Replies to initial written 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
FHB(H)001	2775	CHAN Chi-chuen	140	(1) Health
FHB(H)002	2786	CHAN Chi-chuen	140	(2) Subvention: Hospital Authority
FHB(H)003	2787	CHAN Chi-chuen	140	(2) Subvention: Hospital Authority
FHB(H)004	0770	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)005	0772	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)006	0773	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)007	0774	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)008	0775	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)009	0776	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)010	0786	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)011	0787	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)012	0788	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)013	0789	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)014	0790	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)015	0800	CHAN Han-pan	140	(1) Health
FHB(H)016	0801	CHAN Han-pan	140	(1) Health
FHB(H)017	0803	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)018	0860	CHAN Han-pan	140	(1) Health
FHB(H)019	0863	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)020	0865	CHAN Han-pan	140	(2) Subvention: Hospital Authority
FHB(H)021	3055	CHAN Han-pan	140	(1) Health
FHB(H)022	3056	CHAN Han-pan	140	(1) Health
FHB(H)023	0886	CHAN Kin-por	140	(1) Health
FHB(H)024	0887	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)025	0888	CHAN Kin-por	140	(2) Subvention: Hospital Authority
FHB(H)026	0893	CHAN Kin-por	140	(1) Health
FHB(H)027	0894	CHAN Kin-por	140	(1) Health
FHB(H)028	0898	CHAN Kin-por	140	(1) Health
FHB(H)029	0899	CHAN Kin-por	140	(1) Health
FHB(H)030	1698	CHAN Wai-yip, Albert	140	(2) Subvention: Hospital Authority
FHB(H)031	2010	CHEUNG Chiu-hung, Fernando	140	(2) Subvention: Hospital Authority
FHB(H)032	2037	CHEUNG Chiu-hung, Fernando	140	(2) Subvention: Hospital Authority
FHB(H)033	0119	CHEUNG Kwok-che	140	(1) Health
FHB(H)034	0482	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)035	0486	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)036	0487	CHEUNG Kwok-che	140	(1) Health
FHB(H)037	3297	CHUNG Kwok-pan	140	(1) Health
FHB(H)038	2824	FANG Kang, Vincent	140	(1) Health
FHB(H)039	1339	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)040	1380	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)041	1381	HO Chun-yan, Albert	140	(2) Subvention: Hospital Authority
FHB(H)042	3123	HO Sau-lan, Cyd	140	(1) Health
FHB(H)043	3124	HO Sau-lan, Cyd	140	(2) Subvention: Hospital Authority
FHB(H)044	1471	IP LAU Suk-yee,	140	(1) Health

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		Regina		
FHB(H)045	1488	IP LAU Suk-yee, Regina	140	(1) Health
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FHB(H)047	2685	KWOK Ka-ki	140	(1) Health
FHB(H)048	2686	KWOK Ka-ki	140	(1) Health
FHB(H)049	2687	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)050	2688	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)051	2689	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)052	2690	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)053	2691	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)054	2692	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)055	2693	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)056	2694	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)057	2695	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)058	2696	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)059	2697	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)060	2698	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)061	2699	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)062	2700	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)063	2701	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)064	2702	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)065	2703	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)066	2704	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)067	2705	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)068	2706	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)069	2707	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)070	2708	KWOK Ka-ki	140	(3) Subvention: Prince Philip Dental Hospital
FHB(H)071	2709	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)072	2722	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)073	2723	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)074	2725	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)075	2726	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)076	2727	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)077	2728	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)078	1124	LAM Kin-fung, Jeffrey	140	(2) Subvention: Hospital Authority
FHB(H)079	1130	LAM Kin-fung, Jeffrey	140	(2) Subvention: Hospital Authority
FHB(H)080	1131	LAM Kin-fung, Jeffrey	140	(2) Subvention: Hospital Authority
FHB(H)081	0745	LAM Tai-fai	140	(2) Subvention: Hospital Authority
FHB(H)082	0746	LAM Tai-fai	140	(2) Subvention: Hospital Authority
FHB(H)083	0747	LAM Tai-fai	140	(2) Subvention: Hospital Authority
FHB(H)084	0338	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)085	0339	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)086	0340	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)087	0341	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)088	0342	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)089	0343	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)090	0344	LEE Cheuk-yan	140	(2) Subvention: Hospital Authority
FHB(H)091	0317	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)092	1188	LEE Kok-long, Joseph	140	(1) Health
FHB(H)093	1189	LEE Kok-long, Joseph	140	(1) Health
FHB(H)094	1190	LEE Kok-long, Joseph	140	(1) Health

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FHB(H)096	1192	LEE Kok-long, Joseph	140	(1) Health
FHB(H)097	1193	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)098	1194	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)099	1196	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)100	1197	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)101	1199	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)102	1202	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
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FHB(H)104	1204	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)105	1205	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)106	1206	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)107	1207	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
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FHB(H)111	1218	LEE Kok-long, Joseph	140	(1) Health
FHB(H)112	1219	LEE Kok-long, Joseph	140	(1) Health
FHB(H)113	2971	LEE Kok-long, Joseph	140	(1) Health
FHB(H)114	2972	LEE Kok-long, Joseph	140	(1) Health
FHB(H)115	2973	LEE Kok-long, Joseph	140	(1) Health
FHB(H)116	2974	LEE Kok-long, Joseph	140	(1) Health
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FHB(H)118	3148	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)119	3149	LEE Kok-long, Joseph	140	(2) Subvention: Hospital Authority
FHB(H)120	0616	LEE Wai-king, Starry	140	(2) Subvention: Hospital Authority
FHB(H)121	0619	LEE Wai-king, Starry	140	(2) Subvention: Hospital Authority
FHB(H)122	1796	LEUNG Che-chueng	140	(2) Subvention: Hospital Authority
FHB(H)123	0994	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)124	0995	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)125	0996	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)126	0997	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)127	0998	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)128	0999	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)129	1000	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)130	1001	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)131	1002	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)132	1003	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
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FHB(H)134	1005	LEUNG Ka-lau	140	(1) Health
FHB(H)135	1006	LEUNG Ka-lau	140	(1) Health
FHB(H)136	1007	LEUNG Ka-lau	140	(1) Health
FHB(H)137	1008	LEUNG Ka-lau	140	(3) Subvention: Prince Philip Dental Hospital
FHB(H)138	1011	LEUNG Ka-lau	140	(1) Health
FHB(H)139	1012	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)140	1013	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)141	1014	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)142	1015	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)143	1016	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
FHB(H)144	1017	LEUNG Ka-lau	140	(2) Subvention: Hospital Authority
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FHB(H)146	1019	LEUNG Ka-lau	140	(1) Health

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FHB(H)150	1118	LEUNG Ka-lau	140	(1) Health
FHB(H)151	0109	LEUNG Mei-fun, Priscilla	140	(2) Subvention: Hospital Authority
FHB(H)152	0140	LEUNG Mei-fun, Priscilla	140	(2) Subvention: Hospital Authority
FHB(H)153	0063	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)154	0106	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)155	0150	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)156	0151	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)157	0152	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)158	1141	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)159	1142	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)160	1143	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)161	1145	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)162	1146	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)163	1148	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)164	1154	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)165	1162	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)166	1163	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)167	1165	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)168	1166	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)169	1167	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)170	1169	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)171	1170	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)172	1172	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)173	1173	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
FHB(H)174	3069	MAK Mei-kuen, Alice	140	(2) Subvention: Hospital Authority
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FHB(H)176	2657	MOK Charles Peter	140	(1) Health
FHB(H)177	2674	MOK Charles Peter	140	(2) Subvention: Hospital Authority
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FHB(H)179	3291	SIN Chung-kai	140	(1) Health
FHB(H)180	0489	TANG Ka-piu	140	(2) Subvention: Hospital Authority
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FHB(H)182	1849	TIEN Puk-sun, Michael	140	(1) Health
FHB(H)183	1918	TIEN Pei-chun, James	140	(2) Subvention: Hospital Authority
FHB(H)184	3201	TIEN Puk-sun, Michael	140	(3) Subvention: Prince Philip Dental Hospital
FHB(H)185	0112	WONG Kwok-kin	140	(2) Subvention: Hospital Authority
FHB(H)186	1330	WONG Kwok-kin	140	(2) Subvention: Hospital Authority
FHB(H)187	1406	WONG Kwok-kin	140	(1) Health
FHB(H)188	0975	WONG Pik-wan, Helena	140	(1) Health
FHB(H)189	0982	WONG Pik-wan, Helena	140	(2) Subvention: Hospital Authority
FHB(H)190	0989	WONG Pik-wan, Helena	140	(2) Subvention: Hospital Authority
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FHB(H)193	0797	CHAN Han-pan	37	(2) Disease Prevention

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FHB(H)207	2710	KWOK Ka-ki	37	(1) Statutory Functions
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FHB(H)235	0154	MAK Mei-kuen, Alice	37	(2) Disease Prevention
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FHB(H)245	0498	TANG Ka-piu	37	(2) Disease Prevention
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FHB(H)249	0174	WONG Kwok-hing	37	
FHB(H)250	0175	WONG Kwok-hing	37	
FHB(H)251	2383	WONG Yuk-man	37	(1) Statutory Functions
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FHB(H)253	2385	WONG Yuk-man	37	(2) Disease Prevention
FHB(H)254	2386	WONG Yuk-man	37	(4) Curative Care
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FHB(H)256	0560	TO Kun-sun, James	708	
FHB(H)257	3732	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
FHB(H)258	3733	CHAN Hak-kan	140	(2) Subvention: Hospital Authority
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FHB(H)262	4893	CHAN Ka-lok, Kenneth	140	
FHB(H)263	5345	CHAN Ka-lok, Kenneth	140	
FHB(H)264	5225	CHEUNG Chiu-hung, Fernando	140	(2) Subvention: Hospital Authority
FHB(H)265	5226	CHEUNG Chiu-hung, Fernando	140	(2) Subvention: Hospital Authority
FHB(H)266	5235	CHEUNG Chiu-hung, Fernando	140	(2) Subvention: Hospital Authority
FHB(H)267	5249	CHEUNG Chiu-hung, Fernando	140	(2) Subvention: Hospital Authority
FHB(H)268	5273	CHEUNG Chiu-hung, Fernando	140	(2) Subvention: Hospital Authority
FHB(H)269	5287	CHEUNG Chiu-hung, Fernando	140	(2) Subvention: Hospital Authority
FHB(H)270	5300	CHEUNG Chiu-hung, Fernando	140	(2) Subvention: Hospital Authority
FHB(H)271	5304	CHEUNG Chiu-hung, Fernando	140	(2) Subvention: Hospital Authority
FHB(H)272	5310	CHEUNG Chiu-hung, Fernando	140	(2) Subvention: Hospital Authority
FHB(H)273	4024	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)274	4057	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)275	4135	CHEUNG Kwok-che	140	(2) Subvention: Hospital Authority
FHB(H)276	4953	FAN Kwok-wai, Gary	140	(2) Subvention: Hospital Authority
FHB(H)277	3679	HO Sau-lan, Cyd	140	(1) Health
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FHB(H)279	3682	HO Sau-lan, Cyd	140	(2) Subvention: Hospital Authority
FHB(H)280	3697	HO Sau-lan, Cyd	140	
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FHB(H)282	3717	HO Sau-lan, Cyd	140	(1) Health (2) Subvention: Hospital Authority

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				(3) Subvention: Prince Philip Dental Hospital
FHB(H)283	3725	HO Sau-lan, Cyd	140	(2) Subvention: Hospital Authority
FHB(H)284	4439	KWOK Ka-ki	140	(1) Health
FHB(H)285	4440	KWOK Ka-ki	140	(1) Health
FHB(H)286	4441	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)287	4449	KWOK Ka-ki	140	
FHB(H)288	4454	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)289	4455	KWOK Ka-ki	140	(2) Subvention: Hospital Authority
FHB(H)290	5480	KWOK Wai-keung	140	(2) Subvention: Hospital Authority
FHB(H)291	3635	LEE Kok-long, Joseph	140	(1) Health
FHB(H)292	4009	LEUNG Kwok-hung	140	(2) Subvention: Hospital Authority
FHB(H)293	4010	LEUNG Kwok-hung	140	(2) Subvention: Hospital Authority
FHB(H)294	4159	LEUNG Kwok-hung	140	(2) Subvention: Hospital Authority
FHB(H)295	4160	LEUNG Kwok-hung	140	(2) Subvention: Hospital Authority
FHB(H)296	3874	LEUNG Yiu-chung	140	(2) Subvention: Hospital Authority
FHB(H)297	3877	LEUNG Yiu-chung	140	(2) Subvention: Hospital Authority
FHB(H)298	3889	LEUNG Yiu-chung	140	(2) Subvention: Hospital Authority
FHB(H)299	3302	QUAT Elizabeth	140	(1) Health
FHB(H)300	3891	WONG Yuk-man	140	(1) Health
FHB(H)301	3892	WONG Yuk-man	140	(2) Subvention: Hospital Authority
FHB(H)302	3893	WONG Yuk-man	140	(2) Subvention: Hospital Authority
FHB(H)303	3894	WONG Yuk-man	140	(2) Subvention: Hospital Authority
FHB(H)304	3924	WONG Yuk-man	140	(2) Subvention: Hospital Authority
FHB(H)305	4598	WU Chi-wai	140	(2) Subvention: Hospital Authority
FHB(H)306	4599	WU Chi-wai	140	(1) Health
FHB(H)307	4880	CHAN Ka-lok, Kenneth	37	(2) Disease Prevention
FHB(H)308	4883	CHAN Ka-lok, Kenneth	37	(1) Statutory Functions
FHB(H)309	4885	CHAN Ka-lok, Kenneth	37	(1) Statutory Functions
FHB(H)310	4895	CHAN Ka-lok, Kenneth	37	(2) Disease Prevention
FHB(H)311	4909	CHAN Ka-lok, Kenneth	37	(3) Health Promotion
FHB(H)312	5265	CHEUNG Chiu-hung, Fernando	37	(2) Disease Prevention
FHB(H)313	5291	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)314	4100	CHEUNG Kwok-che	37	(5) Rehabilitation
FHB(H)315	4131	CHEUNG Kwok-che	37	
FHB(H)316	3488	CHEUNG Yu-yan, Tommy	37	(1) Statutory Functions
FHB(H)317	3489	CHEUNG Yu-yan, Tommy	37	(1) Statutory Functions (3) Health Promotion
FHB(H)318	4349	KWOK Ka-ki	37	(5) Rehabilitation
FHB(H)319	4456	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)320	3605	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)321	3606	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)322	3607	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)323	3608	LEE Kok-long, Joseph	37	(3) Health Promotion
FHB(H)324	3609	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)325	3610	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)326	3611	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)327	5075	TANG Ka-piu	37	(4) Curative Care
FHB(H)328	5379	WONG Kwok-hing	37	(2) Disease Prevention
FHB(H)329	4938	FAN Kwok-wai, Gary	708	

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)001

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2775

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:

Would the Administration study the correlation between tobacco duty and illicit cigarette activities for future reference when developing tobacco control measures and education?

Asked by: Hon. CHAN Chi-chuen

Reply:

It is well established internationally and empirically that tobacco price has a strong inverse correlation with tobacco consumption. The World Health Organization recommends raising tobacco duty as one of the most effective means of reducing tobacco consumption. The duty on tobacco products in Hong Kong was increased by 50% and 41.5% in February 2009 (from $16 to $24 per pack) and February 2011 (from $24 to $34 per pack) respectively to tie in with the Government's tobacco control measures. At present, the proportion of tobacco duty to retail price stands at about 69%. The trend on duty-paid cigarettes and enforcement statistics on illicit cigarette is at **Annex**.

The Administration monitors closely various statistics and indicators relating to tobacco control such as smoking pattern in Hong Kong. The declining trend in smoking prevalence in Hong Kong is a useful indicator on the effectiveness of the progressive and multi-pronged approach in tobacco control and the sustained efforts by the community as a whole. With the progressive implementation of tobacco control measures, the proportion of daily smokers (people who have a habit of smoking daily) among the population aged 15 and above dropped steadily from about 23.3% in the early 1980s to 11.1% in 2010.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Annex

Quantity and Gross Revenue of Duty-Paid Cigarettes and
Enforcement Statistics on Illicit Cigarette Activities

	Year	Quantity of Duty-Paid Cigarettes (million sticks)	Gross Revenue of Duty-Paid Cigarettes (in HK$ million)	No. of Illicit Cigarette Cases*	Quantity of Illicit Cigarettes Seized (million sticks)#	Year on Year % Change			
						Quantity of Duty-Paid Cigarettes (million sticks)	Gross Revenue of Duty-Paid Cigarettes (in HK$ million)	Illicit Cigarette Cases	Illicit Cigarettes Seized (million sticks)
	2007	3 496	2,811	7 372	108	-	-	-	-
	2008	3 790	3,047	4 868	69	↑ 294 (8.4%)	↑ 236 (8.4%)	↓ 2 504 (34.0%)	↓ 39 (36.1%)
+50% tax (Feb 2009) →	**2009**	2 887	3,110	8 328	58	↓ 903 (23.8%)	↑ 63 (2.1%)	↑ 3 460 (71.1%)	↓ 11 (15.9%)
	2010	3 137	3,784	6 203	47	↑ 250 (8.7%)	↑ 674 (21.7%)	↓ 2 125 (25.5%)	↓ 11 (19.0%)
+41.5% tax (Feb 2011) →	**2011**	2 877	4,320	9 075	71	↓ 260 (8.3%)	↑ 536 (14.2%)	↑ 2 872 (46.3%)	↑ 24 (51.1%)
	2012	2 914	4,971	10 899	67	↑ 37 (1.3%)	↑ 651 (15.1%)	↑ 1 824 (20.1%)	↓ 4 (5.6%)

* *Illicit cigarette cases cover all inland activities, but excluding exportation/transshipment and abandoned cases.*

\# *Quantity of cigarettes and the gross revenue are rounded up to the nearest million and the year on year rate of change is calculated based on the rounded-up figures.*

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)002

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2786

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Question:

It is mentioned in the Budget Speech that there is an increase of $2.7 billion in the recurrent expenditure on medical and health service in the year. Will the Administration advise this Committee whether additional manpower and financial resources will be allocated for home-based rehabilitation and home care service so as to reduce the work hours and work stress of frontline healthcare staff?

Asked by: Hon. CHAN Chi-chuen

Reply:

The Hospital Authority (HA) has deployed additional resources over the past few years to address manpower issues for the provision of quality care. HA plans to increase the number of community nurses from 429 in 2012-13 to 439 in 2013-14 to cater for home visits in the community. The estimated total expenditure of the community nursing service in 2013-14 is about $364 million.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)003

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2787

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

Subhead (No. & title): Unspecified

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 shortage of healthcare workers in public hospitals, will the Administration advise this Committee how it will reduce the work stress and work hours of relevant healthcare staff through the enhancement of training, welfare and manpower in the future? How will the waiting time for surgery be shortened to improve service quality?

Asked by: Hon. CHAN Chi-chuen

Reply:

Over the past few years, the Hospital Authority (HA) has deployed additional resources to retain healthcare professionals. In 2013-14, HA plans to recruit around 300 doctors, 2 100 nurses and 610 allied health staff to increase manpower strength. In addition, HA has earmarked around $321 million in 2013-14 for the implementation of initiatives to recruit and retain healthcare professionals. The details and breakdowns of the estimated expenditure are as follows:

(a) For the medical grade, on top of the existing measures, HA plans to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors and continue to recruit non-local doctors under limited registration to supplement local recruitment drive. The estimated expenditure is around $65.4 million;

(b) For the nursing grade, HA plans to enhance career advancement opportunities of experienced nurses and provide training of registered nursing students and enrolled nursing students at HA's nursing schools. The estimated expenditure is around $154.8 million; and

(c) For the allied health grade, HA plans to provide additional training places for allied health students and recruit additional professional and supporting staff to relieve workload. The estimated expenditure is around $100.7 million.

To address the waiting time of surgeries, major measures to be implemented in 2013-14 include allaying waiting lists of trauma and emergency surgeries by opening additional operation sessions in the New Territories East Cluster, providing additional operation sessions for cancer and emergency surgeries in the Kowloon Central Cluster, providing additional operation sessions for day and same day surgeries in the Hong Kong West Cluster and performing additional 99 cases of robotic assisted surgery (RAS) under the cross cluster RAS collaboration programme.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)004

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0770

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information in table form:

(a) The current number of acute patient beds in the hospitals of different clusters that have the accident and emergency department; and

(b) The hospitals of different clusters that the new 290 acute patient beds and convalescent beds will be allocated to and the respective number of beds that these hospitals will get.

Asked by: Hon. CHAN Han-pan

Reply:

(a)

The table below sets out the number of acute beds in respect of each cluster of the Hospital Authority (HA) as at 31 December 2012:

Cluster	**Number of acute beds (as at 31 December 2012)**
HKEC	1 558
HKWC	2 385
KCC	1 996
KEC	1 795
KWC	4 229
NTEC	2 620
NTWC	1 730
Overall HA	**16 313**

(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	**Number of hospital beds to be opened in 2013-14**	
	Acute	**Convalescent / Rehabilitation**
HKWC	7	0
KCC	1	0
KEC	44	72
KWC	22	20
NTEC	3	0
NTWC	80	38
Overall HA	**157**	**130**

Notes:

The majority of the additional beds will be opened in NTWC, KEC and KWC to meet growing demand in high needs communities.

A small number of beds will be opened in HKWC, KCC and NTEC to enhance specific services (e.g. intensive care service) of the clusters.

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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)005

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0772

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information in table form:
the number of patients assessed as "critical", "emergency", "urgent", semi-urgent" and "non- urgent" cases by each hospital with the Accident and Emergency (A&E) Department in the same cluster in the past three years (i.e. 2010 to 2012); and

the median waiting time for patients in the above five categories in each A&E Department.

