hospitals, clinics and buildings to enhance the stability of the electricity supply systems and improve energy consumption efficiency in the long term.

The budget allocation to individual clusters including the additional financial provision for 2013-14 is being worked out and hence not yet available.

(b)

HA plans to provide a total increase of 85 000 episodic quota for GOPCs in the Kowloon East Cluster, the Kowloon West Cluster, the New Territories East Cluster and the New Territories West Cluster in 2013-14. To address the growing demand for its general out-patient services, HA is taking measures to recruit additional doctors and nurses, such as through employing non-HA and retired doctors and nurses on part-time basis and non-local doctors under limited registration, and offering special honorarium to HA doctors and nurses for providing extra GOPC sessions. The number of doctors and nurses required for the additional episodic quota is being worked out by HA.

Name in block letters: Richard YUEN

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

Date: 16.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)05

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S196

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 reply of FHB(H)126, please provide the respective number of doctors, nurses and allied health staff by rank in each hospital cluster.

Please also list by type the planned additional 610 allied health staff.

Asked by: Hon. LEUNG Ka-lau

Reply:

Tables 1 to 3 below set out the number of doctors, nurses and allied health staff by rank group/grade in each cluster of the Hospital Authority (HA) respectively.

Table 1 Number of doctors by rank group in 2012-13 (as at 31 December 2012)

Cluster	Rank Group*	Number of doctors
HKEC	Consultant	78
	SMO/AC	183
	MO/R	311
	Total	**572**
HKWC	Consultant	98
	SMO/AC	167
	MO/R	331
	Total	**597**
KCC	Consultant	107
	SMO/AC	220
	MO/R	352
	Total	**679**
KEC	Consultant	70
	SMO/AC	194
	MO/R	353
	Total	**617**
KWC	Consultant	155
	SMO/AC	404
	MO/R	690

Cluster	Rank Group*	Number of doctors
	Total	**1 249**
NTEC	Consultant	112
	SMO/AC	252
	MO/R	510
	Total	**875**
NTWC	Consultant	94
	SMO/AC	195
	MO/R	395
	Total	**684**

* SMO/AC - Senior Medical Officer/Associate Consultant
MO/R - Medical Officer/Resident

Table 2 Number of nurses by rank group in 2012-13 (as at 31 December 2012)

Cluster	Rank Group[#]	Number of nurses
HKEC	DOM/SNO and above	35
	APN/NS/NO/WM	447
	Registered Nurse	1 442
	Enrolled Nurse/Others	398
	Total	**2 323**
HKWC	DOM/SNO and above	37
	APN/NS/NO/WM	465
	Registered Nurse	1 594
	Enrolled Nurse/Others	504
	Total	**2 600**
KCC	DOM/SNO and above	39
	APN/NS/NO/WM	599
	Registered Nurse	1 982
	Enrolled Nurse/Others	439
	Total	**3 058**
KEC	DOM/SNO and above	35
	APN/NS/NO/WM	432
	Registered Nurse	1 516
	Enrolled Nurse/Others	336
	Total	**2 319**
KWC	DOM/SNO and above	80
	APN/NS/NO/WM	995
	Registered Nurse	3 408
	Enrolled Nurse/Others	607
	Total	**5 090**
NTEC	DOM/SNO and above	47
	APN/NS/NO/WM	674
	Registered Nurse	2 251
	Enrolled Nurse/Others	556
	Total	**3 528**
NTWC	DOM/SNO and above	31
	APN/NS/NO/WM	555
	Registered Nurse	1 778
	Enrolled Nurse/Others	468
	Total	**2 832**

DOM/SNO and above – Department Operations Manager/Senior Nursing Officer and above

APN/NS/NO/WM – Advanced Practice Nurse/Nurse Specialist/Nursing Officer/Ward Manager

Enrolled Nurse/Others – Enrolled Nurse and other ranks such as Midwife, Senior Enrolled Nurse, Junior Sister, Nursing Officer II/III

Table 3 Number of allied health staff by grade in 2012-13 (as at 31 December 2012)

Cluster	Grade	Number of allied health staff
HKEC	Medical Laboratory Technologist	105
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	114
	Medical Social Worker	43
	Occupational Therapist	72
	Physiotherapist	106
	Pharmacist	61
	Dispenser	135
	Others	77
	Total	**714**
HKWC	Medical Laboratory Technologist	219
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	120
	Medical Social Worker	41
	Occupational Therapist	68
	Physiotherapist	98
	Pharmacist	60
	Dispenser	112
	Others	106
	Total	**824**
KCC	Medical Laboratory Technologist	217
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	146
	Medical Social Worker	18
	Occupational Therapist	98
	Physiotherapist	154
	Pharmacist	54
	Dispenser	135
	Others	123
	Total	**945**
KEC	Medical Laboratory Technologist	123
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	87
	Medical Social Worker	39
	Occupational Therapist	66
	Physiotherapist	103
	Pharmacist	45
	Dispenser	114
	Others	68
	Total	**643**

Cluster	Grade	Number of allied health staff
KWC	Medical Laboratory Technologist	266
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	207
	Medical Social Worker	86
	Occupational Therapist	145
	Physiotherapist	157
	Pharmacist	116
	Dispenser	251
	Others	129
	Total	**1356**
NTEC	Medical Laboratory Technologist	204
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	164
	Medical Social Worker	24
	Occupational Therapist	111
	Physiotherapist	141
	Pharmacist	67
	Dispenser	174
	Others	118
	Total	**1003**
NTWC	Medical Laboratory Technologist	132
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	111
	Medical Social Worker	28
	Occupational Therapist	107
	Physiotherapist	86
	Pharmacist	47
	Dispenser	129
	Others	110
	Total	**750**

In 2013-14, HA plans to recruit about 610 allied health staff, including 349 staff for new services and unfilled vacancies. The breakdown of the 349 new recruits by major grades is summarised in the table below. The remaining number of allied health staff to be recruited will depend on the attrition situation of different grades throughout the year, HA is therefore unable to provide a breakdown by grade at this stage.

Grade	Number of staff to be recruited for new services and unfilled vacancies in 2013-14
Medical Laboratory Technologist	44
Radiographer (Diagnostic Radiographer & Radiation Therapist)	41
Medical Social Worker	8
Occupational Therapist	28
Physiotherapist	54
Pharmacist and Dispenser	108
Others^	66

^ The group of "Others" includes Audiology Technicians, Clinical Psychologists, Dental Technicians, Dietitians, Mould Laboratory Technicians, Optometrists, Orthoptist, Physicists, Podiatrists, Prosthetists &

Orthotists, Scientific Officers (Medical)-Pathology, Scientific Officers (Medical)-Audiology, Scientific Officers (Medical)-Radiology, Scientific Officers (Medical)-Radiotherapy and Speech Therapists.

Notes:

1. The manpower figures in Tables 1 to 3 above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

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

Abbreviations

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

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)06

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S197

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) According to the figures in Reply Serial No. FHB(H)128, the average cost per specialist outpatient attendance in the Hong Kong West Cluster is $1,220, being the highest across the territory; and in the Kowloon East Cluster it is $855, being the lowest amongst all. The difference in the average cost is over 40%. Would the Bureau give an account of the reasons for the difference?

b) The cost per specialist outpatient attendance in private hospitals is far lower than that in public hospitals. For instance, the fees and charges for specialist outpatient service at the Hong Kong Baptist Hospital range from $250 to $350 per visit[1], which is far lower than the average cost of $1,100 per specialist outpatient attendance in public hospitals. Would the Bureau give an account of the reasons for the considerable difference in the cost of specialist outpatient service between public and private hospitals?

[1] http://www.bupa.com.hk/chi/individulas/customer-care/hospital-charges.aspx#private-clinical

Asked by: Hon. LEUNG Ka-lau

Reply:

a)

The unit cost of specialist outpatient (SOP) service of each hospital cluster in the Hospital Authority (HA) represents an average computed with reference to the cluster's total costs of SOP services and the corresponding SOP attendances. Given the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required, the cost of SOP attendance varies among different cases and different specialties. In addition, the case-mix (i.e. the mix of patients of different conditions in the cluster) may vary among different hospital clusters due to demographic profile and other factors, including specialisation of the specialties in the cluster. Clusters with greater number of patients with more complex conditions or requiring costly treatment will incur a higher average cost of service. Hence the average cost per SOP attendance in different clusters cannot be directly compared.

b)

The average cost per SOP attendance in public hospitals is not directly comparable with the fees for outpatient services charged by private hospitals given the difference in service scope and charging arrangement between the two. The average cost of $985 per SOP attendance in public hospital for 2011-12 represents the total cost of services provided by HA hospitals, including not only the cost of consultation services (such as medical and nursing staff costs) but also provision of various clinical support services (such as pharmacy, diagnostic radiology and pathology tests, etc.). On the other hand, charges per SOP visit by private hospitals normally only cover consultation services. Medication, laboratory test and radiology examination are usually subject to separate charges.

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)07

Question Serial No.

S198

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

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 Reply Serial No. FHB(H)130, would the Administration please provide information on:

(a) the 99th percentile waiting time of new cases of the various Priorities (Priority 1, Priority 2 and Routine); and

(b) the number of specialist outpatient old cases, their respective percentages in the total number of specialist outpatient cases, and their respective average, median, the 10th, 25th, 75th, 90th and 99th percentile waiting time in each hospital cluster in 2012-13.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The 90th percentile waiting time by convention represents the longest waiting time for a service. Figure of the 99th percentile has limitation as it only represents the waiting time of the extreme outliers of only one per cent of the patients. The longest, or the 90th percentile, waiting time of specialist outpatient new cases of various priorities (Priority 1, Priority 2 and Routine) by specialty in the Hospital Authority (HA) for 2012-13 (up to 31 December 2012) is as follows –

Specialty	Priority 1 (weeks)	Priority 2 (weeks)	Routine (weeks)
ENT	1	7	43
MED	2	7	68
GYN	2	7	70
OPH	1	7	76
ORT	1	7	106
PAE	1	7	34
PSY	2	7	70
SUR	2	8	111

(b) The table below sets out the number and percentage of follow-up attendances for specialist outpatient service by cluster and specialty in 2012-13 (up to 31 December 2012) [provisional figures].

Cluster/ Specialty	ENT		GYN		MED		OPH	
	No. of follow-up attendance	As % of total attendance	No. of follow-up attendance	As % of total attendance	No. of follow-up attendance	As % of total attendance	No. of follow-up attendance	As % of total attendance
HKEC	22 712	82%	17 455	85%	175 301	96%	89 855	91%
HKWC	19 252	82%	29 598	87%	160 731	96%	56 833	88%
KCC	38 865	81%	19 083	85%	153 891	96%	154 418	90%
KEC	16 462	75%	24 408	86%	119 998	93%	85 790	88%
KWC	42 805	80%	38 371	84%	399 945	96%	97 203	89%
NTEC	28 209	76%	30 738	85%	200 221	95%	102 327	89%
NTWC	22 539	74%	17 110	82%	138 571	96%	100 765	89%

Cluster/ Specialty	ORT		PAE		PSY		SUR	
	No. of follow-up attendance	% as of total attendance	No. of follow-up attendance	% as of total attendance	No. of follow-up attendance	% as of total attendance	No. of follow-up attendance	% as of total attendance
HKEC	38 926	88%	11 179	92%	55 565	97%	49 865	87%
HKWC	42 267	87%	23 293	94%	41 433	95%	87 472	92%
KCC	41 428	91%	23 887	95%	48 198	97%	62 545	87%
KEC	46 752	86%	27 068	92%	64 853	95%	51 177	80%
KWC	83 668	88%	38 001	89%	156 556	96%	117 299	85%
NTEC	71 889	87%	26 720	92%	86 807	94%	57 109	82%
NTWC	41 852	87%	18 295	93%	101 011	96%	47 017	82%

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

Abbreviations

ENT - Eye, Nose & Throat
GYN – Gynaecology
MED – Medicine
OPH – Ophthalmology
ORT – Orthopaedics
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health (Health)
Date:	16.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)08

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S199

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 Reply Serial No. FHB(H)131, please list in detail the remunerations (including salaries, allowances, provident fund and other benefits) of the Cluster Chief Executives, Directors, Deputy Directors, Division Heads and Hospital Chief Executives of the Hospital Authority.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the number and remunerations (including salaries, allowances, provident fund and other benefits) of the Chief Executive, Directors, Deputy Directors, Division Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority for 2012-13.

Rank	**Number**	**2012-13**
Chief Executive	1	$4.7 million
Cluster Chief Executives / Directors / Deputy Directors / Division Heads	14	$50.8 million
Hospital Chief Executives	20	$59.3 million

Name in block letters: Richard YUEN

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

Date: 16.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)09

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S200

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 Reply FHB(H)133, would the Administration provide the numbers and total expenditures on emoluments of the medical staff of the Hospital Authority Head Office and individual hospital clusters in 2011-12 and 2012-13 by rank (Consultant, Associate Consultant/Senior Medical Officer, Resident Specialist, Resident and Others).

Asked by: Hon. LEUNG Ka-lau

Reply:

The tables below provide the number of "medical" staff of the Hospital Authority (HA) Head Office and each cluster by ranks as well as their total salary in 2011-12 and 2012-13 (full year projection) :

2011-12

Cluster	Rank Group	No. of staff	Total Salary for 2011-12 ($ million)
HO	Consultant	2 Note 1	5
	Senior Medical Officer/Associate Consultant	2	7
	Medical Officer/Resident	10	14
	Intern and other central programs	-- Note 2	98 Note 2
	Total for HO	14	124
HKE	Consultant	76	200
	Senior Medical Officer/Associate Consultant	155	279
	Medical Officer/Resident	325	401
	Intern	19	-- Note 2
	Total for HKE	574	880
HKW	Consultant	98	261
	Senior Medical Officer/Associate Consultant	161	287
	Medical Officer/Resident	329	352
	Intern	55	-- Note 2

Cluster	Rank Group	No. of staff	Total Salary for 2011-12 ($ million)
	Total for HKW	643	900
KC	Consultant	104	262
	Senior Medical Officer/Associate Consultant	204	367
	Medical Officer/Resident	355	418
	Intern	38	-- Note 2
	Total for KC	700	1,047
KE	Consultant	69	174
	Senior Medical Officer/Associate Consultant	189	326
	Medical Officer/Resident	345	406
	Senior Dental Officer / Dental Officer / Dental Consultant	5	6
	Intern	20	-- Note 2
	Total for KE	628	912
KW	Consultant	149	387
	Senior Medical Officer/Associate Consultant	372	680
	Medical Officer/Resident	687	837
	Dental Officer	2	2
	Intern	57	-- Note 2
	Total for KW	1,267	1,906
NTE	Consultant	110	281
	Senior Medical Officer/Associate Consultant	245	429
	Medical Officer/Resident	506	583
	Intern	66	-- Note 2
	Total for NTE	927	1,293
NTW	Consultant	92	225
	Senior Medical Officer/Associate Consultant	177	330
	Medical Officer/Resident	404	470
	Intern	20	-- Note 2
	Total for NTW	694	1,025