Asked by: Hon. CHAN Han-pan

Reply:

The tables below set out the number of Accident and Emergency (A&E) attendances in various triage categories in each hospital cluster for 2010-11, 2011-12 and 2012-13 (up to December 2012) :

2010-11

Cluster	Number of A&E attendances				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	2 166	3 219	50 825	164 203	20 366
HKWC	1 072	1 818	32 995	79 132	9 651
KCC	4 162	3 833	86 057	93 610	12 285
KEC	2 401	4 124	96 259	173 774	31 956
KWC	5 971	7 431	184 443	314 661	35 232
NTEC	2 965	6 301	97 828	257 902	21 442
NTWC	1 502	5 997	90 824	196 412	51 243
Overall	**20 239**	**32 723**	**639 231**	**1 279 694**	**182 175**

2011-12

Cluster	Number of A&E attendances				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	2 142	3 541	50 728	164 122	19 192
HKWC	1 018	2 287	34 249	82 412	7 643
KCC	4 065	3 883	88 636	91 548	10 304
KEC	2 490	5 264	94 192	175 196	25 697
KWC	6 169	7 834	183 744	314 177	37 309
NTEC	2 703	6 944	96 444	268 658	23 715
NTWC	1 422	6 370	94 969	196 639	49 968
Overall	**20 009**	**36 123**	**642 962**	**1 292 752**	**173 828**

2012-13 (April - December 2012)

Cluster	Number of A&E attendances				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	1 580	2 657	38 991	124 576	13 713
HKWC	675	1 587	25 220	64 366	5 249
KCC	2 895	3 236	70 085	65 421	5 556
KEC	1 859	4 167	71 323	137 322	16 805
KWC	4 346	6 356	143 789	238 746	28 434
NTEC	1 921	5 639	72 073	211 102	18 126
NTWC	1 052	4 855	71 974	154 715	29 850
Overall	**14 328**	**28 497**	**493 455**	**996 248**	**117 733**

The tables below set out the average waiting time for A&E services of patients in various triage categories in each hospital cluster for 2010-11, 2011-12 and 2012-13 (up to December 2012) :

2010-11

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	5	15	56	100
HKWC	0	5	18	69	118
KCC	0	6	18	70	106
KEC	0	6	16	82	145
KWC	0	6	17	91	110
NTEC	0	8	22	73	71
NTWC	0	2	13	63	77
Overall	**0**	**6**	**17**	**74**	**101**

2011-12

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	15	56	91
HKWC	0	6	19	76	133
KCC	0	6	20	96	130
KEC	0	5	15	90	158
KWC	0	6	16	82	100
NTEC	0	9	21	64	60
NTWC	0	2	14	77	92
Overall	**0**	**6**	**17**	**76**	**103**

2012-13 (April - December 2012)

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	14	59	94
HKWC	0	6	20	79	139
KCC	0	6	25	143	177
KEC	0	6	16	90	153
KWC	0	7	17	91	108
NTEC	0	9	24	80	77
NTWC	0	3	20	108	122
Overall	**0**	**6**	**19**	**90**	**116**

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 - Newt Territories West Cluster

Name in block letters: Richard YUEN

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

Date: 18.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)006

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0773

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information in table form:

(a) the number of doctors and nurses for accident and emergency (A&E) services that should be provided in hospitals with A&E Departments in various clusters, as well as their average working hours.

(b) the number, turnover number and actual working hours of doctors and nurses for the aforementioned A&E services over the past three years (i.e. 2010, 2011 and 2012).

Asked by: Hon. CHAN Han-pan

Reply:

a) The Hospital Authority (HA) delivers a range of Accident & Emergency (A&E) services for critically ill or injured persons who need urgent medical attention using an integrated and multi-disciplinary approach. When necessary, HA also provides medical services and support for victims of disasters and major incidents. On this, HA adopts a multi-disciplinary team approach in order to allow flexible deployment of staff to cope with service needs and operational requirements.

As at 31 December 2012, there were 419 doctors and 852 nurses providing A&E services at 16 public hospitals. Doctors and nurses in the A&E specialty are rostered to work on shift with an average weekly working hours of 44 hours.

In assessing its manpower requirements, HA takes into account the service needs, models of care and availability of healthcare professionals, including the number of anticipated graduates from the tertiary institutions in Hong Kong. HA will continue to monitor the manpower situation and make appropriate arrangements in manpower planning and deployment to meet service needs.

b) The table below sets out the number of doctors, the attrition number and the average weekly working hours of doctors in the A&E specialty by hospitals in 2010-11, 2011-12 and 2012-13. The average weekly working hour of doctors were collected when conducting the relevant survey in 2011-12. Only those specialties with doctors reported to have worked more than 65 hours per week in 2009-10 are required to report the working hours of doctors on a yearly basis from 2010-11 onwards. Full-scale monitoring for all specialties is conducted every alternate year. Information on the average weekly working hours of doctors in the A&E specialty in 2010-11 and 2012-13 is therefore not available.

A&E Specialty		Number of doctors			Attrition number			Average Weekly Working Hours	
Cluster	**Hospital**	**2010-11**	**2011-12**	**2012-13 (Actual figure as at 31 December 2012)**	**2010-11**	**2011-12**	**2012-13 (Rolling 12 months from 1 January to 31 December 2012)**	**2009-10**	**2011-12**
Hong Kong East	**Pamela Youde Nethersole Eastern Hospital**	32	31	33	1	1	1	42.2	42.3
	Ruttonjee Hospital	14	13	17	2	0	0	42.3	42.3
	St John Hospital	3	4	4	1	0	0	44.7	47.3
Hong Kong West	**Queen Mary Hospital**	28	30	31	0	0	0	44.0	44.0
Kowloon Central	**Queen Elizabeth Hospital**	35	38	37	5	1	3	42.0	42.8
Kowloon East	**Tseung Kwan O Hospital**	17	18	21	0	1	0	44.1	41.9
	United Christian Hospital	37	36	38	0	6	3	42.0	44.0
Kowloon West	**Caritas Medical Centre**	27	23	26	2	1	1	44.0	44.0
	Kwong Wah Hospital	25	24	26	2	3	2	44.0	44.0
	Princess Margaret Hospital	30	29	29	1	1	3	44.0	45.0
	Yan Chai Hospital	28	30	28	2	0	3	46.0	46.0
New Territories East	**Alice Ho Miu Ling Nethersole Hospital**	22	23	23	2	0	0	44.0	45.0
	North District Hospital	17	18	19	3	0	0	44.6	44.0
	Prince of Wales Hospital	31	27	26	1	8	2	44.0	43.6
New Territories West	**Pok Oi Hospital**	19	21	23	2	1	3	45.1*	42.1*
	Tuen Mun Hospital	43	39	37	0	1	2		

* Some doctors of the A&E Departments of Pok Oi Hospital and Tuen Mun Hospital work at both hospitals on operational needs. Breakdowns of the working hours of the relevant doctors are not available.

The table below sets out the number of nurses and the attrition number of nurses in the A&E specialty by hospitals in 2010-11, 2011-12 and 2012-13. Nurses in the A&E specialty are rostered to work on shift with an average weekly working hours of 44 hours.

A&E Specialty		Number of nurses			Attrition number		
Cluster	**Hospital**	**2010-11**	**2011-12**	**2012-13 (Actual figure as at 31 December 2012)**	**2010-11**	**2011-12**	**2012-13 (Rolling 12 months from 1 January 2012 to 31 December 2012)**
Hong Kong East	**Pamela Youde Nethersole Eastern Hospital**	47	47	48	0	1	2
	Ruttonjee Hospital	32	33	32	3	0	1
Hong Kong West	**Queen Mary Hospital**	50	50	54	0	3	2
Kowloon Central	**Queen Elizabeth Hospital**	62	66	66	4	9	9
Kowloon East	**Tseung Kwan O Hospital**	39	47	45	1	1	1
	United Christian Hospital	67	64	80	4	3	5
Kowloon West	**Caritas Medical Centre**	39	52	58	1	2	4
	Kwong Wah Hospital	46	41	36	6	3	2
	Princess Margaret Hospital	43	57	52	0	1	1
	Yan Chai Hospital	16	49	52	0	2	2
New Territories East	**Alice Ho Miu Ling Nethersole Hospital**	47	50	54	0	4	3
	North District Hospital	46	51	54	2	3	1
	Prince of Wales Hospital	67	79	81	2	2	5
New Territories West	**Pok Oi Hospital**	55	49	56	4	6	5
	Tuen Mun Hospital	74	82	85	1	3	6

Note:

1. The manpower figures 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 number set out in part (a) due to rounding.

2. The average weekly working hours are calculated on actual calendar day basis based on rostered hours and self-reported hours of duties when the doctors are on off-site calls.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)007

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0774

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 construction and commissioning of the North Lantau Hospital (the Hospital), please reply on the following:

(a) The distribution and numbers of general beds and beds for various specialties, as well as the total number of all patient beds in the Hospital.

(b) The numbers of healthcare staff required for general patient service and various specialties in the Hospital, as well as the current status of recruitment.

(c) The total service capacity of general patient service and various specialties of the Hospital, as well as the provision of services and capacity in each phase of the project.

Asked by: Hon. CHAN Han-pan

Reply:

Upon full commissioning, the North Lantau Hospital (NLTH) will provide 180 beds (including 80 acute beds, 80 extended care beds and 20 day beds), a 24-hour Accident & Emergency (A&E) department as well as diagnostic and treatment facilities. Ambulatory care services including specialist out-patient clinics, primary care clinics, a day rehabilitation centre, an ambulatory surgery/day procedure centre and community care services will also be provided in NLTH. HA will, having regard to the service needs and manpower availability, roll out the services in phases starting from the third quarter of 2013 (e.g. daytime Accident and Emergency services will be provided initially in the third quarter of 2013 with service hours extended in phases to 24 hours subject to service needs and manpower availability).

It is planned that medicine and psychiatry specialist outpatient services will be introduced in 2013-14. Other specialties such as surgery, orthopaedics and traumatology, paediatrics and gynaecology will be introduced afterwards in phases.

The manpower requirement for NLTH upon full operation is around 650 staff, including some 60 doctors and 170 nurses.

The Tung Chung General Outpatient Clinic (GOPC) in Tung Chung Health Centre will be relocated to NLTH in 2013-14. The projected annual attendance of the GOPC after its relocation to NLTH is around 60 000. Other services are to be newly introduced at NLTH and the projection of attendance at this stage is not available.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)008

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0775

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

On the redevelopment and expansion of United Christian Hospital, Queen Mary Hospital and Kwong Wah Hospital, please respond to the following:

(a) The formal commencement dates for the three projects, their respective numbers of phases and expected completion dates for each phase of the projects.

(b) The additional numbers of patients to be served and the additional numbers of beds to be provided in general inpatient service and various specialties upon redevelopment or expansion of the three hospitals.

(c) The estimated numbers of doctors and nurses required upon redevelopment or expansion of the three hospitals. Will any recruitment plans be started at the current stage in light of the future healthcare manpower needs?

Asked by: Hon. CHAN Han-pan

Reply:

(a) & (b)

The expansion of United Christian Hospital (UCH) project will be carried out in two phases, namely preparatory works and main works. The preparatory works have commenced in August 2012 while the main works, subject to funding approval of Finance Committee (FC), are planned to commence in stages from 2014-15 for completion in 2021. Many existing services including ambulatory care service, cancer service, inpatient convalescent and rehabilitation service as well as accident and emergency service will be enhanced under the UCH expansion project to cater for increasing medical needs of the growing and ageing population in the Kowloon East Cluster. The total number of beds of UCH will be increased from about 1 400 to around 1 700 after the expansion.

The redevelopment of the Queen Mary Hospital (QMH) project aims to renew the hospital into a modern medical centre with additional space to meet operational needs, improved accessibility and physical design for cost-effective and efficient clinical operations, and promote integrated research and education to further

enhance its role as an academic medical centre. While planning of the project is being finalized, we plan to commence works in 2014 for completion in 2023 subject to funding approval by FC.

The redevelopment of Kwong Wah Hospital (KWH) project will be carried out in two phases. The preparatory works have commenced in March 2013 while the main works are planned to commence in stages from 2016, subject to funding approval of FC, for completion in 2022. Subject to finalization of the detailed planning and design of the project, the redeveloped KWH will have around 1 200 beds. The redevelopment of KWH will provide new and modernized facilities for service development, including adoption of new models of care such as ambulatory and integrated care, implementation of non-radiation oncology services, introduction of emergency medicine ward and provision of integrated Chinese and Western medicine services.

(c)

The detailed operational arrangements, including the manpower requirements, of these redevelopment projects will be worked out at a later stage.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)009

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0776

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary has indicated that $20 billion would be used for the construction and refurbishment of several public hospitals and clinics. In this connection, please advise on:

(a) the expected commencement dates, completion dates and expenditure involved for the projects of Tin Shui Wai Hospital, Centre of Excellence in Paediatrics, Hong Kong Buddhist Hospital, Yau Ma Tei Specialist Clinic and Kwai Chung Hospital (please see paragraph 92 on page 37 of the Budget Speech).

(b) whether the services originally provided by Hong Kong Buddhist Hospital and Kwai Chung Hospital will be affected during the project periods? If yes, what are the details? What mitigation measures will be taken?

(c) what other projects for the construction or refurbishment of public hospitals and clinics will be covered by that sum of $20 billion besides the aforementioned projects?

Asked by: Hon. CHAN Han-pan

Reply:

The Administration plans to use $20 billion for the construction and refurbishment of several public hospitals and clinics, including the construction of Tin Shui Wai Hospital and the Centre of Excellence in Paediatrics, the refurbishment of Hong Kong Buddhist Hospital as well as the reprovisioning of the Yau Ma Tei Specialist Clinic.

The proposed work schedule and cost estimates of the projects covered by the sum of $20 billion are detailed below:

(i) Tin Shui Wai Hospital – the estimated cost of the project is $3,900 million. Construction works for the Hospital have commenced in February 2013 for completion in mid-2016.

(ii) Centre of Excellence in Paediatrics - the construction works are expected to commence in the second half of 2013 for completion by mid-2017, with services to be commenced by phases starting from mid-2018. The estimated project cost is $13.8 billion.

(iii) Refurbishment of Hong Kong Buddhist Hospital (HKBH) – the refurbishment works is tentatively planned to commence in the 3rd quarter of 2013 for completion in mid-2015 and the estimated project cost is $240 million. We are reviewing the project scope and programme with a view to providing

additional beds to meet service needs. The HKBH will remain functional at all times during the refurbishment project. Any disruption of services, if unavoidable, will be kept to a minimum.

(iv) Reprovisioning of Yaumatei Specialist Clinic – subject to the funding approval of Finance Committee, the project is planned to start in mid-2013 for completion in mid-2016. The project cost is estimated at $1,900 million.

The proposed Kwai Chung Hospital (KCH) redevelopment project comprises demolition of all existing hospital buildings except Block J for construction of a new hospital campus. In order to ensure that service provisions by the hospital are maintained throughout the project period, the redevelopment works will be carried out in three phases at different portions of the hospital site. Any disruption of services, if unavoidable, will be kept to a minimum. The redevelopment works is tentatively scheduled for commencement in mid-2015 for completion in early 2023. Funding will be sought in phases to dovetail with the implementation programme of the redevelopment project.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)010

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0786

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 general out-patient and specialist out-patient services, please advise on:

(a) the quota and utilisation of HA's general out-patient clinics for patients with episodic diseases in the past three years (i.e. 2010-2011 to 2012-2013).

(b) the quota expected to be increased at general out-patient clinics for patients with episodic diseases and the allocation of the increased quota among HA hospitals.

(c) the number of patients and the median waiting time at HA's specialist out-patient clinics in the past three years (i.e. 2010-2011 to 2012-2013).

(d) the way the Administration will refine the waiting list management, and the expenditure and manpower involved.

Asked by: Hon. CHAN Han-pan

Reply:

(a)

General out-patient services provided by the Hospital Authority (HA) are primarily targeted at serving the elderly, the low-income group and the chronically ill. The number of attendances at the general out-patient clinics (GOPCs) operated by HA from 2010-11 to 2012-13 is as follows :

2010-11 #	2011-12	2012-13 (Revised Estimate)
4 979 754	5 316 486	5 476 000

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

(b)

HA has been implementing various initiatives under primary care settings to enhance chronic disease management since 2008-09, including the Risk Factor Assessment and Management Programme, the Patient Empowerment Programme, the Nurse and Allied Health Clinics, the GOPC Public-Private Partnership Programme, the Shared Care Programme and smoking cessation service. Starting from 2012-13, a total

recurrent funding of $293.8 million has been allocated to HA yearly for implementing these programmes. Through these measures, it is hoped that the risk of complications and the need for follow-up consultations can be reduced for chronic patients, thereby releasing some consultation timeslots for patients with episodic diseases.

At the same time, HA has been taking steps to renovate the premises and upgrading facilities of GOPCs to streamline patient flow and improve the clinics' environment. HA has been also trying to recruit additional staff as far as possible to increase the service capacity of GOPCs. In 2013-14, HA plan to provide some 85 000 additional episodic quota in GOPCs.

(c)

The table below sets out the number of specialist outpatient (SOP) new cases and their respective median (50th percentile) waiting time for 2010-11, 2011-12 and 2012-13 (up to 31 December 2012).

Specialty	2010-11		2011-12		2012-13 (up to 31 December 2012) [Provisional figures]	
	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
ENT	80 401	5	79 942	7	61 924	8
MED	106 928	10	110 908	13	85 405	15
GYN	52 291	11	54 230	11	43 736	11
OPH	118 472	4	121 078	4	95 212	4
ORT	93 421	13	94 859	15	75 046	16
PAE	25 508	6	25 357	6	18 568	7
PSY	41 553	4	45 572	6	36 297	7
SUR	135 105	12	141 638	13	115 468	15

(d)

HA has implemented a new initiative since August 2012 to facilitate patients in certain specialties with stable conditions to seek earlier SOP appointment through cross cluster arrangement. HA will commence publishing waiting time information of its specialist services by phases in the HA internet website starting April 2013.

In 2013-14, HA will further enhance the management of SOP waiting time with a total estimated expenditure of $43.05 million. Additional SOP sessions will be conducted to cater for patients who have waited for a considerable period of time. In addition, HA will identify pressure areas in different specialties and clusters and develop measures to manage the waiting time.

The detailed additional manpower required is being worked out and is not yet available.

Abbreviations

Specialty:

ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology

PAE – Paediatrics and Adolescent Medicine
PSY – Psychiatry
SUR – Surgery

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)011

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0787

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

On elderly medical services, please advise on:

(a) the number of cases and age distribution of patients with degenerative diseases (including age-related macular degeneration**,** osteoporotic fracture and Parkinson's disease) in the past three years (i.e. 2010-2011 to 2012-2013).

(b) the median waiting time of the above-mentioned patients for the relevant specialties.

(c) the number of elders (aged 65 or above) diagnosed with cataract and the median waiting time for cataract surgeries in the past three years (i.e. 2010-2011 to 2012-2013).

Asked by: Hon. CHAN Han-pan

Reply:

The Hospital Authority (HA) does not have readily available statistics pertaining to the incidence or prevalence for Age-related Macular Degeneration (AMD), osteoporosis fracture and Advanced Parkinson's Disease. To enhance healthcare service for the elderly, particularly the treatment of degenerative diseases, HA will enhance the following services in 2013-14.

HA will enhance specialist eye service for patients suffering from AMD and diabetic related eye disease, benefiting around 500 and 4 000 patients respectively. HA will modernise the implants for osteoporosis fracture and introduce more than 3 500 modern implants for the management of osteoporosis fracture. The treatment for patients with Advanced Parkinson's Disease will also be strengthened. It is expected that more than 25 patients with Advanced Parkinson's Disease can receive implantation of Deep Brain Stimulator to improve their symptoms. Moreover, it is expected that around 900 patients will be benefited from the widening of the clinical applications of Dopamine-receptor agonists in the HA Drug Formulary.

HA does not maintain waiting time statistics by types of diseases. Patients with AMD and Parkinson's disease will be referred to the specialist outpatient clinics (SOPC) of Ophthalmology and Medicine respectively. For patients with osteoporosis fracture, they will either be referred to the SOPC of Orthopaedics or Medicine. The median waiting time for first appointment of the three specialties for 2012-13 (up to 31 December 2012) is given in the table below:

Specialty	**Median Waiting Time (weeks)** *Provisional Figures*
Medicine	15
Ophthalmology	4
Orthopaedics & Traumatology	16

HA does not have readily available statistics pertaining to the prevalence and incidence of patients with cataract aged 65 or above.

As for waiting time for cataract surgeries, the notional waiting time for all clusters in the past three years (2010-11, 2011-12 and 2012-13) are as follows:

Cluster	**Notional Waiting Time (in Months)**		
	2010-11 (as at March 2011)	**2011-12 (as at March 2012)**	**2012-13 (as at December 2012)**
HKEC	32	18	15
HKWC	3	1	7
KCC	25	19	19
KEC	37	16	12
KWC	22	22	18
NTEC	23	19	15
NTWC	19	20	20
HA (overall)	22	16	15

Abbreviation:
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: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)012

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0788

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

On mental health policies, please advise on:

(a) The number of psychiatric patients (including in-patients, patients at specialist out-patient clinics and day hospitals) and the number of psychiatric in-patients in the past three years (i.e. 2010-2011 to 2012-2013), as well as the number of patients diagnosed with severe mental illness and chronic illness.

(b) The anticipated number of case managers required, the number of case managers actually engaged, the turnover rate, and the number of cases actually handled by each case manager since the implementation of the Case Management Programme. Please list out the details by year.

(c) The number of psychiatrists, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists in the Hospital Authority, as well as the turnover rate and the median working hours for each type of healthcare professionals in the past three years (i.e. 2010-2011 to 2012-2013).

Asked by: Hon. CHAN Han-pan

Reply:

(a) The table below sets out the number of psychiatric patients (including in-patients, patients at specialist out-patient clinics (SOPCs) and day hospitals), the number of psychiatric in-patients, the number of long stay psychiatric in-patient and the number of patients diagnosed with severe mental illness (SMI) in the Hospital Authority (HA) in the past three years:

	2010-2011	**2011-2012**	**2012-2013 (provisional figures up to 31 December 2012)**
No. of psychiatric patients (including in-patients, patients at SOPCs and day hospitals)	176 100	186 900	188 600
No. of psychiatric in-patients	14 000	14 300	12 200 (2012 figure)
No. of psychiatric in-patients who have been hospitalised for more than 365 days	720	675	635
No. of patients diagnosed with SMI	43 500	44 600	44 500

(b) In April 2010, the HA launched the Case Management Programme (the Programme) in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalised support for patients with severe mental illness (SMI). By 2012-13, the Programme has been extended to a total of 12 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Kowloon City, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long).

As at 31 December 2012, the HA has recruited a total of 206 case managers (including psychiatric nurses, occupational therapists and registered social workers) to provide personalised and intensive community support to about 11 500 patients with SMI under the Programme.

The objective of the 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 SMI at any one time.