2012-13

Cluster	Rank Group	No. of staff	Total Salary (Full Year Projection for 2012-13) ($ million)
HO	Consultant	2 Note 1	7
	Senior Medical Officer/Associate Consultant	2	9
	Medical Officer/Resident	10	18

Cluster	Rank Group	No. of staff	Total Salary (Full Year Projection for 2012-13) ($ million)
	Intern and other central programs	-- Note 2	92 Note 2
	Total for HO	14	126
HKE	Consultant	78	223
	Senior Medical Officer/Associate Consultant	183	359
	Medical Officer/Resident	311	372
	Intern	22	-- Note 2
	Total for HKE	594	954
HKW	Consultant	98	274
	Senior Medical Officer/Associate Consultant	167	321
	Medical Officer/Resident	331	373
	Intern	53	-- Note 2
	Total for HKW	650	968
KC	Consultant	107	296
	Senior Medical Officer/Associate Consultant	220	427
	Medical Officer/Resident	352	396
	Intern	35	-- Note 2
	Total for KC	714	1,119
KE	Consultant	70	198
	Senior Medical Officer/Associate Consultant	194	384
	Medical Officer/Resident	353	401
	Senior Dental Officer / Dental Officer / Dental Consultant	5	8
	Intern	21	-- Note 2
	Total for KE	643	991
KW	Consultant	155	427
	Senior Medical Officer/Associate Consultant	404	796
	Medical Officer/Resident	690	812
	Dental Officer	2	3
	Intern	57	-- Note 2
	Total for KW	1,308	2,038
NTE	Consultant	112	313
	Senior Medical Officer/Associate Consultant	252	502
	Medical Officer/Resident	510	583
	Intern	64	-- Note 2
	Total for NTE	939	1,398
NTW	Consultant	94	259
	Senior Medical Officer/Associate Consultant	195	376
	Medical Officer/Resident	395	478

Cluster	Rank Group	No. of staff	Total Salary (Full Year Projection for 2012-13) ($ million)
	Intern	21	-- Note 2
	Total for NTW	705	1,113

Note

(1) One consultant worked on part time basis (i.e. equivalent to 62% of the work). The total number of staff of 1.62 is rounded to 2.

(2) The salaries of interns and medical officers for central programs are centrally funded by HO.

(3) The statistics on the number of staff for 2011-12 and 2012-13, which include permanent, contract and temporary staff on a full-time equivalent basis, are as at 31 March 2012 and 31 December 2012 respectively.

(4) The numbers of staff by ranks in a cluster may not add up to the total number of staff of the cluster owing to rounding.

(5) The "medical officer/resident" group includes medical officers/residents, medical officers/residents (specialist) and visiting medical officers.

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 - Head Office

Name in block letters: Richard YUEN

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

Date: 19.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)10

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S201

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:

As per Reply Serial No. FHB(H)135, will the Administration provide a breakdown of the expenditure of the relevant project, and the cost of each outreach primary dental care and oral health care service?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Government has earmarked $88 million for implementation of the three-year "Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres" (the Pilot Project). A breakdown of the cost estimate is as follows:

	Financial Provision ($ million)
(a) Subvention to non-governmental organizations (NGOs) for operating outreach dental teams (a total of 24 teams)	65
(b) Subsidy to NGOs for employing young dentists (one dentist post per team)	13
(c) One-off capital grant for each team for purchasing outreach dental and computer equipment (on a matching basis)	4
(d) Administrative costs (including software enhancement for NGOs' computer system)	6
Total:	**88**

The Pilot Project is expected to provide for about 100 000 attendances over the three-year pilot period. As the Pilot Project is still ongoing, the average cost of each attendance cannot be determined at this stage.

Name in block letters: Richard YUEN

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

Date: 17.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)11

Question Serial No.

S202

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

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:

Regarding Reply Serial No. FHB(H)137, would the Administration please list out the cost of receiving teaching patients and private patients by the Prince Philip Dental Hospital in 2012-13?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Prince Philip Dental Hospital (PPDH) is a purpose-built teaching hospital to provide clinical training facilities for undergraduate and postgraduate students of the Faculty of Dentistry (the Faculty) of the University of Hong Kong. It does not have a breakdown of its subvention/expenditure showing the amount relating to patient treatment.

Dental treatments to teaching patients of PPDH are carried out by students under the supervision of qualified clinical staff of the Faculty, while those to private fee paying patients by authorized teaching staff of the Faculty. The expenditure of the Faculty is not funded by Head 140.

Name in block letters: Richard YUEN

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

Date: 16.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)12

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S203

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

Subhead (No. & title):

Programme: (2) Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding Reply Serial No. FHB(H)143, would the Administration provide the following information:

(a) details of the initiative to "enhance the management of Special Outpatient (SOP) waiting time" ;

(b) the difference in the expected SOP waiting time by clusters and specialties and the time shortened as a result of the above initiative;

(c) details of the initiative to "shorten waiting time for SOP dispensing services"; and

(d) the difference in the expected waiting time for SOP dispensing services by clusters and specialties and the time shortened as a result of the above initiative.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) has implemented a new initiative since August 2012 to facilitate patients in certain specialties with stable conditions to seek earlier specialist outpatient (SOP) appointment through cross cluster arrangement. Specifically, SOP cross-cluster referral arrangement is being piloted in the specialty of Ear, Nose and Throat (ENT). HA has established a centrally coordinated mechanism to provide an option for suitable patients in Kowloon East Cluster to be seen in Kowloon Central Cluster. Similar arrangement is also being considered for the specialty of Gynaecology.

HA has, starting from 15 April 2013, posted the SOP and elective surgery waiting time for selected specialties and procedures on the internet homepage for public reference. Currently, the waiting time of ENT and cataract surgery has been posted.

HA will continue to identify pressure areas in different specialties and clusters and develop initiatives to improve the accessibility of patients to SOP clinics.

The difference in expected SOP waiting time by clusters and specialties and the time shortened as a result of the above measures are not available.

In 2013-14, HA will increase the pharmacy manpower, including 8 pharmacists and 16 dispensers, to alleviate the increase in waiting time for SOP dispensing services. The SOP flow and transaction volume of dispensing services differ greatly among hospitals and clinics at different points of time. The difference in expected waiting time for SOP dispensing services by clusters and specialties and the time shortened as a result of this initiative are not available.

The measures in refining the waiting list management of SOP clinics to shorten the waiting time for such services including SOP dispensing service and radiology and magnetic resonance imaging services are expected to benefit around 15 000 patients.

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)13

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S204

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 item (c) of Reply Serial No. FHB(H)145, please list the number of additional training places for allied health students the Hospital Authority plans to provide and the relevant figures in the following table:

	Number of existing allied health students	Number of existing training places for allied health students	Number of additional training places planned for allied health students
Specialty (Please list separately)			

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the allied health grades with additional training places and enhanced training mode to be provided in 2013-14:

Grade	**Training places in 2012-13**	**Additional training places in 2013-14**	
		Bachelor Program	Master Program
Occupational Therapist	45	50	32
Physiotherapist	80	30	30
Radiographer (Diagnostic Radiographer & Radiation Therapist)	57	43	-
Medical Laboratory Technologist	33	Note 1	-
Speech Therapist	40	Note 2	-

Notes:

1. Clinical training for Medical Laboratory Science students will be enhanced from an observational attachment to hands-on practice mode.