The breakdown of patients served by the Programme and case managers employed (as at 31 December 2012) in each cluster since the launching of the Programme in 2010-11 is as follows:

Cluster	**Districts covered**	**As at 31 December 2012**	
		No. of SMI patients served	**No. of case managers employed**
HKEC	Eastern, Wanchai	1 400	22
HKWC	Central & Western, Southern, and Island	820	23
KCC	Kowloon City	630	14
KEC	Kwun Tong	1 330	22
KWC	Sham Shui Po and Kwai Tsing	2 800	51
NTEC	Shatin	1 270	26
NTWC	Yuen Long and Tuen Mun	3 250	48
Total	**12 districts**	**11 500**	**206**

In 2013-14, the Programme will be further extended to cover three more districts (Wong Tai Sin, Sai Kung and North). It is estimated that an additional 56 case managers including nurses and allied health professionals will be recruited to provide support for about 2 800 patients.

(c) The table below sets out the number of doctors including psychiatrists, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in HA in the past three years:

	Doctors including psychiatrists	**Psychiatric Nurses (including Community Psychiatric Nurses)**	**Clinical Psychologists**	**Medical Social Workers**	**Occupational Therapists**
2010-11	316	1 946	44	212	172
2011-12	334	2 161	52	243	188
2012-13 (provisional figures as at 31 December 2012)	334	2 267	65	243	218

HA does not have readily available information on the median working hours of psychiatrists, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists.

The table below sets out the attrition (wastage) of psychiatrists, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists in HA in the past three years:

	Attrition (on headcount basis) (Note 1)				
	Psychiatrists	**Psychiatric Nurses** (Note 2)	**Clinical Psychologists** (Note 3)	**Medical Social Workers** (Note 3)	**Occupational Therapists** (Note 3)
2010 – 11	18	65	2	5	20
2011 – 12	10	56	10	8	24
2012 – 13 (rolling from 1 Jan 12 – 31 Dec 12)	18	49	4	13	18

Notes:
1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff (both full-time and part-time) on headcount basis
2. Figures refer to turnover of nurses in psychiatric stream including community psychiatric nurses
3. Turnover includes all types of cessation of service from HA for permanent and contract staff.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)013

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0789

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

As indicated in the draft estimates of the head, the Hospital Authority (HA) will enhance its service capacity through a number of initiatives, please advise on:

the number of additional beds to be provided having regard to the two high needs communities in the New Territories West and Kowloon East Clusters, the types of beds involved, and the number of attendances expected to be increased.

apart from increasing the number of beds, the other initiatives to be implemented by HA to enhance its service capacity, and the types of services needed to be enhanced first in the said two clusters.

Asked by: Hon. CHAN Han-pan

Reply:

The table below sets out the number of hospital beds to be opened in New Territories West Cluster (NTWC) and Kowloon East Cluster (KEC) of the Hospital Authority (HA) in 2013-14:

Cluster	**Number and types of hospital beds to be opened in 2013-14**	
	Acute	**Convalescent / Rehabilitation**
NTWC	80	38
KEC	44	72

The table below sets out the estimated number of additional inpatient and day patient discharges and deaths in NTWC and KEC in 2013-14:

Cluster	**Estimated additional discharges and deaths in 2013-14**
NTWC	2 870
KEC	5 740

It should be noted that the inpatient and day-patient discharges and deaths in 2013-14 of respective clusters are estimated based on a number of factors including demographic changes, addition of new facilities and service programmes as well as changes in care delivery model. Increase in the number of beds is only one factor contributing to the estimated increased in inpatient and day-patient discharges and deaths.

(b)

Apart from the measures mentioned in (a) above, HA will also implement the following major initiatives in 2013-14 in various clusters to meet increasing service demand:

i. Opening 53 general beds in other clusters;

ii. supporting the service commissioning of North Lantau Hospital Phase I, Caritas Medical Centre Phase II Redevelopment, New Pharmacy at Tseung Kwan O Hospital New Ambulatory Block and Kwun Tong Jockey Club General Out-patient Clinic;

iii. enhancing the treatment of around 1 200 patients with critical illnesses through strengthening cardiac services, rolling out the transient ischaemic attack clinic service and providing 24-hour thrombolytic service by phases to improve acute stroke management, and enhancing haemodialysis service for renal patients;

iv. refining the waiting list management of specialist out-patient clinics to shorten the waiting time for such services including specialist outpatient dispensing service and radiology and magnetic resonance imaging services, benefiting around 15 000 patients;

v. enhancing mental health services through extension of the case management programme to 2 800 additional patients with severe mental illness, improving psychiatric inpatient services and strengthening psychiatric consultation liaison service to facilitate early identification and management of patients having symptoms of mental disorders;

vi. enhancing medical service for about 500 cancer patients through expansion of cytogenetic service and the predictive molecular testing of lung, breast and colorectal cancers, and strengthening radiotherapy and chemotherapy services;

vii. strengthening medical services for the elderly, particularly the treatment of degenerative diseases, including enhancing eye disease treatment for about 4 500 elderly patients; and

viii. increasing the quota at general out-patient clinics for patients with episodic diseases.

In planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community.

As for other enhancement services specific to NTWC and KEC, HA will implement the following in 2013-14:

<u>NTWC</u>

i. Improve accessibility to General Outpatient Clinic service;

ii. Enhance radiological services; and

iii. Enhance eye disease treatment for elderly patients.

<u>KEC</u>

i. Enhance specialist outpatient services;

ii. Improve ambulatory chemotherapy service;

iii. Set up an Autologous-Haemopoietic Stem Cell Transplant Centre in the United Christian Hospital;

iv. Enhance public primary care services;

v. Enhance haemodialysis services;

vi. Enhance orthodontic support for patients with cleft deformities; and

vii. Extend community case management programme for patients with severe mental illness.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)014

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0790

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on:

(a) the estimated number of patients to be benefited and the expenditure involved with respect to the inclusion in the Hospital Authority (HA) Drug Formulary two chemotherapeutic drugs for cancer treatment and expansion of the application of two special drugs for patients with advanced Parkinson's disease and cancer as indicated in the Budget.

(b) the number of new applications have so far been approved as well as their details since the injection of $10 billion into the Samaritan Fund last year and the relaxation of the financial assessment criteria for drug subsidies.

(c) the type of drugs in the HA Drug Formulary mostly used by patients, and the diseases this drug is used to treat.

Asked by: Hon. CHAN Han-pan

Reply:

(a)

In 2013-14, the Government has earmarked additional recurrent funding of $44 million for the Hospital Authority (HA) to introduce two new drugs as Special drugs in the HA Drug Formulary and expand the clinical applications of two therapeutic groups of drugs in the HA Drug Formulary. The initiative will be implemented starting from the second quarter of 2013.

The table below sets out the estimated expenditure involved and estimated number of patients to be benefited from each drug / drug class each year.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients to be Benefited
Incorporation of New Drugs into the HA Drug Formulary (Reposition from Safety Net to Special Drug)		
Cetuximab for squamous cell carcinoma of head and neck	3.6	40
Pemetrexed for malignant pleural mesothelioma	2.4	25
Expansion of Clinical Applications of Existing Drugs in the HA Drug Formulary		
Capecitabine for metastatic breast cancer and advanced gastric cancer, and Oxaliplatin for metastatic colorectal cancer	16.4	1 310
Dopamine-receptor agonists for advanced Parkinson's disease	21.6	900

(b)

The Government injected $10 billion into the Samaritan Fund (SF) in 2012-13. Financial assessment criteria for SF drug applications was relaxed since 1 September 2012. The table below sets out the number of drug applications approved and the corresponding amount of subsidies granted under the SF from 1 September 2012 to 31 December 2012.

Year	From 1 September 2012 - 31 December 2012
Number of approved applications on drugs	634
Amount of subsidies granted for drugs ($ million)	89.8

The number of applications approved and the subsidies granted depend on factors such as drug prices, dosage, the patient's clinical and financial conditions, coverage of drugs by SF, etc. Therefore, changes in the numbers cannot be directly attributed to the relaxation of financial assessment criteria and such comparison data is not available. HA will continue to monitor the SF operation and keep in view of the related statistical data.

(c)
Currently, there are around 1 300 drugs in the HA Drug Formulary for treatment of different diseases. As 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 is unable to provide statistics on the use of different drugs for different diseases.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)015

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0800

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:

On organ donation, please advise on:

(a) the total number of registration registering individuals' wishes to donate organs after death at the Centralised Organ Donation Register (CODR) and the breakdown by type of organ/tissue to be donated in 2012.

(b) the number of patients waiting for organ donation and the number of the organs/tissue donation for transplant in public hospitals in 2012.

	Number of patients waiting for organ donation	Number of patients who have successfully received donated organs
Kidney		
Heart		
Lung		
Liver		
Cornea		
Bone		
Skin		

(c) the measures that the Administration will take to encourage the public to register at the CODR in light of the decrease in the number of registrations in 2010 and 2011. What are the expenditure and manpower involved?

Asked by: Hon. CHAN Han-pan

Reply:

(a) The total number of persons registered with the Centralised Organ Donation Register (CODR) managed by the Department of Health (DH) in 2012 and a breakdown by type of organ/tissue to be donated are as follows -

Total number of persons registered	27 518
Organs they wish to donate (number of persons):	
All organs	24 924
Kidney	2 241
Heart	2 207
Liver	2 165
Lung	2 035
Cornea	1 910
Bone	967
Skin	573

(b) The number of patients waiting for organ donation in public hospitals and the number of donations made in 2012 are as follows -

Organ / Tissue Donations	**Number of Patients Waiting for Organ Donation (at 31 December 2012)**	**Number of Donations[1]**
Kidney	1 808	99
Heart	17	17
Lung	15	3
Liver	121	78
Cornea (piece)	500	259
Bone	Not applicable [2]	3
Skin	Not applicable [2]	6

Note 1 : The Hospital Authority (HA) has not kept statistics on the success or otherwise of the subsequent transplant cases.

Note 2 : Patients waiting for skin and bone transplant are spontaneous and emergency in nature. As substitutes will be used if no suitable piece of skin or bone is identified for transplant, patients in need of skin and bone transplant are not included in the organ donation waiting list.

(c) DH, in collaboration with HA and relevant non-governmental organisations, have been making continuous efforts over the years to promote organ donation on various fronts. These include: (1) institution-based networking by inviting public bodies, private companies and community organizations such as religious, healthcare and social welfare agencies to work in collaboration with the Government to promote organ donation and to encourage registration through the CODR within their respective institutions; (2) public education through exhibitions, talks and seminars; (3) publicity campaigns using television, radio, internet and other media, channels; and (4) E-engagement by inviting organizations and institutions to establish in their websites hyperlinks to DH's Organ Donation website (www.organdonation.gov.hk), as well as using social media to promote organ donation.

The expenditure and manpower on the publicity for organ donation cannot be separately identified and included here as it is absorbed by DH's overall provision for health promotion.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)016

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0801

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide details of tobacco control in respect of promotion, education, legislation, enforcement, taxation and smoking cessation and the expenditure incurred in the past year, as well as the number of persons who successfully quitted smoking through the above measures in the past year and their distribution by gender and age.

Asked by: Hon. Chan Han-pan

Reply:

To safeguard public health, it is the established policy of the Government to discourage smoking, contain the proliferation of tobacco use and protect the public from exposure to second-hand smoke as far as possible. We adopt a progressive and multi-pronged approach comprising publicity, education, smoking cessation and legislation, enforcement, and taxation.

On publicity, education and smoking cessation, the Tobacco Control Office (TCO) of the Department of Health (DH) and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation through providing cessation counselling telephone hotline, health talks and other health education programmes, and smoking cessation services in their respective clinics. DH operates 5 smoking cessation clinics and a Smoking Cessation Hotline (1833 183) providing general enquiry, counselling on smoking cessation and referral services. With the subvention from DH, the Hong Kong Council on Smoking and Health carries out education and publicity efforts at schools through production of guidelines and exhibition boards, health talks and theatre programmes, etc. to educate students on the hazards of smoking. DH also provides funding to a number of non-government organizations including Tung Wah Group of Hospitals (TWGHs), Pok Oi Hospital (POH), the School of Nursing of the University of Hong Kong, Lok Sin Tong Benevolent Society, Kowloon, as well as Po Leung Kuk and Life Education Activity Programme to organise smoking cessation services / activities for the community.

On legislation and enforcement, the Smoking (Public Health) Ordinance (Cap. 371) has been amended since 2006 to expand the statutory smoking ban and strengthen the tobacco control regime, covering all indoor areas in a workplace or public places. With the enactment of the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) on 1 September 2009, persons smoking in statutory no smoking areas and on public transport carriers are liable to a fixed penalty of $1,500.

On taxation, the duty on tobacco products was last increased by 41.5% in February 2011 to tie in with the Government's tobacco control measures. At present, the proportion of tobacco duty to retail price stands at about 69%.

The expenditures / provision of tobacco control activities managed by TCO of DH for 2012-13, broken down by types of activities, are at **Annex**. Various DH services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, such expenditure forms an integral part of the respective DH's services and could not be separately identified and included here.

The smoking cessation rate at one year after treatment at the clinics of DH, TWGHs and POH were 34.0%, 30.7% and 16.4% respectively for clients admitted in 2011. The breakdown of these cases by age and gender are as follows -

	DH	**TWGHs**	**POH**
Number of clients quitting one year after treatment	166	845	171
Distribution by gender			
Male	82.5%	75.5%	70.8%
Female	17.5%	24.5%	29.2%
Distribution by age			
≤17	0.0%	0.7%	NA
18-29	4.8%	11.4%	10.5%
30-39	26.5%	33.7%	26.3%
40-49	31.3%	23.4%	26.3%
50-59	24.7%	18.7%	15.8%
≥60	12.7%	12.1%	21.1%

HA operates 9 full-time and 43 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counseling and treatment. Given that smoking cessation services of HA forms an integral part of HA's overall services provision, a breakdown of the expenditure on smoking cessation services is not available. The relevant statistics in 2012 are as follows -

Number of enquiries on smoking cessation services	12 596
Number of telephone counselling sessions (including initial and follow-up telephone counselling)	34 984
New patients attending smoking cessation clinics	13 136
(i) Percentage with age < 65	73.2%
(ii) Percentage with age ≥ 65	26.8%
One-year success quit rate[(1)]	46.0%
(i) Age < 65	44.6%
(ii) Age ≥ 65	50.4%

Note : *One-year success quit rate refers to the percentage of clients who self-reported not to have smoked for a consecutive of seven days prior to the 52nd week after their first actual quit attempt. A breakdown by gender is not readily available.*

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Annex

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2012-13 Revised Estimate ($ million)
Programme 1: Statutory Functions	36.6
Programme 3: Health Promotion	112.4
(a) General health education and promotion of smoking cessation	
TCO	19.8
Subvention to the Council on Smoking and Health (COSH) – Publicity	11.5
(b) Provision for smoking cessation services	
TCO	36.3
Subvention to COSH	9.2
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	26.5
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture	6.0
Subvention to Po Leung Kuk – School-based smoking prevention activities	1.7
Subvention to Lok Sin Tong – Smoking cessation programme in workplace	1.4
Total	**149.0**

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)017

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0803

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 complaints against medical incidents and non-medical incidents in public hospitals, please:

a) list out by hospital clusters under the Hospital Authority (HA) the nature, the number and the total number of medical incidents in public hospitals from 1 October 2011 to 30 September 2012. Among them, how many incidents required compensation by HA? What is the amount of compensation involved?

b) list out by hospital clusters under HA the nature and the number of non-medical incidents (including loss of patients' information, etc.) in public hospitals in the past four years (i.e. from 1 October 2008 to 30 September 2009, from 1 October 2009 to 30 September 2010, from 1 October 2010 to 30 September 2011, and from 1 October 2011 to 30 September 2012). Among them, was any healthcare staff punished as a result?

Asked by: Hon. CHAN Han-pan

Reply:

(a)
The number of Sentinel Events reported in the Hospital Authority (HA) from 1 October 2011 to 30 September 2012 is as follows:-

	Reportable Sentinel Event	**Number of reports**
1.	Surgery / interventional procedure involving the wrong patient or body part	5
2.	Retained instruments or other material after surgery / interventional procedure	14
3.	ABO incompatibility blood transfusion	0
4.	Medication error resulting in major permanent loss of function or death	0
5.	Intravascular gas embolism resulting in death or neurological damage	0
6.	Death of an inpatient from suicide (including home leave)	10
7.	Maternal death or serious morbidity associated with labour or delivery	2
8.	Infant discharged to wrong family or infant abduction	0
9.	Other adverse events resulting in permanent loss of function or death (excluding complications)	3
	Total	**34**

Some of these Sentinel Events may involve claims under HA's medical malpractice insurance policies. HA does not maintain separately information on the amount of compensation settled by HA for these Sentinel Events. The table below shows the number of claims received by HA for cases reported in 2012 under HA's medical malpractice insurance policies and the amount of compensation paid so far (as at the end December 2012) -

Number of claims	97
Number of cases settled	3
Total amount of compensation paid	$200,000

(b)
The table below sets out the number of non-clinical incidents reported in HA from the financial year 2008-09 to 2011-12.

Types of Events	**2008-09**	**2009-10**	**2010-11**	**2011-12**
Bomb threat	1 (hoax call)	0	0	0
Burglary/Theft	58	42	33	43
Criminal damage	9	5	13	16
Fire	16	8	11	14
Illegal gambling	0	0	0	0
Indecent assault	5	5	3	5
Loss of property	155	85	116	112
Missing patient[Note]	464	391	389	381
Robbery	0	1	1	0
Suspected drug abuse	29	19	36	25
Loss of patients' information	6	7	5	5

Note: Missing patients are those found to have disappeared and who cannot be located by the hospital search and the case has been reported to the police. The figure includes patients who can be located subsequently but are unable / unwilling to come back for treatment.

A non-clinical incident does not necessarily involve misconduct of HA's healthcare staff. In case misconduct is involved, HA will take appropriate procedures according to the prevailing human resources guidelines. The information illustrated in the table above is those non-clinical incidents reported via the Advance Incident Reporting System. Some incidents may need to be referred to relevant government agencies (e.g. the Police) for investigation and follow up. HA has not kept statistics on disciplinary action imposed solely arising from non-clinical incidents.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)018

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0860

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

Subhead (No. & title): -

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the promotion of the development of public Chinese medicine services in Hong Kong, please reply to the following questions:

(a) Currently, how many public hospitals in Hong Kong provide Chinese medicine services? Please provide details of the public Chinese medicine services in Hong Kong.

(b) Currently, how many Chinese medicine practitioners and nurses (including auxiliary nurses) in Hong Kong are employed in the above public Chinese medicine services? Are they all graduates of the faculties of Chinese medicine in Hong Kong?

(c) Besides Kwong Wah Hospital, does the Hospital Authority have any plans to set up out-patient Chinese medicine services or conjoint consultation services by Chinese medicine practitioners and Western medical practitioners in other public hospitals?

Asked by: Hon. CHAN Han-pan

Reply:

(a) The Government has committed to establishing 18 public Chinese medicine clinics (CMCs) to promote the development of "evidence-based" Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. Each of these public CMCs operates on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organisation (NGO) and a local university. Up to now, we have commissioned 17 public CMCs in various districts over the territory. HA will soon commence renovation works for the last CMC to be set up in the Islands District.

The NGOs are responsible for the day-to-day operation of public CMCs with training placements provided to university graduates. Fresh graduates of local Chinese medicine degree programmes are engaged as junior Chinese medicine practitioners (JCMPs) in the first year and as Chinese medicine practitioner trainees (CMPTs) in the second and third years. Each NGO is required to employ at least four full-time equivalent of senior CMPs/CMPs and 12 JCMPs/CMPTs.

(b) As at mid-March 2013, 317 Chinese medicine practitioners were employed at the 17 public CMCs, of whom 220 are local Chinese medicine degree programme graduates.

(c) The Tung Wah Group of Hospitals receives subventions from the Government for providing free Chinese medicine services in its Kwong Wah Hospital Chinese Medicine General Outpatient Clinic and Tung Wah Hospital Chinese Medicine General Outpatient Clinic.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)019

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0863

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the healthcare staffing of the Hospital Authority, please:

(a) list by specialty, rank and average length of service the turnover figures of healthcare staff and the numbers of retirees among them in the past three years (i.e. from 1 October 2009 to 30 September 2010, 1 October 2010 to 30 September 2011 and 1 October 2011 to 30 September 2012);

(b) list by specialty and rank the number of healthcare staff who will retire in the coming three years (i.e. from 2013-2014 to 2015-2016);

(c) list by specialty and rank the number of healthcare staff to be recruited in the coming year (i.e. in 2013-2014); and

(d) advise on the measures taken and the expenditure involved to retain healthcare staff in the past year.

Asked by: Hon. CHAN Han-pan

Reply:

(a)

Tables 1 to 3 below set out respectively the attrition number, number of retiree and average years of service of doctors, nurses and allied health staff by major specialties/streams/grades and ranks in the Hospital Authority (HA) in the financial years of 2010-11, 2011-12 and 2012-13 (rolling 12 months from 1 January 2012 to 31 December 2012).

Table 1: Doctors

Specialty	Rank Group *	2010-11			2011-12			2012-13 (Rolling 12 months from 1 January 2012 to 31 December 2012)		
		Attrition No.	No. of Retiree	Average Years of Service	Attrition No.	No. of Retiree	Average Years of Service	Attrition No.	No. of Retiree	Average Years of Service
Accident & Emergency	Consultant	3	3	18.80	1	1	19.92	1	1	19.92
	SMO/AC	6	2	15.68	3	1	19.08	6	1	11.89
	MO/R	15	0	6.46	20	0	4.83	16	0	5.86

Specialty	Rank Group *	2010-11			2011-12			2012-13 (Rolling 12 months from 1 January 2012 to 31 December 2012)		
		Attrition No.	No. of Retiree	Average Years of Service	Attrition No.	No. of Retiree	Average Years of Service	Attrition No.	No. of Retiree	Average Years of Service
Anaesthesia	Consultant	1	1	15.66	6	1	12.58	5	2	11.15
	SMO/AC	8	1	12.63	10	0	12.37	6	0	14.72
	MO/R	4	2	14.59	5	0	5.96	8	1	4.21
Cardio-thoracic Surgery	Consultant	1	1	18.58	1	0	20.25	1	0	20.25
	SMO/AC	1	0	16.97	0	0	0	0	0	0
Family Medicine	SMO/AC	3	2	9.14	2	1	8.10	1	0	14.43
	MO/R	28	2	5.66	23	3	8.37	26	1	5.29
Medicine	Consultant	10	9	19.52	8	6	17.23	15	6	11.94
	SMO/AC	7	0	17.08	12	0	18.15	11	0	16.07
	MO/R	38	0	8.77	30	0	7.30	32	0	7.02
Neurosurgery	Consultant	0	0	0	2	2	17.80	4	4	18.48
	SMO/AC	1	0	12.85	1	0	18.66	1	0	18.66
	MO/R	1	0	1.91	1	0	2.00	2	0	4.04
Obstetrics & Gynaecology	Consultant	8	4	18.01	3	1	19.26	3	2	13.17
	SMO/AC	8	0	12.47	4	0	9.32	5	0	7.82
	MO/R	3	1	9.20	1	0	7.10	0	0	0
Ophthalmology	Consultant	1	0	19.42	2	1	10.31	2	0	0.71
	SMO/AC	3	0	13.50	6	0	12.86	9	0	10.06
	MO/R	7	0	8.75	4	0	8.85	1	0	1.33
Orthopaedics & Traumatology	Consultant	2	0	16.41	5	3	18.67	3	1	19.97
	SMO/AC	3	0	15.50	4	0	17.19	4	0	12.89
	MO/R	12	0	10.60	5	0	12.99	8	0	8.96
Paediatrics	Consultant	3	2	18.16	4	3	19.11	3	2	20.32
	SMO/AC	2	0	16.01	6	0	15.58	1	0	18.94
	MO/R	16	0	9.86	15	0	9.42	17	0	6.75
Pathology	Consultant	1	0	12.00	0	0	0	0	0	0
	SMO/AC	2	0	6.25	0	0	0	2	0	17.91
	MO/R	1	0	3.61	2	0	4.91	4	0	5.13
Psychiatry	Consultant	1	1	18.66	1	0	19.32	2	1	19.57
	SMO/AC	7	1	17.24	2	0	17.86	9	1	15.65
	MO/R	10	1	10.86	7	0	6.41	7	0	5.28
Radiology	Consultant	1	1	18.92	3	0	12.35	3	3	20.19
	SMO/AC	9	0	15.12	6	0	13.56	4	0	16.24
	MO/R	1	0	8.77	2	0	7.00	0	0	0
Surgery	Consultant	5	2	17.70	7	1	15.47	10	1	15.45
	SMO/AC	7	1	15.16	9	0	13.97	15	0	13.15
	MO/R	6	0	6.09	9	0	10.15	6	0	5.65
Others	Consultant	1	0	18.09	3	1	22.38	5	2	12.37
	SMO/AC	7	0	15.51	3	1	20.82	1	0	14.10
	MO/R	10	1	11.73	11	0	7.09	11	0	8.73
Total		**264**	**38**	**11.61**	**249**	**26**	**11.29**	**270**	**29**	**10.08**

* SMO/AC - Senior Medical Officer/Associate Consultant

MO/R - Medical Officer/Resident

Table 2: Nurses

Specialty	Rank Group #	2010-11			2011-12			2012-13 (Rolling 12 months from 1 January 2012 to 31 December 2012)		
		Attrition No.	No. of Retiree	Average Years of Service	Attrition No.	No. of Retiree	Average Years of Service	Attrition No.	No. of Retiree	Average Years of Service
Medicine	DOM/SNO and above	3	3	17.91	3	3	17.24	2	1	28.41
	APN/NS/NO/WM	24	10	17.82	26	16	21.99	29	19	25.02
	Registered Nurse	167	6	10.51	180	7	10.06	188	6	9.20
	Enrolled Nurse/Others	40	9	14.75	52	12	13.52	60	20	12.49
Obstetrics & Gynaecology	DOM/SNO and above	0	0	0	3	3	25.15	1	1	38.63
	APN/NS/NO/WM	5	4	22.06	10	7	22.12	17	11	24.56
	Registered Nurse	59	1	13.52	50	1	12.42	48	3	13.32
	Enrolled Nurse/Others	3	3	24.59	1	1	16.25	2	1	8.72
Orthopaedics & Traumatology	DOM/SNO and above	2	2	26.48	0	0	0	2	2	31.26
	APN/NS/NO/WM	4	4	23.48	6	4	23.00	3	3	23.79
	Registered Nurse	23	0	10.46	34	2	7.36	23	0	6.83
	Enrolled Nurse/Others	2	0	14.73	4	1	8.70	4	0	4.50
Paediatrics	DOM/SNO and above	0	0	0	2	2	19.20	2	2	19.37
	APN/NS/NO/WM	13	4	20.61	9	5	20.44	9	4	20.16
	Registered Nurse	79	1	12.03	73	1	10.96	68	2	7.97
	Enrolled Nurse/Others	3	0	15.68	1	0	19.35	1	0	3.35
Psychiatry	DOM/SNO and above	2	2	27.44	3	3	17.08	2	2	27.88
	APN/NS/NO/WM	12	9	25.16	11	8	26.41	11	10	23.26
	Registered Nurse	24	3	12.94	23	1	12.21	25	6	15.61
	Enrolled Nurse/Others	17	9	18.67	24	10	16.38	11	8	21.69
Surgery	DOM/SNO and above	0	0	0	3	3	18.80	2	2	20.76
	APN/NS/NO/WM	10	6	21.43	12	7	23.75	10	8	27.97
	Registered Nurse	56	0	9.84	62	3	8.90	52	0	8.14
	Enrolled Nurse/Others	15	1	14.04	8	0	5.02	13	1	11.11
Others	DOM/SNO and above	9	7	14.23	8	7	25.62	12	11	22.55
	APN/NS/NO/WM	58	22	19.44	43	23	18.99	61	32	21.63
	Registered Nurse	329	10	8.73	326	16	8.27	317	17	8.67
	Enrolled Nurse/Others	48	23	17.29	60	23	12.49	63	31	13.55
Total		**1007**	**139**	**12.32**	**1037**	**169**	**11.53**	**1038**	**203**	**12.01**

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: Allied Health Staff

Grade	Rank Group ^	2010-11			2011-12			2012-13 (Rolling 12 months from 1 January 2012 to 31 December 2012)		
		Attrition No.	No. of Retiree	Average Years of Service	Attrition No.	No. of Retiree	Average Years of Service	Attrition No.	No. of Retiree	Average Years of Service
Medical Laboratory Technologist	SMT and above	4	4	17.83	4	3	19.07	4	4	17.92
	MT	6	1	17.79	6	3	15.63	10	4	17.97
	AMT/MLT I & II	12	1	10.04	12	1	9.08	12	1	6.86
Radiographer (Diagnostic Radiographer & Radiation Therapist)	SRD/SRT and above	2	1	15.97	2	2	18.46	3	3	17.75
	RD I/RT I	7	0	16.88	10	1	17.10	18	2	16.93
	RD II/RD II	30	0	5.31	31	1	5.52	23	0	3.60
Medical Social Worker	SWO	1	1	17.88	1	0	19.61	0	0	0
	ASWO	3	0	3.35	6	0	3.41	11	0	2.11
	SWA	1	0	1.45	2	0	12.85	2	0	0.32
Occupational Therapist	SOT and above	2	1	16.85	0	0	0	0	0	0
	OT I	1	0	12.83	6	0	17.66	4	0	17.22
	OT II	17	0	3.77	18	0	3.61	14	0	4.32
Physiotherapist	SPT and above	2	0	18.86	3	2	16.48	3	2	18.46
	PT I	7	0	10.97	9	0	13.31	9	1	13.40
	PT II	33	0	5.08	32	0	4.66	32	0	5.03
Pharmacist	S PHARM and above	0	0	0	2	1	9.41	2	2	18.83
	DM(PHARM) II/ PHARM	7	3	11.22	8	1	11.99	12	1	9.33
	R PHARM	7	0	3.18	14	0	3.48	10	0	2.02
Dispenser	C DISP	0	0	0	1	1	38.11	0	0	0
	S DISP	5	5	16.89	10	9	14.96	6	5	18.68
	DISP	13	3	10.25	19	3	10.30	19	2	9.85
	DISP STD	0	0	0	0	0	0	2	0	0.21
Others		24	6	7.33	30	5	9.10	29	3	4.97
Total		**184**	**26**	**8.29**	**226**	**33**	**9.00**	**225**	**30**	**8.35**

^ SMT and above/MT/AMT/MLT I & II – Senior Medical Technologist and above/ Medical Technologist/ Associate Medical Technologist/ Medical Laboratory Technician I & II
SRD/SRT and above/RD I/RT I/RD II/RT II – Senior Radiographer/ Senior Radiation Therapist and above/ Radiographer I/ Radiation Therapist I/ Radiographer II/ Radiation Therapist II
SWO/ASWO/SWA – Social Work Officer/ Assistant Social Work Officer/ Social Work Assistant
SOT and above/OT I/OT II – Senior Occupational Therapist and above/ Occupational Therapist I/ Occupational Therapist II
SPT and above/PT I/PT II – Senior Physiotherapist and above/ Physiotherapist I/ Physiotherapist II
S PHARM and above/DM(PHARM) II/PHARM/R PHARM – Senior Pharmacist and above/ Department Manager (Pharmacy) II/ Pharmacist/ Resident Pharmacist
C DISP/S DISP/DISP/DISP STD – Chief Dispenser/ Senior Dispenser/ Dispenser/ Dispenser Student
Others – Include Audiology Technician, Clinical Psychologist, Dental Technician, Dietitian, Mould Laboratory Technician, Optometrist, Orthoptist, Physicist, Podiatrist, Prosthetist & Orthotist, Scientific Officer (Medical)-Pathology, Scientific Officer (Medical)-Audiology, Scientific Officer (Medical)-Radiology, Scientific Officer (Medical)-Radiotherapy and Speech Therapist

Notes :
1. Attrition includes all types of cessation of service from HA for permanent and contract staff (both full-time and part time) on Headcount basis.
2. Retiree includes permanent and contract staff who left HA due to voluntary retirement, normal retirement, early retirement, etc. in the corresponding reporting period.

3. 'Average Years of Service' refer to the average years of service of departed HA staff (including retirees) in the corresponding period.
4. The services of the Psychiatry department include services for the mentally handicapped.

(b)

Tables 4 to 6 below set out respectively the number of doctors, nurses and allied health staff who will reach retirement age of 60 by major specialties/streams/grades in 2013-14, 2014-15 and 2015-16. As the rank of the concerned staff members may be subject to change (for example due to promotion) and in view of the relatively small proportion of retirees as compared to the total workforce of the respective grades, breakdown by ranks is not provided.

Table 4: Number of doctors who will reach retirement age of 60

Specialty	**2013-2014**	**2014-2015**	**2015-16**
Accident & Emergency	0	0	1
Anaesthesia	2	0	4
Cardio-thoracic Surgery	0	0	0
Family Medicine	0	2	4
Medicine	7	6	7
Neurosurgery	0	0	1
Obstetrics & Gynaecology	1	1	3
Ophthalmology	1	0	0
Orthopaedics & Traumatology	2	2	1
Paediatrics	0	2	3
Pathology	3	2	4
Psychiatry	2	0	2
Radiology	2	2	4
Surgery	2	2	4
Others	2	2	0
Total	**24**	**21**	**38**

Table 5: Number of nurses who will reach retirement age of 60

Stream	**2013-2014**	**2014-2015**	**2015-16**
General	120	138	137
Psychiatric	15	18	34
Total	**135**	**156**	**171**

Note: Nurses are generally categorized into "General" and "Psychiatric" stream. Nurses in the "General" stream can be posted to different specialties. As the specialty of the concerned staff members will be subject to change and in view of the relatively small proportion of nurses who will reach retirement age of 60, breakdown by specialty is not provided.

Table 6: Number of allied health staff who will reach retirement age of 60

Grade	**2013-2014**	**2014-2015**	**2015-16**
Medical Laboratory Technologist	8	14	14
Radiographer (Diagnostic Radiographer & Radiation Therapist)	3	4	3
Medical Social Worker	0	0	1
Occupational Therapist	0	1	0
Physiotherapist	3	2	3

Grade	2013-2014	2014-2015	2015-16
Pharmacist	0	5	5
Dispenser	1	6	7
Others	5	5	6
Total	**20**	**37**	**39**

(c)

In 2013-14, HA plans to recruit about 300 doctors, 2 100 nurses and 610 allied health staff in 2013-14. The specialty and rank of the staff to be recruited depend on the manpower supply, vacancies at HA and the operational needs of individual grades, specialties, streams and clusters. HA is unable to project the new recruits by specialties and rank at present.

(d)

In 2012-13, HA has earmarked around $ 791 million for recruitment and retention of various grades of staff.

Major measures to retain doctors include creating additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhancing fixed rate honorarium to recognise excessive workload and on-site call duties, enhancing training opportunities by offering corporate scholarships for overseas training and centrally funded Resident posts to facilitate specialty rotational training, introducing a unified contract part-time remuneration package to facilitate recruitment of part-time doctors, recruiting non-local doctors under limited registration to supplement local recruitment drive, extending 24-hour phlebotomist service to more acute hospitals and enhancing non-clinical clerical support for frontline doctors. The estimated expenditure is around $ 308 million.

Major measures to retain nurses include the enhancement of nurse career advancement opportunities of experienced nurses by creating more promotional posts, provision of training of registered nursing (RN) students and enrolled nursing (EN) students at HA's nursing schools, support of career advancement of ENs to attain RNs qualification, enhancement of preceptorship support in clinical practice for newly graduated nurses and enhancement of overseas training scholarships. The estimated expenditure is around $ 389 million.

Major measures to retain allied health professionals include the recruitment of diagnostic radiographers, physiotherapists and occupational therapists from overseas, implementation of overseas training sponsorship scheme for diagnostic radiography and podiatry, re-engineering of work processes, recruitment of additional supporting staff and the enhancement of overall training opportunities of allied health staff through various training initiatives including provision of staff relief, long-term structured training plans, specialty training programs, overseas scholarship scheme and training sponsorship for master degree courses. The estimated expenditure is around $ 94 million.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)020

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0865

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please give details on the procurement and revamping of medical equipment, the expenditure involved and the utilisation rate in hospitals of each cluster under the Hospital Authority last year. Does such equipment need to be operated or used by healthcare professionals? If yes, has the Administration recruited sufficient manpower to use such equipment?

Asked by: Hon. CHAN Han-pan

Reply:

The Hospital Authority (HA) procures from time to time a wide variety of new and replacement medical equipment items to meet operational requirements. Individual hospitals procure thousands of medical equipment items with unit cost of $150,000 or below (e.g. anesthesia record system and laboratory supporting items) each year and statistics on these minor equipment items are not available. The HA Head Office co-ordinates the procurement of medical equipment items with unit cost exceeding $150,000 (major medical equipment items). In 2012-13, HA procured 606 major medical equipment items at a total cost of $515 million.

Of hundreds of major medical equipment items procured by HA each year, some are of unit cost exceeding $5 million. The table below sets out those major medical equipment items of unit cost exceeding $5 million that were procured by HA in 2012-13 as well as the clusters, hospitals and specialties involved and the expenditure incurred:

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Monitoring Systems, Physiologic, Acute Care	HKW	QMH	ICU/HDU	6.0
Information Systems, Data Management, Bedside	HKW	QMH	PAE	7.0

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Mass Spectrometer, Tandem System, Liquid Chromatograph (LC-MSMS High Performance)	HKW	QMH	CTC	6.6
Radiographic/ Fluoroscopic Systems, Cardiovascular (2 sets)	HKW	QMH	MED	22.9
Monitoring Systems, Physiologic, Acute Care	KC	QEH	ANA	8.5
Scanning Systems, Computed Tomography, Spiral	KC	QEH	RAD	6.2
Radiographic/Fluoroscopic Systems, Cardiovascular	KC	QEH	MED	18.4
Scanning Systems, Gamma Camera, Single Photon Emission Tomography	KC	QEH	RAD	5.8
Scanning Systems, Computed Tomography, Spiral	KW	PMH	RAD	8.6
Monitoring Systems, Physiologic, Acute Care	KW	CMC	ICU/HDU	7.2
Scanning Systems, Gamma Camera. Single Photon Emission Tomography	KW	PMH	RAD	5.8
Radiographic/Fluoroscopic Systems, General-Purpose	NTE	NDH	RAD	5.9
Automation Systems, Laboratory	NTE	PWH	CTC	6.0
Scanning Systems, Gamma Camera, Single Photon Emission Tomography	NTW	TMH	NM	6.5
Radiotherapy Systems, Linear Accelerator	NTW	TMH	ONC	18.5
Monitoring Systems, Physiologic, Acute Care	NTW	TMH	PAE	6.0

The table below sets out the patient attendances for magnetic resource imaging (MRI) and computed tomography (CT) scanning service provided by HA in 2012-13 (up to 31 December 2012):

	Number of patient attendances (1 April 2012 – 31 December 2012)
MRI	45 576
CT	245 316

Unlike MRI and CT scanning systems which are mainly used for examinations, most of the other major medical equipment items are mainly used for providing support services to patients (e.g. picture archiving information system for digital storage and transmission of MRI, CT and X-ray pictures), providing necessary medical services to patients (e.g. cardiac catheterisation systems for heart diagnostic procedures) and

monitoring patients' conditions (e.g. physiotherapy monitoring systems for patients in intensive care units). Statistics on utilisation of the other major medical equipment items in terms of patient attendances are not available.

Public healthcare services, including operation of necessary medical equipment, are delivered to HA patients by HA staff on a collective basis. HA's medical equipment can be and is operated by doctors, nurses and allied health professionals and their workload incurred by operation of medical equipment cannot be separately accounted for. HA will continue to implement various measures in 2013-14 to attract, retain and recruit additional healthcare professionals for quality patient care.

Abbreviations

Clusters :

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

Hospitals :

CMC - Caritas Medical Centre
NDH - North District Hospital
PMH - Princess Margaret Hospital
PWH - Prince of Wales Hospital
QEH - Queen Elizabeth Hospital
QMH - Queen Mary Hospital
TMH - Tuen Mun Hospital

Specialties :

ANA - Anaesthesia
CTC - Clinical Trial Centre
ICU/HDU - Intensive Care Unit / High Dependency Unit
MED - Medicine
NM - Nuclear Medicine
ONC - Oncology
PAE - Paediatrics
RAD - Radiology

Name in block letters: Richard YUEN

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

Date: 21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)021

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3055

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out the number of approved projects, their details and the amount of grants awarded since the setting up of the Health and Medical Research Fund.

Asked by: Hon. CHAN Han-pan

Reply:

On 9 December 2011, LegCo Finance Committee approved a new commitment of $1,415 million for setting up the Health and Medical Research Fund (HMRF), by consolidating the former Health and Health Services Research Fund (HHSRF) and the Research Fund for the Control of Infectious Diseases (RFCID), with a broadened scope for funding health and medical research in Hong Kong. On-going research projects funded by the HHSRF and the RFCID have been subsumed under the HMRF and subject to continued monitoring.

The 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. It provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms, including investigator-initiated research projects, government-commissioned research programmes and research fellowships, under the strategic steer and direction of the Research Council chaired by the Secretary for Food and Health and comprising leading professionals in the medical and academic sectors.

The first open call of the HMRF was issued in July 2012 and 677 grant applications were received. Vetting of the applications in accordance with international practices is underway.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Reply Serial No.

FHB(H)022

Examination of Estimates of Expenditure 2013-14

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3056

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

On the demand for Chinese medicine services, please advise on the following:

The information on the use of elderly health care vouchers for Chinese medicine services in the past year (2012-13), including the number of users and services used.

What is the amount of funds earmarked for the development of the Chinese medicine industry this year? What are the details of development? How many members of staff are estimated to be employed by the Government? What is the staffing establishment involved?

Asked by: Hon. CHAN Han-pan

Reply:

a) Between January and December 2012, enrolled Chinese medicine practitioners under the Elderly Health Care Voucher Scheme made 98 189 claim transactions with a total voucher expenditure of about $14 million.

b) The Chinese Medicine Ordinance (Cap. 549) (CMO) was enacted in 1999 to establish a regulatory regime for Chinese medicine (CM) so as to further safeguard public health and to ensure the safety, quality and efficacy of Chinese medicines. All provisions governing the regulation of Chinese medicines in the CMO, including those on registration of proprietary Chinese medicines (pCms) and requirements on labelling and package insert for pCms, have already been in full implementation since 2011. A sound regulatory regime on the practice and use of CM helps to enhance public confidence in the use of Chinese medicines.

A research programme on the Hong Kong Chinese Materia Medica Standards (HKCMMS) was launched in 2002 to establish standards recognized 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 CM. 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.

At present, compliance with the Good Manufacturing Practice (GMP) is not a mandatory requirement for the local pCm manufacturing industry under the law. The Government will engage the trade to work out a timeframe for the introduction of mandatory GMP requirements to enhance the quality of pCms and ensure the safety of pCms while keeping up with international trends of developing GMP for medicines.

As announced in the 2013 Policy Address, a Chinese Medicine Development Committee (CMDC) has been established to give recommendations to the Government concerning the direction and long-term strategy of the future development of CM 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 medicines industry for formulation of relevant policy initiatives. Three General Grade time-limited posts (including one Chief Executive Officer, one Senior Executive Officer and one Executive Officer I) have been created under the Department of Health (DH) to provide secretarial support to the CMDC. One more time-limited Executive Officer I post will be created under DH for the CMDC in April 2013.

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. HA will soon commence renovation works for the last CMC to be set up in the Islands District. In 2013-14, the Government has earmarked some $90 million for the operation of CMCs, maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, development and provision of training in "evidence-based" Chinese medicine, and enhancement and maintenance of the Chinese Medicine Information System.

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.

The above work on the development of CM is absorbed into the regular duties of relevant bureaux/departments. A breakdown of the manpower involved is not available.

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)023

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0886

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 indicated in Matters Requiring Special Attention in 2013-14 under Programme (1) that the Government will continue to oversee the implementation of the established tobacco control policy through a multi-pronged approach, including promotion, education, legislation, enforcement, taxation and smoking cessation, in the coming year. In this connection, please list the expenditure and manpower incurred by the Department of Health in respect of the tobacco control policy in the past five years (i.e. 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13) and the estimated expenditure and manpower for the coming year. Please also list the tobacco control measures implemented by the Department of Health, including the programme details, targets of service, implementation dates and the number of clients. In addition, has the Government conducted any reviews on the implementation of the tobacco control policy, including its effectiveness, studied the percentage change of smokers in terms of gender, age and industry, and examined how to strengthen the implementation of tobacco control measures? If yes, what are the details? If not, why?

Asked by: Hon. CHAN Kin-por

Reply:

The expenditures / provisions of the Tobacco Control Office (TCO) of the Department of Health (DH) on tobacco control from 2008-09 to 2013-14, broken down by types of activities, are at **Annex 1**. Details of staffing of TCO during this period are at **Annex 2**. Various DH services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, such expenditure and staffing forms an integral part of the respective DH's services and could not be separately identified.