2. Clinical training for Year Four Speech Therapy students will be enhanced to provide more in-depth training on Speech Therapy management under different medical conditions.

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)14

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S205

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 reply of FHB(H)149 noted that 56 additional case managers would be recruited in 2013-14. Please advise the respective number of nurses and allied health personnel among these case managers and their ratio to patients.

Asked by: Hon. LEUNG Ka-lau

Reply:

The additional 56 case managers to be recruited can be nurses or allied health professionals, depending on availability. HA therefore does not have the respective number of nurses and allied health personnel among these case managers. The objective of the Case Management Programme is to provide personalised support to the patients concerned. As such, the number of cases handled by each case manager varies and the caseload is determined by a number of factors including the risk and needs profile of each patient under care. On average, each case manager will take care of about 50-60 patients with severe mental illness at any one time.

Name in block letters: Richard YUEN

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

Date: 17.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)15

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

SV069

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:

Pursuant to reply no. FHB(H)151, the Administration is requested to provide information on the expenditure on various categories of drugs in the Hospital Authority Drug Formulary (particularly those prescribed for ailments such as diabetes, cancer and emotional disorder).

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

Currently, there are around 1 300 drugs in the Hospital Authority (HA) Drug Formulary for treatment of different diseases. The total expenditures on drugs prescribed to patients in 2010-11, 2011-12 and 2012-13 (as of 31 December 2012) are $2,986 million, $3,356 million and $3,706 million respectively.

As explained in the reply to no. FHB(H)151, most of the drugs are not restricted to one clinical indication and there are various treatment and medication options for different types of diseases, HA does not maintain breakdown of drug expenditures prescribed for different diseases.

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)16

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S166

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) While the past 5 years saw an upward trend in the number of patients who purchased self-financed drugs through the Hospital Authority (HA), less than 5% of these patients were provided with subsidy under the Samaritan Fund to cover drug expenses. Does the Administration have any plans to relax the eligibility criteria of the Samaritan Fund so that more patients with financial difficulties will benefit from the subsidy for self-financed drugs? If yes, what are the details; if no, what are the reasons?

(b) Has the Administration conducted any study on patients who purchased self-financed drugs through the HA to collect statistics on the financial burden of drug expenses on individual patients as well as their families? If yes, what are the results of the study; if no, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a)

To further assist needy patients in meeting the drug expenses, the financial assessment criteria of Samaritan Fund (SF) drug applications have been relaxed with effect from 1 September 2012. Under the relaxation, a deductible allowance for calculating the total value of the applicant's disposable assets, ranging from $203,000 to $670,000, depending on the patient's household size, has been introduced. After the introduction of the deductible allowance, instead of taking into account all disposable capital of a patient's household, a fixed sum of allowance will be deducted from the disposable capital before calculating a patient's maximum contribution for the self-financed drug expenses. The level of deductible allowance will be regularly reviewed. Also, the tiers of patient's contribution ratio for drug expenses were simplified and the patients' maximum contribution ratio was reduced from 30% to 20% of the annual disposable financial resources. These changes were also implemented on 1 September 2012.

The Hospital Authority (HA) has an established mechanism to regularly review the drugs in the Drug Formulary, including the inclusion of drugs in the scope of SF. HA will keep in view the latest scientific and clinical evidence of drugs, as well as the eligibility criteria of SF, in order to enhance SF and expand the coverage of SF as and when appropriate.

(b)

HA maintains various statistics pertaining to SF, including the number of applications approved and subsidies granted etc., but has not conducted any study on patients who purchased self-financed drugs

through HA. HA will continue to monitor the SF operation and keep in view the related statistical data, with a view to ensuring that effective assistance is provided to needy patients when necessary.

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)17

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S167

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 per Reply Serial No. FHB(H)165:

(a) Please provide by cluster the number of non-local doctors in all specialties in the past 5 financial years;

(b) There is a huge difference in the expenditure on the salaries of non-local doctors between clusters. How are the salaries of non-local doctors determined? If they are determined by the specialties the doctors engage in, please provide the criteria for determining the salaries in each specialty;

(c) It is indicated in the Administration's reply that non-local doctors will be recruited under limited registration to supplement local recruitment drive. How many non-local doctors does the Administration intend to recruit? What are the details and the implementation timetable?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a)

The table below sets out the number of non-local doctors by cluster and by specialty working in the Hospital Authority (HA) in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13.

Number of Non-local Doctors working in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13

Cluster	Specialty	2008-09 (as at 31 Mar 2009)	2009-10 (as at 31 Mar 2010)	2010-11 (as at 31 Mar 2011)	2011-12 (as at 31 Mar 2012)	2012-13 (as at 31 Dec 2012)
HKEC	Family Medicine	0	0	0	0	1
HKWC	Anaesthesia	1	1	1	1	4
	Pathology	1	1	1	1	1
KCC	Psychiatry	0	0	0	0	1
KEC	Anaesthesia	0	0	0	0	1
	Emergency Medicine	0	0	0	1	1
	Internal Medicine	0	0	0	1	1
NTEC	Anaesthesia	0	0	0	1	1
	Internal Medicine	0	0	0	1	1
NTWC	Family Medicine	0	0	0	0	1

(b)

HA has not drawn up a separate remuneration package for non-local doctors under limited registration. The prevailing remuneration package applicable to local doctors in HA, including the granting of Incremental Credits for Experience, also applies to non-local doctors. The remuneration package is not specialty-based.

(c)

In 2012-13, HA has more than 250 unfilled doctor posts. Having communicated with the specialties and the doctors unions, recruitment of non-local doctors under Limited Registration has been conducted in those specialties in need, namely Anaesthesia, Emergency Medicine, Family Medicine, Internal Medicine, Paediatrics and Psychiatry. Since 2012, the Medical Council of Hong Kong has approved 13 applications for Limited Registration. Among them, 11 non-local doctors have reported duty to HA. HA will monitor the manpower situation on yearly basis when devising the recruitment plan each year.

Abbreviations

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

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)18

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S168

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 Reply Serial No. FHB(H)164 :

(1) What were the criteria adopted by the Administration when setting the level of co-payment at $100? Why wasn't a lower level set for the elderly?

(2) The Administration replied that waiving the $100 co-payment would incur an additional expenditure of $1 million for the Pilot Programme. Why didn't the Administration bear this additional expenditure and provide full subsidy for the elderly to participate in the programme?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The Elderly Health Assessment Pilot Programme aims to encourage elders to seek preventive care and manage their health problems and risk factors identified during the assessment. To ensure that public monies are well spent, participating elders are required to contribute a co-payment of $100. This has also taken into account the existing membership fee of the Elderly Health Centre of the Department of Health. Where necessary, the concerned elders can make use of their Elderly Health Care Vouchers to meet the co-payment.

For elders receiving the Comprehensive Social Security Assistance and those already under the medical fee waiver mechanism of the medical social services unit of public hospital/clinic, or the Integrated Family Service Centres or Family & Child Protective Services Unit of the Social Welfare Department, the $100 co-payment will be waived and be borne by the Government.

The Pilot Programme will cover health assessment for about 10 000 elders over the two-year pilot period. The Government will conduct evaluation on the feasibility and acceptance of the Pilot Programme and consider the way forward in due course.