DH has been actively promoting smoking prevention and cessation through providing cessation counselling telephone hotline, health talks and other health education programmes, and smoking cessation services in their respective clinics. DH operates 5 smoking cessation clinics and a Smoking Cessation Hotline (1833 183) providing general enquiry, counselling on smoking cessation and referral services. With the subvention from DH, the Hong Kong Council on Smoking and Health carries out education and publicity efforts at schools through production of guidelines and exhibition boards, health talks and theatre programmes, etc. to educate students on the hazards of smoking. DH also provides funding to a number of non-government organizations including Tung Wah Group of Hospitals, Pok Oi Hospital, the School of Nursing of the University of Hong Kong, Lok Sin Tong Benevolent Society, Kowloon, as well as Po Leung Kuk and Life Education Activity Programme to organise smoking cessation services / activities for the community. A summary of the relevant statistics on the above-mentioned smoking cessation and prevention services is at **Annex 3**.

The Administration monitors closely various statistics and indicators relating to tobacco control such as smoking pattern in Hong Kong. With the progressive implementation of tobacco control measures, the proportion of daily smokers (people who have a habit of smoking daily) among the population aged 15 and above dropped steadily from about 23.3% in the early 1980s to 11.1% in 2010. The declining trend in smoking prevalence in Hong Kong is a good indicator of the effectiveness of the progressive and multi-pronged approach in tobacco control and the sustained efforts by the community as a whole. The smoking prevalence by gender and age group conducted by the Census and Statistics Department in the past ten years is at **Annex 4**.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Annex 1

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2008-09 ($ million)	**2009-10** ($ million)	**2010-11** ($ million)	**2011-12** ($ million)	**2012-13 Revised Estimate** ($ million)	**2013-14 Estimate** ($ million)
Enforcement						
Programme 1: Statutory Functions	23.1	30.8	40.4	40.1	36.6	38.1
Health Education and Smoking Cessation						
Programme 3: Health Promotion	35.8	44.5	57.8	72.6	112.4	108.3
(a) General health education and promotion of smoking cessation						
TCO	22.4	28.2	22.3	14.1	19.8	19.5
Subvention to the Council on Smoking and Health (COSH) – Publicity	10.9	12.6	13.2	11.4	11.5	12.7
(b) Provision for smoking cessation services						
TCO	-	-	6.1	15.6	36.3	24.1
Subvention to COSH	-	-	-	3.5	9.2	8.5
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	2.5	3.7	11.4	21.0	26.5	34.7
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture	-	-	4.8	5.8	6.0	6.0
Subvention to Po Leung Kuk – School-based smoking prevention activities	-	-	-	1.2	1.7	1.0
Subvention to Lok Sin Tong – Smoking cessation programme in workplace	-	-	-	-	1.4	1.8
Total	**58.9**	**75.3**	**98.2**	**112.7**	**149.0**	**146.4**

Annex 2

Staffing of Tobacco Control Office of the Department of Health

Rank	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14 Estimate
Head, TCO						
Principal Medical & Health Officer	1	1	1	1	1	1
Enforcement						
Senior Medical & Health Officer	1	1	1	1	1	1
Medical & Health Officer	2	2	2	2	2	2
Land Surveyor	0	0	0	0	1	1
Police Officer	7	5	5	5	5	5
Tobacco Control Inspector	85	67	30	19	0	0
Overseer/ Senior Foreman/ Foreman	0	27	57	68	89	89
Senior Executive Officer/ Executive Officer	0	5	12	12	9	9
Sub-total	*95*	*107*	*107*	*107*	*107*	*107*
Health Education and Smoking Cessation						
Senior Medical & Health Officer	1	1	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2	2	1
Research Officer/ Scientific Officer (Medical)	1	1	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4	4	3
Hospital Administrator II/ Health Promotion Officer/	4	4	6	6	6	4
Sub-total	*9*	*10*	*14*	*14*	*14*	*10*
Administrative and General Support						
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4	4	4

Clerical and support staff	13	14	20	20	19	17
Motor Driver	1	1	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*	*24*	*22*
Total no. of staff:	**124**	**137**	**147**	**147**	**146**	**140**

Annex 3

Key statistics for different smoking prevention and cessation programmes from 2008 to 2012

Services	Number of Clients Served				
	2008	**2009**	**2010**	**2011**	**2012**
DH (hotline enquiries)	4 335	15 500	13 880	20 571	13 262
DH (clinic attendance)	329	567	597	521	108
TWGHs Programme (started in January 2009)	-	717	1 288	2 756	2 538
POH Programme (started in April 2010)	-	-	1 002	1 426	1 524
HKU Youth Quitline (started in June 2011)	-	-	-	57	399
Po Leung Kuk (started in July 2011)	-	-	-	7 321	48 918
Life Education Activity Programme (started in August 2011)	-	-	-	3 354	11 353

Note: Lok Sin Tong started its smoking cessation programme in July 2012 to conduct a demand assessment survey and to provide outreach services for smoking cessation. 292 companies have participated in the survey and 51 companies have joined the outreach programme so far.

Annex 4

Number and Rate of Daily Cigarette Smokers by Age Group and Gender in the Past Ten Years

Age group / Gender		Survey Period							
		Nov 2002 – Feb 2003		Feb - May 2005		Dec 2007 – Mar 2008		Oct - Dec 2010	
		No. of persons	Rate*	No. of persons	Rate*	No. of persons	Rate*	No. of persons	Rate*
15 - 19	Male	11 800	*5.3%*	11 300	*4.9%*	7 900	*3.5%*	8 200	*3.7%*
	Female	4 900	*2.3%*	4 400	*2.0%*	2 500	*1.2%*	2 600	*1.3%*
	All	16 700	*3.8%*	15 700	*3.5%*	10 500	*2.4%*	10 800	*2.5%*
20 - 29	Male	104 400	*23.2%*	93 500	*20.9%*	81 000	*18.4%*	67 800	*15.2%*
	Female	30 000	*6.2%*	28 800	*7.0%*	26 900	*6.1%*	21 000	*4.5%*
	All	134 400	*14.4%*	122 300	*14.3%*	107 800	*12.2%*	88 800	*9.7%*
30 - 39	Male	153 600	*28.3%*	149 100	*29.4%*	121 000	*25.7%*	116 700	*25.4%*
	Female	30 100	*4.3%*	34 600	*5.8%*	35 400	*6.4%*	28 300	*5.2%*
	All	183 700	*14.7%*	183 700	*16.6%*	156 400	*15.3%*	145 000	*14.4%*
40 - 49	Male	187 100	*30.0%*	176 200	*27.4%*	145 700	*24.2%*	133 800	*24.3%*
	Female	18 000	*2.7%*	20 700	*3.0%*	20 700	*3.1%*	17 900	*2.8%*
	All	205 100	*16.0%*	196 900	*14.9%*	166 400	*13.2%*	151 700	*12.7%*
50 - 59	Male	131 900	*33.5%*	126 900	*28.6%*	122 700	*24.2%*	136 200	*24.3%*
	Female	6 000	*1.6%*	9 700	*2.2%*	10 500	*2.1%*	10 400	*1.9%*
	All	137 900	*17.9%*	136 600	*15.4%*	133 300	*13.2%*	146 600	*13.1%*
≥ 60	Male	121 600	*25.0%*	122 000	*24.2%*	92 600	*17.3%*	102 700	*17.1%*
	Female	18 800	*3.6%*	16 100	*3.0%*	9 900	*1.7%*	11 500	*1.8%*
	All	140 400	*14.0%*	138 100	*13.2%*	102 500	*9.2%*	114 100	*9.2%*
Overall	Male	710 400	*26.1%*	678 900	*24.5%*	571 000	*20.5%*	565 300	*19.9%*
	Female	107 800	*3.6%*	114 300	*4.0%*	105 900	*3.6%*	91 600	*3.0%*
	All	818 200	*14.4%*	793 200	*14.0%*	676 900	*11.8%*	657 000	*11.1%*

*Note: * As a percentage of all persons in the respective age and sex sub-groups. For example, among all males aged 15 to 19, 5.3% were daily cigarette smokers based on the survey conducted during November 2002 to February 2003.*

Source: Various rounds of Thematic Household Survey on Pattern of Smoking conducted by the Census and Statistics Department

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)024

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0887

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

Subhead (No. & title): Unspecified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under *Matters Requiring Special Attention in 2013-14* for Programme (2), it is stated that the Government will attract, motivate and retain healthcare staff through various measures in the coming year, including enhancement of their promotion opportunities and professional training, and recruitment of additional staff. In this connection, will the Government inform this Committee of:

(a) the amount of funding earmarked for taking forward various measures to attract, motivate and retain healthcare staff in the coming year;

(b) details of the measures, including the number of staff assisting in the conduct of recruitment, the projected timetable for implementing the measures; and

(c) a breakdown in a table of the estimated number of staff to be recruited, actual number of staff recruited, the turnover figures and turnover rate of healthcare staff (as at 2012) by rank (doctors, nurses, dentists, pharmacists and allied health professionals) in the past three years, and the estimated number of staff to be recruited in the coming year.

Asked by: Hon. CHAN Kin-por

Reply:

(a)

In 2013-14, the Hospital Authority (HA) has earmarked around $ 321 million for recruitment and retention of healthcare staff.

(b)

For the medical grade, on top of the existing measures, HA plans to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors and continue to recruit non-local doctors under limited registration to supplement local recruitment drive. The estimated expenditure is around $65.4 million.

For the nursing grade, HA plans to enhance career advancement opportunities of experienced nurses and provide training of registered nursing students and enrolled nursing students at HA's nursing schools. The estimated expenditure is around $154.8 million.

For the allied health grade, HA plans to provide additional training places for allied health students and recruit additional professional and supporting staff to relieve workload. The estimated expenditure is around $100.7 million.

No additional funding was earmarked for conducting recruitment in the abovementioned measures in 2013-14.

(c)

In general, HA fills vacancies of senior healthcare staff through internal transfer or promotion of suitable serving HA staff as far as possible. For vacancies of junior level staff, HA conducts recruitment exercise each year to recruit graduates of local universities and other qualified healthcare professionals to fill the vacancies in HA. Individual departments may also recruit healthcare staff throughout the year to cope with service and operational needs.

The table below sets out the estimated number of doctors, nurses and allied health staff (full-time equivalent basis including both full-time and part-time staff) to be recruited in 2010-11, 2011-12, 2012-13 and 2013-14.

Grade	2010-11	2011-12	2012-13	2013-14
Doctors	300	330	290	300
Nurses	1 130	1 720	2 000	2 100
Allied Health Staff	350	590	540	610

Tables 1 to 4 below set out respectively the actual number of intake of doctors, nurses, dentists and AH staff by rank in 2010-11, 2011-12 and 2012-13. As the intake numbers are calculated on headcount basis including both full-time and part-time staff, the estimated number of healthcare staff to be recruited in a year as shown in the table above is not comparable to intake number.

Table 1: Doctors

Rank Group	2010-11			2011-12			2012-13		
	Intake No.	Attrition No.	Attrition Rate	Intake No.	Attrition No.	Attrition Rate	Intake No.(1)	Attrition No. (2)	Attrition Rate (2)
Consultant	7	38	6.2%	43	46	6.7%	35	57	7.6%
Senior Medical Officer/Associate Consultant	4	74	5.9%	22	68	4.9%	25	75	4.8%
Medical Officer/Resident (including recruitment of graduating Interns)	314	152	4.7%	340	135	4.3%	305	138	4.6%
Total	**325**	**264**	**5.2%**	**405**	**249**	**4.8%**	**365**	**270**	**5.1%**

Note (1) Actual figure from April 2012 to December 2012

Note (2) Rolling 12 months from January 2012 to December 2012

Table 2: Nurses

Rank Group	2010-11			2011-12			2012-13		
	Intake No.	**Attrition No.**	**Attrition Rate**	**Intake No.**	**Attrition No.**	**Attrition Rate**	**Intake No.(1)**	**Attrition No. (2)**	**Attrition Rate (2)**
Department Operations Manager/Senior Nursing Officer or above	0	16	6.5%	0	22	8.7%	0	23	7.8%
Advanced Practice Nurse/Nurse Specialist/Nursing Officer/Ward Manager	3	126	3.5%	4	117	3.0%	3	140	3.4%
Registered Nurse	1 041	737	5.8%	1 342	748	5.8%	1 445	721	5.4%
Enrolled Nurse/Others	289	128	5.1%	395	150	5.7%	346	154	5.7%
Total	**1 333**	**1 007**	**5.3%**	**1 741**	**1 037**	**5.3%**	**1 794**	**1 038**	**5.1%**

Note (1) Actual figure from April 2012 to December 2012

Note (2) Rolling 12 months from January 2012 to December 2012

Table 3: Dentists

Rank Group	2010-11			2011-12			2012-13		
	Intake No.	**Attrition No.**	**Attrition Rate**	**Intake No.**	**Attrition No.**	**Attrition Rate**	**Intake No.(1)**	**Attrition No. (2)**	**Attrition Rate (2)**
Dental Officer	1	1	18.8%	1	0	0%	0	0	0%
Total	**1**	**1**	**18.8%**	**1**	**0**	**0%**	**0**	**0**	**0%**

Note (1) Actual figure from April 2012 to December 2012

Note (2) Rolling 12 months from January 2012 to December 2012

Table 4: Allied Health Staff

Rank Group	2010-11			2011-12			2012-13		
	Intake No.	Attrition No.	Attrition Rate	Intake No.	Attrition No.	Attrition Rate	Intake No.[(1)]	Attrition No. [(2)]	Attrition Rate [(2)]
Medical Laboratory Technologist	48	22	1.9%	74	22	1.8%	68	26	2.1%
Radiographer (Diagnostic Radiographer & Radiation Therapist)	49	39	4.3%	55	43	4.7%	62	44	4.7%
Medical Social Worker	18	5	2.3%	43	9	3.7%	32	13	4.9%
Occupational Therapist	61	20	3.6%	63	24	4.0%	68	18	2.8%
Physiotherapist	62	42	5.5%	83	44	5.5%	68	44	5.3%
Pharmacist	26	14	3.9%	78	24	6.1%	35	24	5.7%
Dispenser	40	18	1.9%	57	30	3.1%	83	27	2.7%
Others	49	24	4.1%	97	30	4.7%	93	29	4.2%
Total	**353**	**184**	**3.3%**	**550**	**226**	**3.9%**	**509**	**225**	**3.7%**

Note [(1)] Actual figure from April to December 2012

Note [(2)] Rolling 12 months from January to December 2012

General Notes:

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

2. Rolling Attrition Rate = Total number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)025

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0888

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

Subhead (No. & title): Unspecified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under *Matters Requiring Special Attention in 2013-14* for Programme (2), it is stated that the Government will implement measures to improve patients' access to specialist outpatient service, including specialist outpatient dispensing service. Please provide details of the relevant measures, including how specialist outpatient dispensing service operates, how to improve patients' access to the service, which hospitals will implement the measures, the number of staff and the estimated expenditure involved, and whether other feasible measures will be explored to allow patients to have faster access to specialist outpatient service.

Asked by: Hon. CHAN Kin-por

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. HA will commence publishing waiting time information of its specialist services by phases in the HA internet website starting April 2013.

In 2013-14, HA will further enhance the management of SOP waiting time with a total estimated expenditure of $43.05 million. Additional SOP sessions will be conducted to cater for patients who have waited for a considerable period of time. In addition, HA will identify pressure areas in different specialties and clusters and develop measures to manage the waiting time.

HA will also, with an estimated expenditure of $14.38 million, increase the pharmacy manpower with a view to shortening waiting time for specialist outpatient dispensing services in the coming year.

The detailed additional manpower required for various measures is being worked out and is not yet available.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)026

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0893

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:

Under Matters Requiring Special Attention in 2013-14 of Programme(1), it is mentioned that the Government will formulate detailed proposals for the proposed Health Protection Scheme, including supervisory framework, operational details and financial incentives. When formulating the proposals, will the Government consider putting private health insurance under the supervisory framework? If yes, what are the details?

Asked by: Hon. CHAN Kin-por

Reply:

To take forward the Health Protection Scheme (HPS), we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group will make recommendations on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the HPS standard plan(s), rules and mechanism in support of the operation of the HPS as well as possible options for the provision of public subsidies or financial incentives to facilitate HPS implementation. The Working Group is supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration.

To facilitate the work of the Working Group and Consultative Group, we have commissioned a consultancy study on the HPS in order to provide professional and technical support to the Working Group and the Consultative Group. The consultant would conduct a comprehensive and detailed review, survey and analysis on the current state of private health insurance in Hong Kong by collecting relevant information and data from private health insurers and private healthcare service providers. Based on the findings of the analysis and after considering the experience of overseas jurisdictions, the consultant will propose a feasible and sound design for implementing the HPS, including relevant operational rules and mechanisms, such as the high-risk pool, portability arrangements for HPS standard plan(s), transparency and certainty of charging of fees, etc as well as the supervisory framework of the HPS.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)027

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0894

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:

Under Matters Requiring Special Attention in 2013-14 of Programme(1), it is mentioned that the Government will formulate detailed proposals for the proposed Health Protection Scheme (the Scheme), including supervisory framework, operational details and financial incentives. Please provide a detailed timetable for implementing the Scheme. How will the Government allocate the $50 billion earmarked for the Scheme? Will the provision be used on other healthcare reform projects apart from the Scheme?

Asked by: Hon. CHAN Kin-por

Reply:

We are taking forward various healthcare reform initiatives based on the outcome of the Second Stage Public Consultation on Healthcare Reform, including conducting a strategic review on healthcare manpower planning and professional development, formulating detailed proposals for the Health Protection Scheme (HPS) and facilitating healthcare service development.

To take forward the HPS, we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group will make recommendations on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the HPS standard plan(s), rules and mechanism in support of the operation of the HPS as well as possible options for the provision of public subsidies or financial incentives, making use as appropriate the $50 billion of fiscal reserve earmarked for supporting healthcare reform, to facilitate HPS implementation. The Working Group is supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration. The Working Group is expected to complete its work and tender detailed recommendations on the HPS to the HMDAC by 2013.

To facilitate the work of the Working Group and Consultative Group, we have commissioned a consultancy study on the HPS in order to provide professional and technical support to the Working Group and the Consultative Group. The consultant would conduct a comprehensive and detailed review, survey and analysis on the current state of private health insurance in Hong Kong by collecting relevant information and data from private health insurers and private healthcare service providers. Based on the findings of the analysis and after considering the experience of overseas

jurisdictions, the consultant will propose a feasible and sound design for implementing the HPS, including relevant operational rules and mechanisms, such as the high-risk pool, portability arrangements for HPS standard plan(s), transparency and certainty of charging of fees, etc.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)028

Question Serial No.

0898

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

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 2013-14, the Health Branch of Food and Health Bureau will formulate detailed proposals for the proposed Health Protection Scheme (the Scheme). Implementation of the Scheme, however, may be impeded because of misunderstanding by some members of the public. Apart from formulating detailed proposals, has the Government reserved funds for the coming year to publicise and explain the Scheme to the public so that they can understand it correctly, and support for relevant legislation can be solicited from political parties?

Asked by: Hon. CHAN Kin-por

Reply:

We set up a dedicated and time-limited Healthcare Planning and Development Office (HPDO) in January 2012 to spearhead and coordinate the healthcare reform initiatives, including formulating detailed proposals for the Health Protection Scheme. $48 million has been reserved in 2013-14 for the operation of the HPDO, which covers staff costs and other expenses, including the cost for publicity efforts.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)029

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0899

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 under Programme (1) of the Food and Health Bureau (Health Branch) that the Government will facilitate healthcare service development, including encouraging private hospital development and conducting a review on regulation of private healthcare facilities. In fact, there exists a significant imbalance between public and private healthcare services. As even people with financial means prefer to seek public medical care, the recurrent expenditure of the Hospital Authority has been pushed to over $45 billion in the coming year. As such, please inform this Committee the measures by which the Government will adopt to encourage private hospital development. Please also advise how the Government will encourage private hospitals to provide more services at package charge so as to tie in with the development of the Health Protection Scheme in the future.

Asked by: Hon. CHAN Kin-por

Reply:

The private healthcare sector is an integral part of the dual-track healthcare system in Hong Kong. One of our healthcare reform initiatives is to promote and facilitate private healthcare development. In this regard, the Government has reserved four sites at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau for private hospital development. The two reserved sites at Wong Chuk Hang and Tai Po have been put out for open tender from April to July 2012. Following the detailed assessment by the Assessment Panel and the approval by the Central Tender Board, the Government announced in March 2013 that the tender for the Wong Chuk Hang site was awarded to GHK Hospital Limited, whereas that for the Tai Po site was, in the absence of any conforming tender, cancelled pursuant to the Government's Stores and Procurement Regulations.

The new hospital at the Wong Chuk Hang site will commence operation within 46 months (i.e. by January 2017) and will provide 500 hospital beds, with at least 51% of in-patient bed days taken up in a year to be used for provision of services to local residents at packaged charge through standard beds.

We expect that, upon commissioning of the new hospital, the overall capacity of the healthcare system in Hong Kong will increase, enabling the public to have more choices for affordable and quality private hospital services. It will also help address the increasing demand for healthcare services and alleviate the imbalance between the public and private sectors in hospital services in Hong Kong.

We will examine the experience gained from these tender exercises, review the market response and assess the needs of the community in formulating the way forward for the future development of

private hospitals and the disposal arrangement for the other reserved sites for private hospital development.

As for the provision of more services at package charges, the Food and Health Bureau (FHB) encourages private hospitals to enhance price transparency of private hospital services, including providing more services at package charge. FHB is also deliberating on the implementation plan for the Health Protection Scheme in which the inclusion of package charge for common healthcare services will be one of the key features in the health insurance policies under the Health Protection Scheme.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)030

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1698

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 this Programme, please provide in table form the expenditure and in-patient attendance of each public hospital in the past year (2012-13), as well as the estimated expenditure for the coming year (2013-14).

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

The table below sets out the projected total expenditure (based on expenditure as at 31 December 2012) as well as the number of inpatient discharges and deaths (IP D&D) of each hospital / institution managed by Hospital Authority (HA) for 2012-13.

Cluster	Hospital	Projected total expenditure ($ million)	IP D&D
HKE	Cheshire Home, Chung Hom Kok	82.9	238
	Pamela Youde Nethersole Eastern Hospital	3,231.2	63 528
	Ruttonjee and Tang Shiu Kin Hospital	967.9	17 849
	St. John Hospital	64.7	511
	Tung Wah Eastern Hospital	324.8	4 153
	Wong Chuk Hang Hospital	77.0	139
HKW	The Duchess of Kent Children's Hospital	141.2	1 462
	Fung Yiu King Hospital	137.4	2 346
	Grantham Hospital	348.0	5 779
	Maclehose Medical Rehabilitation Centre	74.2	902
	Queen Mary Hospital and Tsan Yuk Hospital (Note 1)	4,031.7	66 395
	Tung Wah Hospital	463.7	6 056

Cluster	Hospital	Projected total expenditure ($ million)	IP D&D
KC	Hong Kong Buddhist Hospital	203.4	3 948
	Hong Kong Eye Hospital	209.5	741
	Hong Kong Red Cross Blood Transfusion Service	256.0	-- (Note 2)
	Kowloon Hospital	1,038.7	11 637
	Queen Elizabeth Hospital	4,144.4	78 797
	Rehabaid Centre	19.4	-- (Note 3)
KE	Haven of Hope Hospital	335.0	4 535
	Tseung Kwan O Hospital	1,063.8	26 865
	United Christian Hospital	2,920.9	59 964
KW	Caritas Medical Centre	1,460.6	31 228
	Kwai Chung Hospital	874.9	3 097
	Kwong Wah Hospital	2,020.8	53 033
	North Lantau Hospital (under commissioning)	51.4	-- (Note 4)
	Our Lady of Maryknoll Hospital	399.3	5 403
	Princess Margaret Hospital	3,182.1	64 256
	Wong Tai Sin Hospital	335.0	4 660
	Yan Chai Hospital	1,197.7	33 574
NTE	Alice Ho Miu Ling Nethersole Hospital	1,111.0	22 303
	Bradbury Hospice	35.8	507
	Cheshire Home, Shatin	95.2	138
	North District Hospital	1,213.9	24 328
	Prince of Wales Hospital	3,689.3	65 102
	Shatin Hospital	446.1	6 687
	Tai Po Hospital	462.0	7 401
NTW	Castle Peak Hospital	834.8	2 046
	Pok Oi Hospital	714.1	15 506
	Siu Lam Hospital	164.6	235
	Tuen Mun Hospital	3,794.1	78 709

It should be noted that HA services are provided on a cluster basis, with individual hospitals having different roles (e.g. acute hospitals and general hospitals) in supporting their respective clusters. Their projected total expenditure for 2012-13, which has taken into consideration the relevant factors including their respective roles, scope of services and number of inpatient beds (if any), should not be directly compared.

The budget allocation to individual hospitals for 2013-14 is being worked out and hence not yet available.

Note 1 : Tsan Yuk Hospital is now a day centre mainly offering ambulatory care for antenatal and postnatal patients and therefore has no inpatient beds.

Note 2 : Hong Kong Red Cross Blood Transfusion Service is mainly responsible for ensuring that sufficient supplies of safe and high-quality blood and blood components are available for local transfusion therapy patients and therefore has no inpatient beds.

Note 3 : Rehabaid Centre mainly provides a wide range of rehabilitation services to people with special needs and therefore has no inpatient beds.

Note 4 : Phase I of North Lantau Hospital is under commissioning in 2012-13 and therefore has no discharge and death in the 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: 21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)031

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2010

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:

1. The Hospital Authority (HA) will add 290 acute patient and convalescent beds in the coming year. Please state the provision for these proposed beds in the financial year of 2013-14 and their distribution by category and area. Please explain, with figures, whether the proposal meets the current service demand.

2. The Hospital Authority will strengthen the treatment for degenerative diseases to meet the service demand of an ageing population. Please provide details of the plan and the number of people who will benefit under the plan.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

(1)

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

Cluster	**Number of hospital beds to be opened in 2013-14**	
	Acute	**Convalescent / Rehabilitation**
HKWC	7	0
KCC	1	0
KEC	44	72
KWC	22	20
NTEC	3	0
NTWC	80	38
Overall HA	**157**	**130**

Notes:

(1) The majority of the additional beds will be opened in NTWC, KEC and KWC to meet growing demand in high needs communities.

(2) A small number of beds will be opened in HKWC, KCC and NTEC to enhance specific services (e.g. intensive care service) of the clusters.

In planning for its services and the allocation of beds, HA has taken into account a number of factors, including the increase in service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as the organisation of services of the clusters and hospitals and the service demand of the local community. It is estimated that the above initiatives will cater for about 25 310 additional inpatient and day-patient discharges and deaths in 2013-14.

HA has earmarked over $300 million for the opening of 287 beds in 2013-14.

(2)

To enhance healthcare services for the elderly, particularly the treatment of degenerative diseases, HA will enhance the following services in 2013-14.

HA will enhance specialist eye service for patients suffering from Age-related Macular Degeneration and diabetic related eye disease, benefiting around 500 and 4 000 patients respectively. HA will modernise the implants for osteoporosis fracture and introduce more than 3 500 modern implants for the management of osteoporosis fracture in 2013-14. The treatment for patients with Advanced Parkinson's Disease will be strengthened. It is expected that more than 25 patients with Advanced Parkinson's Disease can receive implantation of Deep Brain Stimulator to improve their symptoms. Moreover, it is expected that around 900 patients will benefit from the widening of the clinical applications of Dopamine-receptor agonists in the HA Drug Formulary.

Abbreviations

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:	22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)032

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2037

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:

1. In the past five financial years (i.e. 2008-2009 to 2012-2013), what was the average waiting time for "semi-urgent cases" at the accident and emergency (A&E) departments?

2. In the past five financial years, what was the manpower wastage of the A&E departments?

3. Does the Government have any options to address the problems of exceedingly long waiting time and manpower wastage?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

1. The table below sets out the average waiting time for the Accident & Emergency (A&E) services of semi-urgent cases at the Hospital Authority (HA) from 2008-09 to 2012-13 (up to December 2012):

Year	Average waiting time (minutes) for semi-urgent cases (Triage 4) at A&E Departments
2008-09	66
2009-10	75
2010-11	74
2011-12	76
2012-13 (Apr – Dec 2012)	90

2. The table below sets out the attrition (wastage) number and the attrition (wastage) rate of doctors and nurses in the A&E specialty from 2008-09 to 2012-13.

	Attrition (Wastage) Number				
	2008-09	**2009-10**	**2010-11**	**2011-12**	**2012-13 (Rolling 12 months Jan - Dec 2012)**
Doctors	21	13	24	24	23
Nurses	31	20	28	43	49

	Attrition (Wastage) Rate				
	2008-09	**2009-10**	**2010-11**	**2011-12**	**2012-13 (Rolling 12 months Jan - Dec 2012)**
Doctors	4.9%	3.0%	5.7%	5.9%	5.6%
Nurses	4.4%	2.8%	3.9%	5.5%	6.2%

3. To improve the services for A&E, HA has introduced the following measures and strengthening healthcare support at A&E Departments –

(a) Implementing a pilot scheme since February 2013 to recruit additional medical and nursing staff to alleviate the work pressure in A&E Departments. The scheme is piloted in seven hospitals for six months. It has recruited a total of 115 doctors and 286 nurses. HA will review the effectiveness of the scheme before deciding whether it should be continued and expanded;

(b) Augmenting doctor manpower through the following –

(i) extra financial incentives, such as introducing special honorarium scheme (SHS), enhancing the fixed-rate honorarium and providing leave encashment. From April to December 2012, some 290 A&E doctors have joined the SHS and worked extra service sessions for A&E Departments;

(ii) additional promotion mechanism for promoting frontline doctors with more than 5 years of post-fellowship experience in the specialty and consistently good performance to Associate Consultant. To date, 19 A&E doctors have been promoted under this mechanism;

(iii) appointment of part-time doctors. HA will approach proactively leaving and retiring doctors for working part-time in A&E Departments with enhanced package. To date, the number of part time doctors recruited to A&E specialty has doubled from 14 (as at 31 March 2011) to 28 (as at 31 December 2012); and

(iv) recruitment of non-local doctors under limited registration for pressurized specialties such as A&E Departments since 2012. To date, 11 doctors have been recruited for various departments through this scheme;

(c) Strengthening manpower of nurses and supporting staff through the following –

(i) provision of short term employment of retired nursing staff, undergraduate nurses and other healthcare workers;

(ii) enhancement of recruitment and retention, promotion opportunities, improvement of working conditions and training opportunities for nurses;

(iii) strengthening of phlebotomist services and clerical support; and

(iv) deployment of additional staff to streamline patient flow and perform crowd control during prolonged waiting;

(d) Setting up additional observation areas to alleviate the congestion of A&E Departments; and

(e) Stepping up publicity to call on the public to avoid using A&E services under non-emergency situation.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)033

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0119

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

Subhead (No. & title): -

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Food and Health Bureau has launched a "Pilot Project on Outreach Primary Dental Care Services" for needy elderly in residential care homes and elderly day care centres to provide them with primary dental services including oral check-up, polishing, tooth-filling and pain relief services, etc. Besides, there is an Elderly Dental Assistance Programme under the Community Care Fund, but it is only available for application by users of "Integrated Home Care Services" and "Enhanced Home and Community Care Services". With limited coverage, it fails to benefit the many needy elders in financial difficulty in the community.

Please advise: Will the Administration extend the dental outreach services to cover elders at the grass-roots level in the community for treatment of their oral diseases and upkeeping of their dental health? If yes, how will it be implemented? What are the manpower and expenditure involved? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Government's policy on dental care seeks to raise public awareness of oral hygiene and oral health and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the Department of Health (DH) has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. The Government also provides emergency dental services to the public. Free emergency dental treatments are provided by DH through 11 government dental clinics. In addition, DH provides specialist oral maxillofacial surgery and dental treatment to patients upon referral by doctors and dentists.

General dental care services, such as scaling and polishing and fillings, are mainly provided by the private sector and non-governmental organisations (NGOs). To cater for the needs of elders with financial difficulties, recipients of Comprehensive Social Security Assistance (CSSA) aged 60 or above or medically certified to be disabled or in ill-health are eligible for the dental grants under the CSSA Scheme to cover expenses of dental treatments, including scaling and polishing, fillings, extraction, dentures, crowns, bridges and root canal treatment. Moreover, the Elderly Health Care Vouchers can be used for dental services. The annual voucher amount per eligible elder has been increased from $500 to $1,000 since 1 January 2013. The Government will convert the Elderly Health Care Voucher Scheme from a pilot project to a recurrent support programme for the elderly in 2014.

As most elders residing in residential care homes (RCHEs) or receiving services in day care centres (DEs) are physically weak, their frail conditions have made it difficult for them to receive dental care services at dental clinics. In April 2011, the Government launched the three-year "Pilot Project on Outreach Primary Dental Care Services for the Elderly in RCHEs and DEs" (the Pilot Project) in collaboration with 13 NGOs to provide outreach primary dental care and oral health care services to these elders. The Pilot Project is expected to provide services for about 100 000 attendances. As at end-February 2013, the Pilot Project had undertaken over 57 200 attendances of elders residing in RCHEs or receiving services in DEs.

We are now conducting an interim review on the Pilot Project and will brief the Panel on Health Services of the Legislative Council on the findings later this year.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)034

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0482

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 psychiatric specialist outpatient service offered by the Hospital Authority, please provide the following information:

(a) A total of 773 000 attendances for the psychiatric specialist outpatient service were recorded in 2012. Please advise on the duration of consultation for each patient on average. How many consultations were given by each doctor per hour on average?

(b) While the Hospital Authority only provides ambulatory psychiatric specialist outpatient service now, many patients and social workers of the Integrated Community Centres for Mental Wellness reflected to me that there is a great need for outpatient service in the evening and on public holidays. Will the Hospital Authority provide additional psychiatric specialist outpatient service in the evening and on public holidays? If yes, how will the plan be implemented? If no, what are the reasons?

(c) If additional psychiatric specialist outpatient service is provided in the evening and on public holidays, what is the expenditure required by the Hospital Authority? Can the Hospital Authority allocate resources from the additional provision of $2.7 billion assigned by the Government to provide the above service?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) In 2012, the SOPCs recorded a total of 773 000 psychiatric out-patient attendances. Doctors will assess each patient's clinical needs and provide necessary treatment as appropriate. In general, doctors will spend about one hour on a first/new appointment. For subsequent follow-up, the consultation time will depend on the clinical needs of individual patients.

(b) & (c) HA provides multi-disciplinary services to mental patients according to their needs. Having regard to the availability of manpower at present, HA has no plan to provide psychiatric specialist out-patient services at night or on public holidays. However, HA has set up designated depot clinics in all the seven clusters to provide depot injection treatment during non-office hours to facilitate patients in need.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)035

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0486

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated in the Budget that "the HA will refine the waiting list management of specialist out-patient clinics to shorten the waiting time for such services". Please advise:

(a) what measures does the HA have in place to "refine the waiting list management"? How will the measures be implemented?

(b) what is the indicator of shortening the waiting time for specialist out-patient services as the HA has set out "to shorten the waiting time for such services"?

Asked by: Hon. CHEUNG Kwok-che

Reply:

Specialist outpatient (SOP) clinics will arrange the date of medical appointment for new SOP patients on the basis of the urgency of their clinical conditions at the time of referral, and triage them into priority 1 (urgent), priority 2 (semi-urgent) and routine categories. It has been the target of the Hospital Authority (HA) to keep the median waiting time for first appointment at SOP clinics for priority 1 cases and priority 2 cases to within two weeks and eight weeks respectively.

HA will commence publishing waiting time information of its specialist services by phases in the HA internet website starting April 2013.

HA has commenced 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.

In 2013-14, HA will further enhance SOP services. Additional SOP sessions will be conducted to cater for patients who have waited for a considerable period of time. In addition, HA will identify pressure areas in different specialties and clusters and develop further measures to manage the waiting time.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)036

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0487

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 measures on primary care development, the Department of Health has currently established 18 elderly health centres in Hong Kong. Elderly aged 65 and above can be enrolled as members of elderly health centres. However, since the turnover of members is not high, new applicants may have to experience longer waiting before arrangement on enrollment can be made. As there are many elderly in the community who are in need of the service of the elderly health centres but are unable to enjoy it due to insufficient resources, it causes an impact to the health of the elderly. Please advise:

(a) Will the Government allocate additional resources to increase the number of elderly health centres? If yes, how many centres will be increased? If no, what are the reasons?

(b) Will the Government increase the number of members of the existing 18 elderly health centres so as to provide services to more needy elderly? If yes, how many members will be increased? If no, what are the reasons?.

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 established in 1998 to provide primary healthcare services, especially preventive care services, for the elderly. The EHCs provide integrated health services including health assessment, treatment and health education to elderly aged 65 and over on a membership status. The VHTs adopt a multi-modality approach to health education and training of the elderly and their carers, as well as public education. 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. The number of attendances is determined by the service capacity of the EHCs which remains at 38 500 enrolment per year.

The performance of EHCs and VHTs is regularly monitored through enrolment and attendance statistics as well as ad hoc studies. Members of EHCs are highly satisfied with the services provided with a high re-enrolment rate of over 80%. A cohort study conducted by EHC which followed up over 20 000 members from 2001 to 2003 showed that a significant proportion had decreased behavioural risk factors (smoking, alcohol use, inadequate exercise and unhealthy dietary habit) after one to five years of enrolment. Through health education and training activities delivered by VHTs

to residential care homes for the elderly, improvement has been shown in various aspects such as the use of individual health records and implementation of infection control measures.

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: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)037

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3297

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:

Will the Administration continue to promote six industries where Hong Kong enjoys clear advantages? If yes, how much expenditure will be allocated to the six industries? What is the specific plan? Please set out in table form respectively.

Asked by: Hon. CHUNG Kwok-pan

Reply:

The private healthcare sector is an integral part of the dual-track healthcare system in Hong Kong. One of our healthcare reform initiatives is to promote and facilitate private healthcare development. In this regard, the Government has reserved four sites at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau for private hospital development. The two reserved sites at Wong Chuk Hang and Tai Po have been put out for open tender from April to July 2012. Following the detailed assessment by the Assessment Panel and the approval by the Central Tender Board, the Government announced in March 2013 that the tender for the Wong Chuk Hang site was awarded to GHK Hospital Limited, whereas that for the Tai Po site was, in the absence of any conforming tender, cancelled pursuant to the Government's Stores and Procurement Regulations.

The new hospital at the Wong Chuk Hang site will commence operation within 46 months (i.e. by January 2017) and provide 500 hospital beds.

We expect that, upon commissioning of the new hospital, the overall capacity of the healthcare system in Hong Kong will increase, enabling the public to have more choices for affordable and quality private hospital services. It will also help address the increasing demand for healthcare services and alleviate the imbalance between the public and private sectors in hospital services in Hong Kong.

We will examine the experience gained from these tender exercises, review the market response and assess the needs of the community in formulating the way forward for the future development of private hospitals and the disposal arrangement for the other reserved sites for private hospital development.

The Food and Health Bureau will carry out the work related to private hospital development with existing resources and manpower.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	26.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)038

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2824

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Matters Requiring Special Attention in 2013-14, please provide information on the implementation schedule and anticipated date of implementation of the Health Protection Scheme, and the expenditure provision that the Government has reserved for the Scheme. The Government has earmarked a sum of $50 billion as a "startup fund" for the Scheme. What is the amount of interest expected to be received from the fund and how is it to be used? What is the estimated annual expenditure for the years ahead?

Asked by: Hon. FANG Kang, Vincent

Reply:

We are taking forward various healthcare reform initiatives based on the outcome of the Second Stage Public Consultation on Healthcare Reform, including conducting a strategic review on healthcare manpower planning and professional development, formulating detailed proposals for the Health Protection Scheme (HPS) and facilitating healthcare service development.

To take forward the HPS, we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group will make recommendations on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the HPS standard plan(s), rules and mechanism in support of the operation of the HPS as well as possible options for the provision of public subsidies or financial incentives, making use as appropriate the $50 billion of fiscal reserve earmarked for supporting healthcare reform, to facilitate HPS implementation. The Working Group is supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration. The Working Group is expected to complete its work and tender detailed recommendations on the HPS to the HMDAC by 2013.

To facilitate the work of the Working Group and Consultative Group, we have commissioned a consultancy study on the HPS in order to provide professional and technical support to the Working Group and the Consultative Group. The consultant would conduct a comprehensive and detailed review, survey and analysis on the current state of private health insurance in Hong Kong by collecting relevant information and data from private health insurers and private healthcare service providers. Based on the findings of the analysis and after considering the experience of overseas jurisdictions, the consultant will propose a feasible and sound design for implementing the HPS,

including relevant operational rules and mechanisms, such as the high-risk pool, portability arrangements for HPS standard plan(s), transparency and certainty of charging of fees, etc.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)039

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1339

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:

1. It is mentioned in the Budget Speech by the Financial Secretary that the Hospital Authority (HA) will add 290 acute patient beds and convalescent beds in the coming year. Please provide the numbers of these acute patient beds and convalescent beds as well as their increases in each hospital;

2. It is stated in the same speech that the HA will also refine the waiting list management of specialist out-patient clinics to shorten the waiting time for such services. What are the details of the measures concerned? What will be the expenditure incurred? Please set out the current waiting time and the estimated waiting time after refinement regarding each specialty;

3. It is also stated that on elderly medical services, the HA will strengthen the treatment of degenerative diseases to meet the service demands of an ageing population. Please advise on the details.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(1)
The table below sets out details of the 287 hospital beds to be opened in 2013-14 in Hospital Authority (HA):

Cluster	**Number of hospital beds to be opened in 2013-14**	
	Acute	**Convalescent / Rehabilitation**
HKWC	7	0
KCC	1	0
KEC	44	72
KWC	22	20
NTEC	3	0
NTWC	80	38
Overall HA	**157**	**130**

Notes:

1. The majority of the additional beds will be opened in NTWC, KEC and KWC to meet growing demand in high needs communities.

2. A small number of beds will be opened in HKWC, KCC and NTEC to enhance specific services (e.g. intensive care service) of the clusters.

(2)

The table below sets out the median waiting time of specialist outpatient (SOP) services for first appointment of major specialties for 2012-13 (up to 31 December 2012).

Specialty	**Median Waiting Time (weeks) (provisional figures)**
Ear, Nose & Throat	8
Medicine	15
Gynaecology	11
Ophthalmology	4
Orthopaedics & Traumatology	16
Paediatrics and Adolescent Medicine	7
Psychiatry	7
Surgery	15

HA has implemented a new initiative since August 2012 to facilitate patients in certain specialties with stable conditions to seek earlier SOP appointment through cross cluster arrangement. HA will commence publishing waiting time information of its specialist services by phases in the HA internet website starting April 2013.

In 2013-14, HA will further enhance the management of SOP waiting time with a total estimated expenditure of $43.05 million. Additional SOP sessions will be conducted to cater for patients who have waited for a considerable period of time. In addition, HA will identify pressure areas in different specialties and clusters and develop measures to manage the waiting time.

(3)

To enhance healthcare services for the elderly, particularly the treatment of degenerative diseases, HA will enhance the following services in 2013-14. HA will enhance specialist eye service for patients suffering from Age-related Macular Degeneration and diabetic related eye disease, benefiting around 500 and 4 000 patients respectively. HA will modernise implants for osteoporosis fracture and introduce more than 3 500 modern implants for the management of osteoporosis fracture in 2013-14. The treatment for patients with Advanced Parkinson's Disease will be strengthened. It is expected that more than 25 patients with Advanced Parkinson's Disease can receive implantation of Deep Brain Stimulator to improve their symptoms. Moreover, it is expected that around 900 patients will be benefited from the widening of the clinical applications of Dopamine-receptor agonists in the HA Drug Formulary.

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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)040

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1380

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) Regarding the injection of $10 billion from the Government into the Samaritan Fund, what is the rate of investment return in 2012-13?

(b) What are the estimated expenditures from the Samaritan Fund for procurement of drugs in 2012-13 and 2013-14 respectively?

(c) What are the actual and estimated numbers of patients granted subsidies under the Samaritan Fund for procuring drugs in 2012-13 and 2013-14 respectively?

Asked by : Hon. HO Chun-yan, Albert

Reply :

(a) The projected 2012-13 average interest yield for the $10 billion Government grant to the Samaritan Fund (SF) is around 3%.

(b) Samaritan Fund aims at providing financial assistance to patients who meet the specified clinical criteria and passed the means test to meet expenses on self-financed drugs or privately purchased medical items needed in the course of medical treatment that are not covered by the standard fees and charges in public hospitals and clinics. Subsidies granted under the Samaritan Fund to patients to meet their expenses on self-financed drugs with safety net are not counted as part of the drug consumption expenditure of the Hospital Authority.