Name in block letters: Richard YUEN

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

Date: 16.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)19

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S169

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 reply serial no. FHB(H)170, when in 2013 will the Steering Committee on Review of the Regulation of Private Healthcare Facilities complete the report? Is there any timetable for the relevant legislative process?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The Steering Committee on Review of the Regulation of Private Healthcare Facilities is expected to formulate recommendations around the end of 2013. The Government would then conduct public consultation and commence the relevant legislative process subject to the outcome of the public consultation.

Name in block letters: Richard YUEN

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

Date: 17.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)20

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S170

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 Reply Serial Nos. FHB(H)158 & FHB(H)161, the population in NTWC was the 3rd among the 7 hospital clusters in 2012-13. However, the amount of provision and the number of general inpatient beds allocated to this hospital cluster was only the 4th and 6th among the 7 hospital clusters. With regard to this, please answer the following questions:

(1) According to what criteria has the Hospital Authority (HA) allocated provisions to the various clusters? Will the HA review such criteria?

(2) The Chief Executive has mentioned in his Policy Address that a committee will be formed to review the operation of the HA, what is the progress so far?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(1)

The yearly budget allocation of the Hospital Authority (HA) to individual clusters largely depends on the level and complexity of the activities they undertake. Consideration will be given to, among others, specialisation of services in different clusters, and the need to address particular service gaps/ demographic changes in different regions. Furthermore, provision will also be allocated to relevant clusters having regard to their required expenditures for implementing new service programmes, and enhancing facilities and services. Other factors including cross-cluster flows of patients and mix of cases with varying degree of co-morbidity and complexity at different hospitals and clusters will also be taken into account. Population is only one of the factors under consideration. In light of the above, the budget allocation cannot be directly compared among clusters.

HA has put in place a resource management framework, under which resource inputs are linked up with service outputs, targets and quality standard. The use of resources at cluster level is then monitored and evaluated by the HA Head Office in an objective manner through a financial and performance reporting system. The clusters are requested to submit regular reports to the HA Head Office to show its performance indicators in respect of its service activities, manpower and financial situation, clinical outcome and progress of its annual plan. HA will examine closely any variations from the pre-determined targets and where appropriate, take remedial actions with corresponding adjustment in resource allocation. HA will keep its resource allocation mechanism, including the criteria adopted, under review.

(2)

In his Policy Address delivered in January 2013, the Chief Executive announced the establishment of the Steering Committee on the Review of HA. The Steering Committee will examine the role and positioning of HA in Hong Kong's healthcare system, and conduct an overall review with recommendations on HA's cluster management and staff systems, cost effectiveness and service levels so as to ensure that HA is able to provide quality and effective service under the twin-track system of public and private healthcare. The Steering Committee will be chaired by the Secretary for Food and Health and will comprise stakeholders in the community. We are now working on the composition and terms of reference of the Steering Committee and will make an announcement in due course.

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)21

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S171

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 Reply No. FHB(H)171, the Administration did not reply to part 5 of the question which is about the extension of dental care services to cover all the elderly in Hong Kong.

What direction will the Government take in developing public dental care services to the community?

Asked by: Hon. MAK Mei-kuen, Alice

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.

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). From 1 January 2013, the Government has increased the voucher amount to $1,000 every year and the Scheme will also be converted into a recurrent support programme for the elderly.

The Government has also recently launched initiatives to facilitate the elderly in seeking dental services, such as the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres and the Community Care Fund Elderly Dental Assistance Programme. The Government currently does not have plans to expand public dental service. We will continue our efforts in promotion and education to improve oral health of the public.

Name in block letters: Richard YUEN

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

Date: 16.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)22

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S162

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 response to the last paragraph of the Secretary's Speaking Note on "Chinese Medicine Development" which mentioned that the Chinese medicine manufacturing industry should meet the quality requirements under the Good Manufacturing Practice (GMP), the industry has hit out at the Government's lack of concrete support in the areas of production plants, talents, technology, taxation, etc. As such, how can the Government achieve real progress in the development of Chinese medicine industry?

Asked by: Hon. WONG Kwok-hing, MH

Reply:

The Government has been adopting an approach based on the concept of "evidence-based medicine" to facilitate the development of the Chinese medicine industry in Hong Kong. Since the enactment of the Chinese Medicine Ordinance (Cap. 549) in 1999, we have strived to establish and improve the regulatory regime for Chinese medicine to accord a professional status for Chinese Medicine Practitioners and ensure the safety, quality and efficacy of Chinese medicines. With a well-established regulatory regime for Chinese medicine, the Chief Executive announced in the 2013 Policy Address the establishment of the Chinese Medicine Development Committee (the Committee), which held its first meeting in March 2013. The Committee will give recommendations to the Government concerning the direction and long-term strategy of the future development of Chinese medicine in Hong Kong. Chaired by the Secretary for Food and Health, the Committee will focus its study on personnel training and professional development, Chinese medicine services, scientific research and the development of the Chinese medicine industry for formulation of relevant policy initiatives. The Committee will also review the difficulties facing the industry regarding GMP compliance and explore feasible measures for the Government to provide assistance to the industry.

A research programme on the Hong Kong Chinese Materia Medica Standards (HKCMMS) was launched in 2002 to establish standards recognised by internationally renowned experts and to align the standards with international requirements. The HKCMMS provides a credible reference in providing authentication and quality control for the testing and certification industry which in turn could further promote the development of Chinese medicine. As at January 2013, the safety and quality standards for around 200 Chinese herbal medicines have been established through this programme. Another 28 HKCMMS are planned to be developed in the next 18 months.

The Government has committed to establishing 18 public Chinese medicine clinics (CMCs) to promote the development of "evidence-based" Chinese medicine and provide training opportunities for local Chinese medicine degree programme graduates. Up to now, we have commissioned 17 public CMCs in various districts across the territory. Hospital Authority will soon commence renovation works for the last CMC to be set up in the Islands District.

At present, the GMP requirement in respect of proprietary Chinese medicines (pCm) in Hong Kong is not mandatory. The Government is currently engaging the industry to work out a timetable for mandatory compliance with the GMP for the manufacture of pCm. To assist pCm manufacturers in the implementation of GMP, representatives of the Chinese Medicine Council of Hong Kong and the Department of Health (DH) will continue to organise briefings and sharing sessions with the Chinese medicines trade and attend meetings of traders associations to gather their views.DH will also meet with those manufacturers who already have preliminary designs of their factory premises and explain to them the requirements of the current GMP guidelines.

The Innovation and Technology Commission (ITC) supports the research and development of (R&D) of Chinese medicines in Hong Kong through the Innovation and Technology Fund (ITF). There are different funding schemes under the ITF for supporting universities, research institutions and enterprises to conduct applied research projects relating to the R&D and testing of Chinese medicines. ITC is also supporting the formulation and coordination of innovation and technology policies and sustaining public awareness of innovation and technology of various technology areas including Chinese medicines. With regards to the implementation of GMP, ITC is currently in discussion with GMP consultants to organise appropriate trainings which would suit the needs of different levels of persons in the industry. In addition, ITC is also exploring the possibilities of expanding GMP consultancy services and introducing contract manufacturing arrangements of existing not-for-profit GMP service providers in hopes of providing the industry with hardware support for GMP compliance, especially to the small and medium enterprises that lack the financial strength and expertise to support the building of GMP facilities and their subsequent operation.

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)23

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S163

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 the last paragraph of the Secretary's Speaking Note on "Chinese Medicine Development" that the existing wholesale and retail businesses of Chinese medicines must operate in commercial premises, and that no further licences will be granted upon expiry of the application period at the end of 2013. These measures have not only deviated from the actual situation of Chinese medicine industry but also violated procedural justice in the course of their implementation, leading to the vanishing of the hundred-year-old "Chinese Medicine Street" by the end of this year. In this connection, the Government is urged to critically review the situation and provide a reply accordingly.