The table below sets out the amount of subsidies granted for drugs in 2012-13 (up to 31 December 2012), and the projected amount of subsidies granted for drugs in 2012-13 and 2013-14.

Year	**Amount of subsidies granted for drugs ($ million)**
2012-13 (Actual up to 31 December 2012)	182.9

Year	Amount of subsidies granted for drugs ($ million)
2012-13 (projected)	256.4
2013-14 (projected)	366.4

(c) The table below sets out the actual number of approved applications on drugs in 2012-13 (up to 31 December 2012), the projected number of approved applications on drugs for 2012-13 and 2013-14.

Year	No. of approved applications on drugs
2012-13 (Actual figure up to 31 December 2012)	1 296
2012-13 (Projected)	1 932
2013-14 (Projected)	2 603

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)041

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1381

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) In respect of the cases of claims received by the Hospital Authority arising from medical incidents, please provide the number of cases which were settled out of court, handled by courts and not further pursued in each financial year starting from 2006-07.

(b) In respect of the cases of claims received by the Hospital Authority arising from medical incidents, please provide, by cases settled out of court and handled by courts, the amount of compensation as well as the fees paid to mediators and lawyers in each financial year starting from 2006-07.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(a)

The following table sets out the number of cases of claims received by the Hospital Authority (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. Relevant information on financial year basis is not readily available.

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
Number of cases of claims ruled by the Court	0	0	0	0	0	0

(b)

In respect of these claims, the table below sets out the amount of compensation as well as the fees paid by HA to mediators and lawyers 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: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)042

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3123

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the records management work over the past three years (to 2012):

1. Please provide information on the number and rank of officers designated to perform such work. If there is no officer designated for such work, please provide information on the number of officers and the hours of work involved in records management duties, and the other duties they have to undertake in addition to records management;

2. Please list in the table below information on programme and administrative records which have been closed pending transfer to the Government Records Service (GRS) for appraisal:

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents

3. Please list in the table below information on programme and administrative records which have been transferred to GRS for retention:

Category of records	Years covered by the records	Number and linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents

4. Please list in the table below information on records which have been approved for destruction by GRS:

Category of records	Years covered by the records	Number and linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents

Asked by: Hon. HO Sau-lan, Cyd

Reply:

Two Assistant Clerical Officers and two Confidential Assistants are designated to carry out records management duties on a full time basis in the Food and Health Bureau (FHB), including both Food Branch (Head 139) and Health Branch (Head 140). The other clerical and secretarial staff in the Bureau will also perform routine records management duties in addition to their own operational duties. At management level, a directorate officer overseeing records management is underpinned by the Departmental Records Manager (at Senior Executive Officer level) and an Assistant Departmental Records Manager (at Executive Officer II level) to coordinate and perform records management work in the FHB. 13 Records Managers not below the rank of Executive Officer II or equivalent are also appointed in FHB to oversee records management matters in their respective units.

2. Information on programme and administrative records which have been closed pending transfer to the Government Records Service (GRS) for appraisal in the past three years is provided below -

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents
Nil	-	-	-	-

3. Information on programme and administrative records which have been transferred to GRS for retention in the past three years is provided below -

Category of records	Years covered by the records	Number and linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents
Nil	-	-	-	-	-

4. Information on records which have been approved for destruction by GRS in the past three years is provided below -

Category of records	Years covered by the records	Number and linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents
Nil*	-	-	-	-	-

Remarks

* In the past three years, only administrative records functionally put under Food Branch were approved for destruction in the Food and Health Bureau and such information is provided in response to the same question under Head 139 (i.e. Question Serial No. 3109).

Name in block letters: Richard YUEN

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

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)043

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3124

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 records management work of the Hospital Authority over the past three years (to 2012):

1. Please provide information on the number and rank of officers designated to perform such work. If there is no officer designated for such work, please provide information on the number of officers and the hours of work involved in records management duties, and the other duties they have to undertake in addition to records management;

2. Please list in the table below information on programme and administrative records which have been closed pending transfer to the Government Records Service (GRS) for appraisal:

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents

3. Please list in the table below information on programme and administrative records which have been transferred to GRS for retention:

Category of records	Years covered by the records	Number and linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents

4. Please list in the table below information on records which have been approved for destruction by GRS:

Category of records	Years covered by the records	Number and linear metres of records	Years that the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents

Asked by: Hon. HO Sau-lan, Cyd

Reply:

(1)

Taking aside medical records of patients which are managed by medical record offices of the hospitals, administrative records in the Hospital Authority (HA) are managed individually by the respective departments/offices both at the corporate and hospital levels. In general, the supporting staff of the departments/offices, usually involving executive, clerical and secretarial staff, are involved in records management in varying degrees amongst their wide range of other supporting duties such as administration work, external liaison, registration, compilation of statistics, etc. As the function of managing administrative records is subsumed into the departments/offices' internal functions and the time spent by individual staff in handling records varies depending on operational needs, statistics on the number of staff and the man hours spent on record management in HA is not available.

(2), (3) & (4)

The scope of service of the Government Records Service (GRS) mainly covers the management of recorded information for the Government but not that for HA. Hence, HA has not transferred any records to GRS.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)044

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1471

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

Subhead (No. & title): Unspecified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the expenditure spent on Chinese medicine in 2012-13, the estimated expenditure to be spent on Chinese medicine in 2013-14, and the reasons for the change in amount.

Asked by: Hon. IP LAU Suk-yee, Regina

Reply:

The 2012-13 revised estimate of the Chinese Medicine Division of the Department of Health is $115.0 million while the provision for 2013-14 is $114.2 million, which is comparable. As for the operation of the public Chinese Medicine Clinics (CMCs), the Government has earmarked $86 million in 2012-13 and $90 million in 2013-14. The increase in the provision for 2013-14 is mainly due to the full-year effect of commissioning a new public CMC established in December 2012.

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. Since the operation is supported by ITC staff, no additional provision is involved.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)045

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1488

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

Would the Administration please advise on the estimated expenditure for taking forward and continuing to co-ordinate the development of a territory-wide patient-oriented electronic health record sharing system in 2013-14, and give a brief account of the cost-effectiveness expected to be brought about by the system (for example, savings in public expenditure)?

Asked by: Hon. IP LAU Suk-yee, Regina

Reply:

The Electronic Health Record Sharing System (eHRSS) is being implemented as a 10-year programme from 2009-10 to 2018-19. The Legislative Council approved in July 2009 a commitment of $702 million non-recurrent expenditure for implementing the first stage of the eHR Programme from 2009-10 to 2013-14. In 2013-14, we will complete the critical tasks for building up the system and the estimated capital expenditure required is $256.9 million.

The eHRSS will bring a host of benefits to clinicians, patients and the healthcare system. These include improving availability and transparency of information shared, allowing seamless interfacing between HCPs in both the public and private sectors, enabling efficient clinical practice and effective use of diagnostic tests, achieving efficiency gains by avoiding the need to store, collate and transfer paper records, minimising repeated investigations and errors associated with paper records, enabling disease surveillance and health statistics for public health and policy making. Many of these benefits are intangible and difficult to quantify. They are designed to help promote and provide a more efficient and better quality healthcare system in Hong Kong.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)046

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2684

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information on encouraging private hospital development:

(a) Please provide details of the effectiveness of the measures.

(b) How many institutions have expressed to the Administration their intention of providing private hospital services? What are the reasons for the acceptance or refusal of their proposals?

Asked by: Hon. KWOK Ka-ki

Reply:

(a)

The healthcare system of Hong Kong runs on a dual-track basis encompassing both public and private elements. The private healthcare sector is an integral part of the dual-track system. One of our healthcare reform initiatives is to promote and facilitate private healthcare development. This will help redress the imbalance between the public and private sectors in hospital services, and increase the overall capacity of the healthcare system in Hong Kong to cope with the rising service demand.

To facilitate private hospital development, the Government put out two sites reserved for this purpose for open tender from April to July last year. The two sites are at Wong Chuk Hang (Aberdeen Inland Lot No. 458) and Tai Po (Tai Po Town Lot No. 207). The Government announced the result of the tenders for the development of private hospitals at the Wong Chuk Hang and Tai Po sites in 13 March 2013. The tender for the Wong Chuk Hang site was awarded to GHK Hospital Limited, whereas that for the Tai Po site was, in the absence of any conforming tender, cancelled pursuant to the Government's Stores and Procurement Regulations.

We will examine the experience gained from this exercise, review the market response and assess the needs of the community in formulating the way forward for the future development of private hospitals and the disposal arrangement for the other three reserved sites.

(b)

In the past five years, we have received proposals on private hospital development from six organisations. One of the proposals was inconsistent with the prevailing policy on land disposal for development of private hospital and was thus rejected.

Name in block letters: Richard YUEN

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

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)047

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2685

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the vaccination programmes for pneumococcal and seasonal influenza for the elderly and young children, will the Administration provide information for the past 3 years (i.e. 2010-11, 2011-12 and 2012-13) and the estimates for 2013-14 on the following:

(a) the number of elderly persons receiving pneumococcal and seasonal influenza vaccination, the percentage of the elderly receiving vaccination in the population group concerned and the expenditure involved; and

(b) the number of young children receiving pneumococcal and seasonal influenza vaccination, the percentage of the young children receiving vaccination in the population group concerned and the expenditure involved.

Asked by: Hon. KWOK Ka-ki

Reply:

The Department of Health (DH) has been administering the following vaccination programme/schemes to provide pneumococcal and influenza vaccination to eligible elders and children -

- Government Vaccination Programme (GVP), which provides free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 or above;

- Childhood Influenza Vaccination Subsidy Scheme (CIVSS), which provides subsidised influenza vaccination for children between the age of six months to less than six years; and

- Elderly Vaccination Subsidy Scheme (EVSS), which provides subsidised influenza and pneumococcal vaccination to elderly aged 65 or above.

The statistics on vaccinations under the programmes/schemes are detailed at the Annex. It should be noted that many target group members may have received vaccination outside the Government's vaccination programme/schemes and hence not reflected in the statistics.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	20.3.2013

Annex

Seasonal influenza vaccination provided under the Government Vaccination Programme (GVP), Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS)

Target groups	Vaccination programme/ scheme	2010-11			2011-12			2012-13 (as at 10 Mar 2013)		
		No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group	No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group	No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	GVP	3900	Not applicable	12.3%	2 700	Not applicable	9.7%	2 600	Not applicable	12.2%
	CIVSS	48 700	3.9		43 700	3.5		59 300	7.7	
Elderly aged 65 or above	GVP	173 700	Not applicable	31.0%	176 500	Not applicable	31.7%	174 900	Not applicable	32.0%
	EVSS	110 500	14.4		120 900	15.7		139 800	18.2	
Total:		**336 800**	**18.3**		**343 800**	**19.2**		**374 700**	**25.9**	-

For 2013-14, it is estimated that a higher percentage of eligible persons will receive seasonal influenza vaccination under the vaccination programme/schemes. As such, DH has reserved $37.7 million and $85.1 million to meet the subsidy payments under CIVSS and EVSS respectively.

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme/ scheme	2010-11			2011-12			2012-13 (as at 10 Mar 2013)		
		No. of recipients^	Subsidy Paid ($ million)	Percentage of population in the age group▵	No. of recipients^	Subsidy Paid ($ million)	Percentage of population in the age group▵	No. of recipients^	Subsidy Paid ($ million)	Percentage of population in the age group△
Elderly aged 65 or above*	GVP	15 900	Not applicable	35.6%	15 000	Not applicable	38.6%	11 600	Not applicable	39.6%
	EVSS	14 100	2.7		14 000	2.7		16 200	3.1	
Total:		**30 000**	**2.7**		**29 000**	**2.7**		**27 800**	**3.1**	-

* Elders aged 65 or above do not require repeated pneumococcal vaccination.

^ Refers to new recipients in 2010-11, 2011-12 and 2012-13 only.

▵ Based on the accumulated number of recipients

For 2013-14, it is estimated that the same number of eligible elders will receive pneumococcal vaccination under the vaccination programme/schemes. As such, DH has reserved $3 million to meet the subsidy payments under EVSS.

Total number of doctors enrolled under CIVSS and EVSS

	2011-12	2012-13 (as at 10 Mar 2013)	2013-14 (Estimated)
Number of Enrolled doctors	1 500	1 600	1 600

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)048

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2686

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the smoking cessation services provided by the Hospital Authority, please inform this Committee:

(a) of the number of hotline enquiries, follow-up counselling cases and attendances at smoking cessation clinic by age groups; and

(b) of the cessation rate of first-year cases.

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) operates 9 full-time and 43 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counseling and treatment. Relevant statistics in the past three years are as follows:

	2010	**2011**	**2012**
Number of enquiries on smoking cessation services	6 844	10 648	12 596
Number of telephone counselling sessions (including initial and follow-up telephone counselling)	11 240	17 465	34 984
New patients attending smoking cessation clinics	4 156	6 419	13 136
(i) Percentage with age < 65	79.0%	76.1%	73.2%
(ii)Percentage with age ≥ 65	21.0%	23.9%	26.8%
One-year success quit rate	43.0%	43.8%	46.0%
(i) Age < 65	41.8%	42.7%	44.6%
(ii)Age ≥ 65	46.9%	47.3%	50.4%

Notes :

1. *A breakdown by age group is not available for the number of enquiries received and the number of telephone counselling sessions conducted .*

2. *One-year success quit rate refers to the percentage of clients who have self-reported not to have smoked for a consecutive of seven days prior to the 52nd week after their first actual quit attempt.*

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)049

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2687

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The provision for the Hospital Authority for 2013-14 is 9.5% higher than the original estimate for 2012-13. Will the Administration please give the reasons? Which initiatives have given rise to the increase in provision? What are the provisions for improving the working hours of doctors, shortening the waiting time for outpatient services and strengthening manpower?

Asked by: Hon. KWOK Ka-ki

Reply:

The financial provision for the Hospital Authority (HA) for 2013-14 is 9.5% higher than the original estimate for 2012-13. The additional financial provision in 2013-14 mainly includes the followings for implementation of a wide range of initiatives which include, amongst others, measures to improve the work hours of doctors, shorten the waiting time for outpatient services and strengthen HA manpower:

(1) **$1,200 million additional recurrent provision** to meet the growth in service demand arising from population growth and demographic changes, technology advancement as well as recurrent consequences of hospital projects. Major initiatives to be implemented in 2013-14 include:

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

(ii) 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) setting up planning teams for service and capital planning of future hospital redevelopment projects;

(iv) 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 Tseung Kwan O Hospital, Tuen Mun Hospital and Pok Oi Hospital;

(v) improving the access of critically ill patients to intensive care by opening one additional

Intensive Care Unit bed and seven High Dependency Unit beds;

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

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

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

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

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

(xi) 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) strengthening support service to provide better back-up for the growing and advancing healthcare services.

(2) **$800 million additional provision** for HA to implement various health initiatives, including:

(i) 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) 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) strengthening mental health services according to HA's Adult Mental Health Service Plan 2010-2015;

(iv) enhancing eye disease treatment for elderly patients;

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

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

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

(viii) 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 episode quota;

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

(x) enhancing paediatric care services including prenatal screening to minimize congenital disability;

(xi) enhancing transplant services; and

(xii) 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.

(3) **$575 million additional provision** for HA to implement a number of new/on-going initiatives, including:

(i) system development, enhancement and maintenance of the eHealth System and Primary Care Directory;

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

(iii) 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) 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) repair, maintenance and improvement of hospital and clinic buildings and facilities for delivery of public healthcare services;

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

(viii) 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.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)050

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2688

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:

Given that the estimate for the Hospital Authority in 2013-14 has increased by 9.5% over the original estimate of 2012-13, will the Administration inform this Committee of the respective amounts of increased resources allocated to different hospital clusters; whether consideration has been given during allocation of resources to redressing the imbalance of resources among hospital clusters; if yes, what is the basis for such allocation; and if not, why not?

Asked by: Hon. KWOK Ka-Ki

Reply:

The financial provision for the Hospital Authority (HA) for 2013-14 is 9.5% higher than the original estimate for 2012-13. The additional provision in 2013-14 mainly includes the following:

(1) **$1,200 million additional recurrent provision** to meet the growth in service demand arising from population growth and demographic changes, technology advancement as well as recurrent consequences of hospital projects. Major initiatives to be implemented in 2013-14 include:

(i) 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) 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) setting up planning teams for service and capital planning of future hospital redevelopment projects;

(iv) 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) 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) increasing service capacity to meet admission surge during high season of flu epidemic in winter and summer time;

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

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

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

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

(xi) 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) strengthening support service to provide better back-up for the growing and advancing healthcare services.

(2) **$800 million additional provision** for HA to implement various health initiatives, including:

(i) 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) 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) strengthening mental health services according to HA's Adult Mental Health Service Plan 2010-2015;

(iv) enhancing eye disease treatment for elderly patients;

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

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

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

(viii) 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 episode quota;

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

(x) enhancing paediatric care services including prenatal screening to minimize congenital disability;

(xi) enhancing transplant services; and

(xii) 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.

(3) **$575 million additional provision** for HA to implement a number of new/ on-going initiatives, including:

(i) system development, enhancement and maintenance of the eHealth System and Primary Care Directory;

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

(iii) 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) 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) repair, maintenance and improvement of hospital and clinic buildings and facilities for delivery of public healthcare services;

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

(viii) 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. Internal resource allocation within HA including the budget allocation to individual clusters is part and parcel of HA's budget planning process. As what HA did in the past years, additional funding will be allocated to clusters and HA Head Office on the basis of HA's Annual Plan in 2013-14. Other factors including population growth, demographic changes, plans for service enhancement, 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.

Name in block letters: Richard YUEN

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

Date: 21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)051

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2689

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 provision allocated to the Hospital Authority (HA), would the Administration advise this Committee of the resources allocated to various clusters by HA over the past three years (i.e. 2010-2011, 2011-2012 and 2012-2013)? Please list by cluster.

Asked by: Hon. KWOK Ka-ki

Reply:

The table below sets out the budget allocation for each cluster of the Hospital Authority in the past three years from 2010-11 to 2012-13:

Year	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
	($ billion)						
2010-11	3.53	3.71	4.47	3.21	7.29	5.26	4.17
2011-12	3.95	4.11	4.98	3.65	8.17	5.89	4.73
2012-13 (full year projection as at end December 2012)	4.37	4.51	5.45	4.10	8.96	6.50	5.18

It should be noted that the yearly budget allocation 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, budget will also be allocated to relevant clusters having regard to their required expenditures for implementing new service programmes, and enhancing facilities and services. In light of the above, the budget allocation cannot be directly compared among clusters.

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: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)052

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2690

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2013-14, the number of general beds will only increase by 378 and there is no increase in the numbers of infirmary beds and beds for the mentally ill and mentally handicapped when compared with the actual figures in March 2012. What is the ratio between hospital beds and patients by department in each of the Hospital Authority clusters at present and in the past 3 years (from 2010-11 to 2012-13)? Has the Administration assessed whether the number of hospital beds can meet the service needs of the increasing local population? If there is a shortfall, will the Administration allocate additional resources? What will be the manpower and expenditure involved?

Asked by: Hon. KWOK Ka-ki

Reply:

The table below sets out the ratio of inpatient and day-patient discharges and deaths to beds* in general, infirmary, mentally ill and mentally handicapped specialties in each hospital cluster in the Hospital Authority (HA) in 2010-11, 2011-12 and 2012-13 (Revised Estimate).

2010-11

	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall HA**
General	80.8	59.3	60.9	76.2	64.7	66.3	86.1	68.6
Infirmary	3.5	0.5	2.1	1.4	1.9	0.6	0.2	1.8
Mentally ill	4.7	8.2	6.2	7.8	3.8	7.3	2.3	4.4
Mentally handicapped^	-	-	-	-	0.7	-	0.5	0.5

2011-12

	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall HA**
General	83.3	62.2	65.9	77.9	66.6	68.8	89.3	71.4
Infirmary	3.2	0.6	1.7	1.3	2.0	0.5	0.2	1.7
Mentally ill	4.5	8.8	6.1	8.6	4.0	7.5	2.2	4.4
Mentally handicapped^	-	-	-	-	0.6	-	0.6	0.6

2012-13 (Revised Estimate)

	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA
General	81.6	63.7	67.3	77.0	66.7	68.0	87.6	71.3
Infirmary	3.1	0.6	2.3	1.2	2.0	0.5	0.1	1.7
Mentally ill	4.6	9.5	6.2	8.5	4.0	7.2	2.3	4.5
Mentally handicapped^	-	-	-	-	0.6	-	0.5	0.5

In planning for its services and allocating beds to different hospitals, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability, organisation of services of the clusters and hospitals as well as the service demand of local community.

In 2013-14, HA will open an additional of 287 beds (compared to the Revised Estimate as at 31 March 2013), particularly in high needs communities like the NTWC and KEC. HA has earmarked over $300 million for opening these beds in 2013-14. To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 300 doctors, 2 100 nursing staff and 610 allied health staff in 2013-14.

Note:

* Number of hospital beds refers to the position as at end March of respective financial year.

^ Mentally handicapped beds are provided in KWC and NTWC only.

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: 21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)053

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2691

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the numbers of specialist outpatient new cases in various specialties (including Ear, Nose & Throat, Obstetrics, Gynaecology, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics & Adolescent Medicine, Surgery, Geriatrics, and Psychiatry) under the Hospital Authority in 2010-11, 2011-12 and 2012-13, as well as the respective average, lower quartile and 99th percentile waiting time.

Asked by: Hon. KWOK Ka-ki

Reply:

The table below sets out the number of specialist outpatient new cases, and their respective lower quartile (25th percentile), median (50th percentile), and the longest (90th percentile) waiting time for 2010-11, 2011-12 and 2012-13 (up to 31 December 2012).

Specialty	2010-11				2011-12				2012-13 (Up to 31 December 2012) [Provisional]			
	Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile
ENT	80 401	1	5	50	79 942	1	7	52	61 924	1	8	37
MED	106 928	3	10	48	110 908	4	13	53	85 405	4	15	62
GYN	52 291	2	11	49	54 230	3	11	53	43 736	3	11	56
OBS	54 217	1	3	10	55 564	2	5	16	35 695	1	5	16
OPH	118 472	<1	4	50	121 078	<1	4	48	95 212	<1	4	60
ORT	93 421	2	13	70	94 859	2	15	94	75 046	2	16	97
PAE	25 508	1	6	23	25 357	1	6	26	18 568	1	7	23
PSY	41 553	1	4	37	45 572	1	6	44	36 297	1	7	57
SUR	135 105	4	12	96	141 638	5	13	98	115 468	5	15	97

Note:
Statistics for Geriatrics are grouped under Medicine specialty.