Asked by: Hon. WONG Kwok-hing, MH

Reply:

Under the Chinese Medicine Ordinance (Cap. 549) (CMO), four categories of persons who engage in Chinese medicines business, namely those engaging in the business of retail or wholesale of Chinese herbal medicines, or in the manufacture or wholesale of proprietary Chinese medicines (pCms), must apply for a relevant Chinese medicines traders (CMT) licence from the Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong (CMCHK). The issue of licences to CMT is subject to their compliance with the requirements of the CMO and other relevant legislations regarding premises, hygiene, storage, facilities and personnel qualifications.

The CMCHK is an independent statutory body established under the CMO responsible for implementing various measures for regulation of Chinese medicine practitioners and Chinese medicines; the Department of Health (DH) is responsible for providing the CMCHK with professional and administrative support in implementing actual regulatory work.

The CMB under the CMCHK is responsible for licensing and regulatory control of the CMT as well as registration of pCms, and is required to perform its functions as specified in the CMO and exercise regulation over the Chinese medicines trade for the sake of protecting public health. Chaired by the Director of Health, the CMB comprises members from the Chinese medicines trade, Chinese medicine practice, educational/scientific research institution and lay persons.

In order to further protect public health and ensure that CMT operate their business in appropriate premises, and in view of the facts that the conversion of CMT holding transitional certificate to CMT licence had been completed and all provisions governing the regulation of Chinese medicines in the CMO have already been in full implementation in 2011, the CMB decided in 2011 that CMT would not be granted new licences if they operate their Chinese medicines business in premises originally designed and constructed for

domestic purpose (domestic premises). We acknowledged that allowing CMT to operate at domestic premises is part of the transitional arrangement. Having considered that some licensed CMT are still operating Chinese medicines business in domestic premises and the views of the Buildings Department and representatives of the Chinese medicines trade, the CMB decided to allow the relevant CMT to have a grace period of two years to relocate their business to appropriate premises to continue their operation. This grace period started from 1 January 2012 and will last until 31 December 2013 or a date on which government departments concerned carry out enforcement action against the use of their domestic premises for the present commercial purpose, whichever is the earlier. DH informed the affected CMT individually of the arrangement by letter on 22 December 2011.

In making the above decision, the CMB has taken into consideration a number of factors, including the restriction on the power of DH officers to enter domestic premises for inspection and law enforcement; the requirement that the Chinese medicines supplied need to be in compliance with the standards on safety, quality and efficacy; the practising requirements of the Chinese medicines trade as prescribed in the CMO; the operation of the traders; and the possible hazards and nuisance caused by CMT operations to the residents, etc.

Since the implementation of the current policy, the Food and Health Bureau and the CMB have received views from Members of the Legislative Council as well as representatives from various political parties and CMT associations on how the trade has been affected by the arrangement. After further considering the concern of the traders, the CMB reaffirmed its decision in August 2012 that the policy was necessary on legal grounds and that under the arrangement, the affected traders were given adequate time to relocate their business to appropriate premises. Notwithstanding, the CMCHK has maintained dialogue with affected traders. Indeed, many affected traders have already relocated their business to appropriate premises to continue their operation after they have received the notification. The policy and arrangement are generally well received by the public as the operation of Chinese medicines business at domestic premises has caused nuisance to residents nearby.

As of 15 April 2013, there were 97 CMT operating at domestic premises, accounting for less than 1.5% of all licensed CMT. The CMB will continue the existing policy and arrangement. DH and CMB will maintain close liaison with CMT and other stakeholders on the issue.

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)24

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S164

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 in the last paragraph of the Secretary's speech on the development of Chinese medicine that civil servants could not claim for reimbursement of Chinese medicine fees. This reflects that the thinking and policies of the Government are obsolete and prejudiced against Chinese medicine. The Policy Address announced that the Government will develop Chinese medicine, as such, why doesn't the Government allow the 160 000 civil servants to take the lead in claiming for reimbursement of Chinese medicine fees?

Asked by: Hon. WONG Kwok-hing, MH

Reply:

The Government has been adopting an approach based on the concept of "evidence-based medicine" to facilitate the development of the Chinese medicine industry in Hong Kong. Since the enactment of the Chinese Medicine Ordinance (Cap. 549) in 1999, we have strived to establish and improve the regulatory regime for Chinese medicine to accord a professional status for Chinese Medicine Practitioners and ensure the safety, quality and efficacy of Chinese medicines. With a well-established regulatory regime for Chinese medicine, the Chief Executive announced in the 2013 Policy Address the establishment of the Chinese Medicine Development Committee (the Committee), which held its first meeting in March 2013. The Committee, chaired by the Secretary for Food and Health, will focus its deliberations on a number of key areas and explore specific measures to further the development of Chinese medicine in Hong Kong. These key areas include, amongst other things, expanding the role of Chinese medicine practitioners and Chinese medicine in the public healthcare system. The Government would consider the recommendations of the Committee after its discussion.

The scope of the civil service medical benefits is contractually based and covers services provided by Department of Health (DH) or the Hospital Authority (HA). Under the existing provisions in the Civil Service Regulations (CSRs), save for the charges applicable to hospital maintenance, dentures and dental appliances as provided for in the CSRs, civil service eligible persons are entitled to free medical treatment and services, X-ray examinations and medicines, but only when such benefits are provided by DH or the medical facilities of HA. They may also apply to DH for reimbursement of medical expenses if the attending HA doctors certify that the drugs,

equipment and services concerned are prescribed in accordance with medical necessity and are chargeable by HA or not available in HA.

Neither HA nor DH provides Chinese medicine services as their standard services at present. Hence, Chinese medicine services, including those provided by the 17 public Chinese medicine clinics (CMCs) which are operated on a tripartite collaboration model, are not currently included in the medical benefits provided to civil service eligible persons. The Government will continue to keep in view any significant changes to the nature and mode of service delivery of the public CMCs in future that would merit a review of the implications on civil service medical benefits.

There is no question of any discrimination against Chinese medicine. Under existing policy, the Government recognises medical certificates issued by registered Chinese medicine practitioners for the grant of sick leave and maternity leave although such medical services fall outside the scope of civil service medical benefits. This is consistent with the treatment of sick leave and maternity leave certificates issued by private western medical practitioners. Besides, the arrangement for officers who have sustained injury on duty/occupational diseases to claim reimbursement for medical expenses incurred for treatment provided by registered Chinese medicine practitioners is statutory requirement under the Employees' Compensation Ordinance (Cap. 282).

Name in block letters: Richard YUEN

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

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)25

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S172

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 FHB(H)188,

(1) Is it that the Health and Medical Research Fund mentioned in part (c) of the reply does not cover Chinese medicine? What are the reasons?

(2) Is there any similar fund for Chinese medicine? If yes, what are the details? If not, will the Administration consider setting up such a fund to support the development of Chinese medicine?

Asked by: Hon. WONG Pik-wan, Helena

Reply:

The Health and Medical Research Fund (HMRF) aims to build research capacity and to encourage, facilitate and support health and medical research to inform health policies, improve population health, strengthen the health system, enhance healthcare practices, advance standard and quality of care, and promote clinical excellence, through generation and application of evidence-based scientific knowledge derived from local research in health and medicine. The funding scope of the HMRF covers health and medical research in the following areas:

(a) public health, human health and health services (e.g. primary care, non-communicable diseases, Chinese medicine, etc.);

(b) prevention, treatment and control of infectious diseases, in particular emerging and re-emerging infectious diseases ; and

(c) advanced medical research in specific fields including paediatrics, neuroscience, clinical genetics and clinical trials.

Apart from the HMRF, interested parties can apply for research funding from the Research Grants Council and Innovation and Technology Commission as appropriate.

Name in block letters: Richard YUEN

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

Date: 16.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)26

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S173

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 Table (a) of FHB(H)041, the number of cases settled out of court and the amount of compensation paid are both on declining trend. What are the reasons?

Asked by: Hon. WONG Pik-wan, Helena

Reply:

The two tables (reproduced below for ease of reference) in our reply (Reply Serial No. FHB(H)041) show the number of claims arising from medical incidents reported in each year from 2007 to 2012 and, where appropriate, the number of cases that had been settled and compensation paid by the Hospital Authority (HA) up to 31 December 2012. Since it takes time (sometimes in terms of years) for a claim to be settled and the time taken to settle different cases varies, for the number of reported claims in any particular year , the total amount of compensation paid out is not known until some time later (maybe in terms of years or longer) when the claims have been settled. For cases reported in earlier calendar years (e.g. from 2007 to 2010), they had been processed for a period of time as at 31 December 2012 and hence more cases of claims reported in these calendar years had been settled as at 31 December 2012. However, for cases of claims reported in latter calendar years (e.g. from 2011 to 2012), they were at the early stage of development and hence the number of cases of claims settled as at 31 December 2012 is relatively small. This explains the "declining trend" of the settled claim amount. For this reason, the amount shown for each year is the actual amount of compensation paid out for those cases settled for that particular year up to 31 December 2012; the amount does not represent, and cannot represent, the total potential claim liabilities for that year. The cumulated actual compensation paid out by HA for each year in which the claims were reported will be shown when the information is updated annually.

(a) Table on the number of cases of claims received by HA arising from medical incidents, the number of cases which were settled out of court, and the number of cases ruled by the court in each calendar year from 2007 to 2012 as at 31 December 2012.

Year in which the cases are reported [1]	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Number of cases of claims	134	118	157	153	121	97
Number of cases of claims settled out of court [2]	42	32	38	33	17	3

(b) Table on the amount of compensation as well as the fees paid by HA to mediators and lawyers for cases reported in each calendar year since 2007 as at 31 December 2012.

Year in which the case are reported [1]	**Amount of compensation/fees (in $ million)**					
	2007	**2008**	**2009**	**2010**	**2011**	**2012**
Compensation paid in cases of claims settled out of court [2]	18.8	11.8	11.6	10.6	4.5	0.2
Compensation paid according to court rulings	0	0	0	0	0	0
Fees paid by HA to mediators	0.018	0.014	0.14	0.009	0	0
Legal fees paid by HA in cases of claims settled out of Court	9.2	5.2	7.2	3.3	1.0	0.1

** All figures are rounded numbers.*

[1] The numbers of cases settled out of court or ruled by the court for a particular year set out in the above table have already been included in the number of cases of claims reported in the respective year. For example, for cases reported in 2007, there were, as at 31 December 2012, a total of 134 cases of claims received, of which 42 were settled out of court and none was ruled by the court.

[2] Including cases of claims which were settled out of court after legal proceedings had commenced.

Name in block letters: Richard YUEN

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

Date: 22.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)27

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S206

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 Reply Serial No. FHB(H)226, would the Administration please list out:

(a) the number of cases and types of irregularities found during the inspections of private hospitals, nursing homes and maternity homes conducted by the department; and

(b) the number and types of complaints for investigation received by the department.

Asked by: Hon. LEUNG Ka-lau

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap.165) (the Ordinance), the Department of Health (DH) registers private hospitals and nursing homes subject to their conditions on accommodation, staffing and equipment. A Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (Code of Practice) has been issued by the DH to set out the standards of good practice with a view to protecting patient safety and ensuring service quality. The Office for Registration of Healthcare Institutions (ORHI) of the DH regulates private hospitals through conducting inspection visits and investigations of incidents and complaints. The DH conducts inspection visits to private hospitals for various purposes, such as annual inspection visits, ad-hoc inspection visits, inspection visits for matters relating to registration and investigation of complaints, sentinel events and other incidents. The compliance of private hospitals with Cap.165 and the Code of Practice will be checked against during inspection visits.

(a) In 2012, there were eight cases of non-compliance with requirements of the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes by private hospitals, including five cases related to staffing and three cases related to accommodation and equipment. There were five cases of non-compliance by nursing homes, including three cases related to staffing and two cases related to drug administration practices. ORHI has issued regulatory letters to the private hospitals and nursing homes concerned.

(b) In 2012, 42 complaints against the healthcare institutions registered under the Ordinance were received by DH. The complaints (some may touch on more than one area) were mainly related to administrative procedures (31%), staff performance (24%), communication (21%), charges (19%) and environment (10%).

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)28

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S207

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

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

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Reply Serial No. FHB(H)231, would the Administration please list out separately the salary expenditure of each grade of the civil servants set out in the Annex?

Asked by: Hon. LEUNG Ka-lau

Reply:

Further to the Reply Serial No. FHB(H)231, a breakdown of the provision for 2013-14 (under Subhead 003 Recoverable salaries and allowances) in respect of salaries and allowances for civil servants working in the Hospital Authority by grade is at the **Annex**.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 18.4.2013

Annex

Salaries and Allowances for Civil Servants Working in the Hospital Authority

GRADES	**Provision for 2013-14 ($'000)**
MEDICAL & HEALTH OFFICER GRADE	**109,440**
Sub-total	**109,440**
NURSING & ALLIED GRADES	
Registered Nurse	**339,820**
Registered Nurse (Psychiatric)	**104,770**
Enrolled Nurse	**24,210**
Enrolled Nurse (Psychiatric)	**35,150**
Midwife	**370**
Sub-total	**504,320**
SUPPLEMENTARY MEDICAL GRADES	
Audiology Technician	**650**
Dietician	**470**
Dispenser	**109,620**
Medical Laboratory Technician	**31,440**
Mould Laboratory Technician	**2,160**
Occupational Therapy Assistant	**8,640**
Pharmacist	**7,680**
Physicist	**3,030**
Physiotherapist	**9,000**
Prosthetist-Orthotist	**2,800**

GRADES	Provision for 2013-14 ($'000)
Radiographer	**53,300**
Scientific Officer (Medical)	**3,030**
Sub-total	**231,820**
HOSPITAL ADMINISTRATOR GRADE	**11,250**
Sub-total	**11,250**
OTHER DEPARTMENTAL GRADES	
Senior Artisan	**420**
Artisan	**6,800**
Cook	**3,790**
Darkroom Technician	**2,670**
Electrical Technician	**6,760**
Foreman	**2,540**
Hospital Foreman	**6,510**
Hostel Manager/Manageress	**320**
Laboratory Attendant	**7,270**
Laundry Manager	**650**
Laundry Worker	**3,150**
Linen Production Unit Supervisor	**410**
Mortuary Attendant	**660**
Operating Theatre Assistant	**7,080**
X-Ray Mechanic	**640**
Health Care Assistant	**11,930**
Sub-total	**61,600**

GRADES	Provision for 2013-14 ($'000)
MODEL SCALE I GRADES	
Barber	150
Ganger	500
Ward Attendant	14,440
Property Attendant	990
Workman I	1,800
Workman II	31,160
Sub-total	49,040
GENERAL GRADES	
Personal Secretary	280
Telephone Operator	220
Sub-total	500
Total	967,970
Round up to	968,000

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)29

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S208

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 FHB(H)229/Question Serial No. 1113, would the Administration please list out the number of parallel trades, counterfeit products and drugs seized during the inspections of licensed drug retailers, and the cases and types of convictions.

Asked by: Hon. LEUNG Ka-lau

Reply:

There were 43 and 27 convictions of licensed medicine retailers arising from inspections by the Department of Health in 2011-12 and 2012-13 (up to February 2013) respectively. A total of 1 193 and 842 items of drug exhibits were seized from these licensed medicine retailers in the same periods respectively. These seized drug items served as exhibits in the convictions of offences under the Pharmacy and Poisons Ordinance (Cap. 138), Antibiotics Ordinance (Cap. 137) and Dangerous Drugs Ordinance (Cap. 134).

Among these 2 035 exhibits, a total of 38 items of drug exhibits were counterfeit products. The cases were referred to the Customs and Excise Department and four licensed medicine retailers were convicted with offences under the Trade Descriptions Ordinance (Cap. 362), such as "possession for sale or for any purpose of trade or manufacture goods to which a forged trade mark was applied" and 'possession for sale or for any purpose of trade or manufacture goods to which a false trade description was applied".

A total of five items out of the 2 035 exhibits were parallel import products. The medicine retailers involved were convicted for "possession of unregistered products" under Pharmacy and Poisons Ordinance (Cap. 138).

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)30

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S191

Head: 37 Department of Health

Subhead (No. & title):

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Referring to the reply to the original question FHB(H)233 (a) and (b), would the Administration please provide:

	2008/09	2009/10	2010/11	2011/12	2012/13
Mentioned in (i) of the reply:					
The number of training provided for maternal and child health professionals and the number of participants					
The number of production and distribution of a multi-media kit on breastfeeding					
Mentioned in (ii) of the reply:					
The number of workshops organised and the number of participants					
The number of booklets produced and distributed					
The number of articles in newspapers					
Mentioned in (iii) of the reply:					
The number of services or clients provided with guidance for mothers in the Maternal and Child Health Centres					
The number of persons who used the breastfeeding hotline					
Mentioned in (iv) of the reply:					
The number of publicity activities conducted					

Asked by: Hon. MA Fung-kwok

Reply:

The figures on sub-items mentioned in the reply to Q FHB(H)233 (a) & (b) are listed below:

		2008	2009	2010	2011	2012	Total
Mentioned in (i) of the reply:							
No. of training events on breastfeeding provided for newly joined nurses and doctors working in Maternal and Child Health Centres (MCHC) (no. of participants)[1]		5 (40)	4 (41)	6 (96)	6 (84)	5 (86)	**26 (347)**
No. of multi-media self-learning kits on breastfeeding distributed to health professionals of private and public sectors (*The kit was developed in 2011)		NA	NA	NA	3 409	4 656	**8 065**
Mentioned in (ii) of the reply:							
No. of workshops / support groups on breastfeeding organised for clients (no. of participants)		738 (5 855)	572 (4 812)	631 (5 496)	759 (6 814)	707 (6 435)	**3 407 (29 412)**
No. of breastfeeding booklets / leaflets distributed to MCHC clients and expectant parents[2]		89 000	88 000	92 000	101 000	127 000	**497 000**
No. of articles on breastfeeding published in newspapers		1	26	26	26	7	**86**
Mentioned in (iii) of the reply:							
No. of coaching services / mothers provided with guidance on breastfeeding in MCHC		11 636	27 788	32 000	35 771	35 269	**142 464**
No. of calls received by the breastfeeding hotline		3 487	2 652	2 729	3 119	2 937	**14 924**
Mentioned in (iv) of the reply:							
Publicity activity on breastfeeding conducted[3]	No. of media interviews	3	2	1	4	1	**11**
	No. of community talks organised (no. of participants)	2 (220)	4 (690)	4 (820)	5 (955)	6 (990)	**21 (3 675)**

Note:

[1] Other on-going refresher training courses were provided regularly for medical and nursing staff working in MCHC.

[2] Relevant leaflets / booklets are distributed to all antenatal clients and parents of new born baby attending MCHC. A new breastfeeding booklet was produced in 2012. The new booklet has also been distributed to clinics and maternity units of public and private hospitals in 2012.

[3] The Department of Health (DH) has also arranged other publicity activities including broadcasting announcement of public interest in TV and radio, promotional videos on breastfeeding on buses and in MCHC, roving exhibition in shopping mall and Baby Expo. In addition, DH also participated in the annual activity, in collaboration with non-governmental organisations, to echo the World Breastfeeding Week to enhance the awareness of the public towards breastfeeding.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)31

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S165

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:

According to the Reply Serial No. FHB(H)236:

(1) Would the Administration please list out the black spots of smoking offence?

(2) The number of fixed penalty notices issued has been rising year after year. Does that reflect the situation of illegal smoking in Hong Kong has deteriorated? Does the Administration plan to increase the number of Tobacco Control Inspectors to step up inspections at the blackspots of smoking offence and prosecutions against smoking offenders? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a) The Tobacco Control Office (TCO) of the Department of Health (DH) conducts inspection of all venues concerned in response to smoking complaints. TCO also makes unannounced inspections and targeted enforcement actions against all no smoking areas, including black spots such as shopping malls, shops, amusement game centres and markets, to achieve the best deterrent effect.

(b) The numbers of Fixed Penalty Notice (FPN) and summons issued by TCO for smoking offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

	2010	2011	2012
FPNs issued for smoking offences	7 952	7 637	8 019
Summonses issued for smoking offences	93	170	179
Total:	8 045	7 807	8 198

The change in number of FPN and summons issued is around 5% and the trend is considered steady over the last three years.

The number of TCO staff carrying out frontline enforcement duties is 99 in 2012-13 and is expected to remain the same in 2013-14. DH will continue to review the need for strengthening its manpower to cope with the enforcement duties.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 18.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

S-FHB(H)32

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S177

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 dental treatment provided for non-civil servants by the Department of Health:

a) Please list out the number of patients provided with dental treatment from 2008 to 2012.

b) Please list out the categories and the respective numbers of patients provided with dental treatment from 2008 to 2012.

c) What are the uses of the dental clinics with general public sessions outside service hours?

Asked by: Hon. TIEN Puk-sun, Michael

Reply:

Under Programme 4, the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics.

a) The number of attendances of GP sessions from 2008 to 2012 is as follows:

Year	Number of attendances at GP sessions
2008	34 150
2009	35 110
2010	34 800
2011	34 540
2012	35 040

b) Regarding patients provided with dental treatment during GP sessions from 2008 to 2012, DH only keeps statistics on the breakdown by age group for the number of attendances. The breakdown in financial years 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13 is as follows:

	% Distribution of attendances by age group				
Age group	**2008-09**	**2009-10**	**2010-11**	**2011-12**	**2012-13 (up to January 2013)**
0-18	2.5%	3.0%	2.6%	2.3%	2.2%
19-42	13.2%	14.4%	14.2%	13.8%	13.5%
43-60	30.2%	30.4%	29.7%	29.5%	29.1%
61 or above	54.1%	52.2%	53.5%	54.4%	55.2%

c) The 11 government dental clinics with GP sessions are dental clinics that provide dental services to civil servants and eligible persons during service hours, in which certain sessions are open to the public for emergency dental service.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 18.4.2013