Abbreviations

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

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)054

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2692

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the numbers of doctors by department in each of the hospitals in the Hospital Authority clusters in the past 3 years (2010-11, 2011-12 and 2012-13); their numbers by rank (including Consultant, Associate Consultant/Senior Medical Officer, Specialist and Specialist Trainee); the ratio between doctors and patients; and the doctors' median length of service.

Asked by: Hon. KWOK Ka-ki

Reply:

The table below sets out the number of all ranks of doctors by major specialties in each hospital cluster of the Hospital Authority (HA) in 2010-11, 2011-12 and 2012-13 (as at 31 December 2012).

Cluster	**Specialty**	**2010-11**				**2011-12**				**2012-13 (as at 31 December 2012)**			
		Consultant	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
HKEC	Accident & Emergency	5	13	31	**49**	4	16	28	**48**	5	21	28	**54**
	Anaesthesia	3	12	15	**30**	3	13	15	**31**	3	14	16	**33**
	Family Medicine	1	7	41	**49**	1	11	39	**51**	1	11	43	**55**
	Medicine	14	40	86	**140**	17	48	82	**147**	16	59	71	**146**
	Neurosurgery	2	2	7	**11**	2	3	7	**12**	3	2	5	**10**
	Obstetrics & Gynaecology	5	3	13	**21**	4	3	14	**21**	4	6	13	**23**
	Ophthalmology	3	5	12	**20**	3	4	12	**19**	3	7	10	**20**
	Orthopaedics & Traumatology	5	5	21	**31**	5	5	22	**32**	5	10	15	**30**
	Paediatrics	5	5	19	**29**	5	6	13	**24**	5	5	12	**22**
	Pathology	3	8	7	**18**	4	8	7	**19**	6	7	7	**20**
	Psychiatry	3	8	21	**32**	4	11	17	**32**	4	11	19	**34**
	Radiology	8	9	17	**34**	9	9	17	**35**	9	9	19	**37**
	Surgery	7	12	29	**48**	8	11	30	**49**	9	11	29	**49**
	Others	7	9	23	**39**	7	7	22	**36**	6	10	24	**40**

Cluster	Specialty	2010-11				2011-12				2012-13 (as at 31 December 2012)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Total	**71**	**138**	**341**	**550**	**76**	**155**	**325**	**555**	**78**	**183**	**311**	**572**
HKWC	Accident & Emergency	2	9	17	**28**	2	10	18	**30**	3	9	19	**31**
	Anaesthesia	12	20	22	**54**	15	20	23	**58**	14	21	22	**57**
	Cardio-thoracic Surgery	2	6	2	**10**	1	7	1	**9**	1	7	3	**11**
	Family Medicine	1	2	31	**34**	1	7	29	**37**	1	7	32	**40**
	Medicine	20	24	83	**127**	19	35	76	**130**	19	34	77	**130**
	Neurosurgery	2	3	9	**14**	2	3	7	**12**	2	3	7	**12**
	Obstetrics & Gynaecology	6	4	16	**27**	7	6	15	**28**	6	5	16	**27**
	Ophthalmology	1	4	6	**11**	1	5	6	**12**	1	5	6	**12**
	Orthopaedics & Traumatology	5	6	19	**30**	5	5	19	**29**	5	7	18	**30**
	Paediatrics	8	9	25	**41**	10	7	25	**42**	10	12	19	**41**
	Pathology	6	8	8	**22**	6	9	11	**26**	6	9	11	**26**
	Psychiatry	3	4	15	**22**	3	7	14	**24**	3	7	15	**25**
	Radiology	9	7	20	**36**	9	10	18	**37**	9	10	19	**38**
	Surgery	11	16	48	**75**	11	18	47	**76**	11	19	47	**78**
	Others	6	13	19	**38**	7	12	19	**38**	7	12	19	**38**
	Total	**94**	**135**	**340**	**569**	**98**	**161**	**329**	**588**	**98**	**167**	**331**	**597**
KCC	Accident & Emergency	3	9	23	**35**	3	12	23	**38**	3	13	22	**37**
	Anaesthesia	10	16	27	**53**	10	17	27	**54**	9	18	26	**53**
	Cardio-thoracic Surgery	3	4	5	**12**	3	7	4	**14**	3	7	5	**15**
	Family Medicine	1	5	45	**51**	1	5	43	**49**	1	8	45	**54**
	Medicine	11	30	100	**141**	15	43	84	**141**	16	45	84	**144**
	Neurosurgery	3	5	7	**15**	4	7	9	**20**	3	7	10	**20**
	Obstetrics & Gynaecology	6	5	15	**26**	7	7	15	**29**	7	9	15	**30**
	Ophthalmology	3	11	22	**36**	4	9	22	**35**	5	13	20	**38**
	Orthopaedics & Traumatology	7	11	16	**34**	8	15	13	**36**	8	16	11	**35**
	Paediatrics	5	10	22	**37**	8	12	19	**38**	8	16	14	**38**
	Pathology	5	11	11	**27**	7	10	12	**30**	7	10	11	**29**
	Psychiatry	4	5	24	**33**	4	7	23	**34**	5	9	24	**37**
	Radiology	11	13	18	**42**	11	15	17	**43**	11	16	17	**44**
	Surgery	8	17	28	**53**	8	17	24	**49**	9	16	29	**54**
	Others	10	17	25	**52**	11	20	20	**51**	13	18	20	**51**
	Total	**91**	**169**	**387**	**648**	**104**	**204**	**355**	**662**	**107**	**220**	**352**	**679**

Cluster	Specialty	2010-11				2011-12				2012-13 (as at 31 December 2012)			
		Consultant	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
KEC	Accident & Emergency	4	14	36	**54**	4	23	27	**54**	4	24	31	**59**
	Anaesthesia	3	16	21	**40**	3	17	20	**40**	5	17	18	**39**
	Family Medicine	1	11	62	**74**	1	12	71	**85**	1	11	74	**87**
	Medicine	13	32	86	**131**	14	43	74	**131**	14	48	72	**134**
	Neurosurgery	0	0	3	**3**	0	0	0	**0**	0	0	0	**0**
	Obstetrics & Gynaecology	4	8	14	**26**	5	7	15	**27**	5	5	17	**27**
	Ophthalmology	1	6	10	**17**	1	6	13	**20**	1	6	12	**19**
	Orthopaedics & Traumatology	5	7	26	**38**	6	8	25	**39**	6	9	24	**39**
	Paediatrics	3	13	22	**38**	5	12	21	**38**	5	13	21	**39**
	Pathology	6	7	7	**20**	6	9	5	**20**	6	9	4	**19**
	Psychiatry	2	10	22	**34**	3	14	19	**36**	3	15	17	**35**
	Radiology	6	9	8	**23**	7	9	8	**24**	7	9	10	**26**
	Surgery	7	16	38	**61**	7	16	35	**58**	7	16	35	**57**
	Others	6	11	16	**33**	6	13	12	**31**	6	13	18	**37**
	Total	**61**	**159**	**370**	**590**	**69**	**189**	**345**	**603**	**70**	**194**	**353**	**617**
KWC	Accident & Emergency	8	29	73	**110**	9	34	63	**106**	9	36	64	**109**
	Anaesthesia	10	31	39	**80**	10	34	36	**80**	10	37	36	**83**
	Family Medicine	1	19	123	**143**	2	19	129	**150**	2	19	129	**150**
	Medicine	27	77	174	**278**	31	97	147	**275**	34	107	148	**288**
	Neurosurgery	3	6	14	**23**	3	4	14	**21**	4	6	13	**23**
	Obstetrics & Gynaecology	7	12	26	**46**	9	13	27	**49**	9	15	27	**51**
	Ophthalmology	3	6	15	**24**	3	8	11	**22**	3	7	13	**23**
	Orthopaedics & Traumatology	11	17	41	**69**	12	21	38	**71**	12	22	41	**75**
	Paediatrics	10	24	40	**73**	10	27	39	**76**	12	29	38	**78**
	Pathology	14	12	22	**48**	14	15	18	**47**	14	17	17	**48**
	Psychiatry	6	21	42	**69**	8	24	37	**70**	8	24	36	**68**
	Radiology	12	21	19	**52**	12	21	21	**54**	13	23	19	**55**
	Surgery	16	29	66	**111**	17	31	67	**115**	17	37	59	**113**
	Others	6	25	36	**67**	9	25	39	**73**	9	26	49	**84**
	Total	**134**	**329**	**729**	**1 192**	**149**	**372**	**687**	**1 208**	**155**	**404**	**690**	**1 249**

Cluster	Specialty	2010-11				2011-12				2012-13 (as at 31 December 2012)			
		Consultant	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
NTEC	Accident & Emergency	7	26	37	**70**	7	28	33	**68**	7	29	32	**68**
	Anaesthesia	7	24	25	**56**	7	25	24	**56**	7	23	25	**55**
	Cardio-thoracic Surgery	1	2	1	**4**	1	2	1	**4**	1	2	2	**5**
	Family Medicine	1	10	71	**82**	1	14	74	**89**	2	13	73	**88**
	Medicine	20	29	126	**175**	22	37	119	**178**	22	44	117	**183**
	Neurosurgery	1	4	3	**8**	1	4	2	**7**	0	4	3	**7**
	Obstetrics & Gynaecology	5	8	18	**31**	6	6	20	**32**	6	6	19	**31**
	Ophthalmology	2	4	15	**21**	2	5	17	**24**	2	6	18	**25**
	Orthopaedics & Traumatology	8	12	40	**60**	10	18	32	**60**	10	19	33	**62**
	Paediatrics	8	9	34	**51**	8	15	31	**54**	9	18	31	**58**
	Pathology	7	12	13	**32**	7	15	10	**32**	7	15	11	**33**
	Psychiatry	3	19	35	**57**	4	18	40	**62**	5	16	39	**60**
	Radiology	11	10	16	**37**	11	13	14	**38**	11	12	18	**41**
	Surgery	13	13	54	**80**	13	19	49	**81**	14	18	50	**82**
	Others	9	21	42	**72**	10	26	40	**76**	10	27	40	**77**
	Total	**103**	**203**	**530**	**835**	**110**	**245**	**506**	**861**	**112**	**252**	**510**	**875**
NTWC	Accident & Emergency	4	14	44	**62**	4	19	36	**60**	4	22	34	**60**
	Anaesthesia	5	13	29	**47**	6	12	29	**47**	7	12	25	**44**
	Cardio-thoracic Surgery	0	1	1	**2**	0	2	0	**2**	0	2	0	**2**
	Family Medicine	1	9	58	**68**	1	10	57	**68**	1	10	63	**74**
	Medicine	11	28	78	**116**	16	25	82	**122**	16	37	70	**123**
	Neurosurgery	2	3	7	**12**	3	3	6	**12**	3	4	8	**15**
	Obstetrics & Gynaecology	5	8	15	**28**	6	7	17	**30**	6	7	19	**32**
	Ophthalmology	4	6	9	**19**	4	7	10	**21**	5	5	10	**20**
	Orthopaedics & Traumatology	6	9	28	**43**	8	14	22	**44**	7	13	21	**41**
	Paediatrics	5	9	25	**39**	5	11	20	**36**	5	12	18	**35**
	Pathology	4	9	9	**22**	5	9	9	**23**	5	9	7	**21**
	Psychiatry	8	22	44	**74**	7	27	44	**78**	8	26	43	**77**
	Radiology	8	3	16	**27**	11	3	19	**33**	11	4	19	**33**
	Surgery	8	11	37	**57**	12	11	33	**56**	12	14	32	**58**
	Others	4	14	22	**40**	5	16	21	**42**	5	18	26	**49**
	Total	**75**	**160**	**421**	**656**	**92**	**177**	**404**	**674**	**94**	**195**	**395**	**684**

Tables 1 and 2 below set out the doctor-to-patient ratio by clusters and major inpatient specialties in 2010-11, 2011-12 and 2012-13 (as at 31 December 2012).

Table 1: Doctor-to-patient ratio by cluster in 2010-11, 2011-12 and 2012-13 (as at 31 December 2012)

Cluster	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths
2010-11		
HKEC	550	5.0
HKWC	569	5.4
KCC	648	5.1
KEC	590	5.0
KWC	1 192	4.9
NTEC	835	5.3
NTWC	656	5.4
2011-12		
HKEC	555	5.0
HKWC	588	5.4
KCC	662	5.3
KEC	603	5.0
KWC	1 208	4.9
NTEC	861	5.3
NTWC	674	5.4
2012-13 (as at 31 December 2012)		
HKEC	572	4.9
HKWC	597	5.3
KCC	679	5.3
KEC	617	5.0
KWC	1 249	4.8
NTEC	875	5.2
NTWC	684	5.3

Table 2: Doctor-to-patient ratio by major inpatient specialties in 2010-11, 2011-12 and 2012-13 (as at 31 December 2012)

Specialty	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths
2010-11		
Medicine	1 106	2.7
Surgery (including Neurosurgery and Cardiothoracic Surgery)	599	3.9
Obstetrics & Gynaecology	205	2.2
Paediatrics	308	3.6
Orthopaedics & Traumatology	306	4.1
Psychiatry	321	19.7

Specialty	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths
2011-12		
Medicine	1 125	2.7
Surgery (including Neurosurgery and Cardiothoracic Surgery)	597	3.7
Obstetrics & Gynaecology	217	2.2
Paediatrics	308	3.5
Orthopaedics & Traumatology	311	3.9
Psychiatry	337	20.5
2012-13 (as at 31 December 2012)		
Medicine	1 148	2.6
Surgery (including Neurosurgery and Cardiothoracic Surgery)	610	3.6
Obstetrics & Gynaecology	222	2.3
Paediatrics	310	3.3
Orthopaedics & Traumatology	313	3.7
Psychiatry	336	19.0

The table below sets out the median length of service of all ranks of doctors by major specialties in HA in 2010-11, 2011-12 and 2012-13 (as at 31 December 2012).

	2010-11				**2011-12**				**2012-13 (as at 31 December 2012)**			
Specialty	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
Accident & Emergency	19	16.41	6.75	**12.75**	19.92	16.75	6.75	**12.75**	20.67	17	6.5	**12.5**
Anaesthesia	17.16	12.83	4.75	**8.75**	18.16	12.75	4.75	**8.75**	18.91	12.5	5.5	**9.5**
Cardio-thoracic Surgery	16.5	14.24	9.75	**14.11**	17.25	12.25	3.75	**12.75**	18	13	2.5	**12.5**
Family Medicine	15.17	10.75	7.75	**7.75**	16.46	11.47	8.71	**8.75**	16.71	11.5	8.5	**9.5**
Medicine	19	17.41	6.75	**10.75**	19.58	17.54	6.75	**9.75**	20.25	17.5	6.5	**10.5**
Neurosurgery	18.75	15.83	3.81	**9.75**	19.75	15.37	4.75	**10.75**	20	15.91	4.5	**8.58**
Obstetrics & Gynaecology	18.24	10.75	4.75	**6.12**	17.75	9.75	4.75	**6.75**	18.29	10.5	5.5	**6.5**
Ophthalmology	16.66	13.75	5.75	**7.75**	17.58	12.75	4.75	**7.25**	18.33	13.5	4.5	**7.5**
Orthopaedics & Traumatology	19.08	16.75	5.75	**12.75**	19.75	16.75	5.75	**11.75**	20.38	17.5	5.5	**11.5**
Paediatrics	18.49	17.19	5.75	**9.99**	18.75	17.5	5.57	**9.75**	19.33	17.91	5.5	**9.5**
Pathology	16.9	15.95	5.75	**12.75**	17.75	16.75	5.75	**12.75**	18.5	16.46	5.5	**13.5**
Psychiatry	18.33	15.75	5.75	**9.75**	18.66	13.75	4.75	**9.75**	19.3	14.5	5.5	**8.88**
Radiology	18.25	13.49	4.75	**8.54**	18.83	10.75	4.75	**8.25**	18.54	11.5	4.5	**8.5**
Surgery	17.83	14.75	4.75	**7.75**	18.62	14.75	5.75	**7.75**	19.16	14.5	5.5	**7.5**
Others	18.33	16.2	5.75	**10.75**	19.08	16.75	6.66	**11.75**	19.84	16.5	5.5	**10.5**
Total	**18.24**	**15.75**	**5.75**	**9.75**	**18.75**	**15.75**	**5.75**	**9.26**	**19.49**	**15.73**	**5.5**	**9.5**

Notes:

1. The manpower figures 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 medicine department include services for Hospice, Rehabilitation and Infirmary. The services of the psychiatric department include services for the mentally handicapped.

3. For the ratios of manpower per 1 000 inpatient discharges and deaths, manpower status refer to the position as at 31 March of respective years (except for 2012-13, the manpower status as at 31 December 2012 was drawn); whereas number of inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2012-13, the throughput from 1 January 2012 to 31 December 2012 was taken). The number of inpatient discharges and deaths for 2012-13 are provisional figures.

4. It is important to note that doctors are responsible for rendering services for the whole continuum of services spanning from inpatient, outpatient, ambulatory and outreach services. Therefore, the manpower ratios for inpatient services may not give meaningful year on year comparison. Variations are also noted among specialties and clusters as the throughputs are related to the mode of care delivery, the condition of individual patients and the complexity of individual cases.

Abbreviations

SMO/AC – Senior Medical Officer/Associate Consultant
MO/R – Medical Officer/Resident
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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)055

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2693

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the annual turnover of medical officers in hospitals of the Hospital Authority in 2010-11, 2011-12 and 2012-13 by post (including Consultant, Associate Consultant/Senior Doctor, Specialist and Specialist Trainee) and by clinical department upon the officers' departure, including the number of departures, attrition rate and median lengths of service upon departure.

Asked by: Hon. KWOK Ka-ki

Reply:

The table below sets out the attrition number of all ranks of doctors by major specialties in the Hospital Authority (HA) in 2010-11, 2011-12 and 2012-13 (rolling 12 months from 1 January 2012 to 31 December 2012).

Cluster	Major Specialty	2010-11				2011-12				2012-13 (Rolling 12 months from 1 Jan 12 to 31 Dec 12)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	0	2	2	**4**	0	0	1	**1**	0	0	1	**1**
	Anaesthesia	0	1	1	**2**	0	1	0	**1**	0	0	1	**1**
	Family Medicine	0	0	3	**3**	0	0	2	**2**	0	0	1	**1**
	Medicine	2	1	2	**5**	1	1	1	**3**	4	0	2	**6**
	Neurosurgery	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**
	Obstetrics & Gynaecology	2	2	0	**4**	1	1	0	**2**	0	0	0	**0**
	Ophthalmology	0	0	1	**1**	0	2	0	**2**	0	3	0	**3**
	Orthopaedics & Traumatology	1	0	0	**1**	1	0	1	**2**	0	1	0	**1**
	Paediatrics	0	0	2	**2**	1	1	2	**4**	1	0	5	**6**
	Psychiatry	0	0	0	**0**	0	0	0	**0**	0	1	1	**2**
	Radiology	0	2	0	**2**	1	2	0	**3**	0	1	0	**1**
	Surgery	1	1	0	**2**	2	2	1	**5**	4	1	1	**6**
	Others	0	2	1	**3**	1	0	1	**2**	3	0	0	**3**

Cluster	Major Specialty	2010-11				2011-12				2012-13 (Rolling 12 months from 1 Jan 12 to 31 Dec 12)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Total	**6**	**11**	**12**	**29**	**8**	**10**	**9**	**27**	**12**	**7**	**13**	**32**
HKWC	Anaesthesia	1	1	0	**2**	2	1	2	**5**	3	0	1	**4**
	Cardio-thoracic Surgery	0	0	0	**0**	1	0	0	**1**	1	0	0	**1**
	Family Medicine	0	1	0	**1**	0	0	1	**1**	0	0	0	**0**
	Medicine	1	0	4	**5**	2	2	5	**9**	3	1	6	**10**
	Obstetrics & Gynaecology	1	0	0	**1**	1	0	0	**1**	1	1	0	**2**
	Ophthalmology	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**
	Orthopaedics & Traumatology	0	0	0	**0**	1	1	1	**3**	1	0	1	**2**
	Paediatrics	0	0	3	**3**	0	1	1	**2**	0	0	2	**2**
	Pathology	1	1	0	**2**	0	0	0	**0**	0	1	0	**1**
	Psychiatry	0	0	0	**0**	0	1	3	**4**	0	0	2	**2**
	Radiology	0	2	0	**2**	1	2	0	**3**	1	0	0	**1**
	Surgery	2	1	2	**5**	3	0	4	**7**	3	3	2	**8**
	Others	0	1	1	**2**	1	0	1	**2**	0	0	0	**0**
	Total	**6**	**7**	**11**	**24**	**12**	**8**	**18**	**38**	**13**	**6**	**14**	**33**
KCC	Accident & Emergency	0	0	5	**5**	0	0	1	**1**	0	2	1	**3**
	Cardio-thoracic Surgery	1	1	0	**2**	0	0	0	**0**	0	0	0	**0**
	Family Medicine	0	0	2	**2**	0	1	2	**3**	0	0	3	**3**
	Medicine	2	0	4	**6**	0	2	1	**3**	1	2	3	**6**
	Neurosurgery	0	0	1	**1**	0	0	0	**0**	1	0	0	**1**
	Obstetrics & Gynaecology	2	1	0	**3**	0	0	0	**0**	0	1	0	**1**
	Ophthalmology	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**
	Orthopaedics & Traumatology	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**
	Paediatrics	1	0	1	**2**	2	0	2	**4**	0	1	0	**1**
	Pathology	0	0	0	**0**	0	0	0	**0**	0	1	1	**2**
	Psychiatry	1	1	4	**6**	0	0	2	**2**	0	0	1	**1**
	Radiology	1	0	1	**2**	1	0	0	**1**	0	0	0	**0**
	Surgery	1	0	0	**1**	0	1	2	**3**	0	1	1	**2**
	Others	1	1	1	**3**	0	1	2	**3**	2	0	2	**4**
	Total	**10**	**4**	**19**	**33**	**3**	**6**	**12**	**21**	**5**	**8**	**12**	**25**

Cluster	Major Specialty	2010-11				2011-12				2012-13 (Rolling 12 months from 1 Jan 12 to 31 Dec 12)			
		Consultant	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
KEC	Accident & Emergency	0	0	0	**0**	0	1	6	**7**	0	0	3	**3**
	Anaesthesia	0	2	2	**4**	1	1	0	**2**	1	1	2	**4**
	Family Medicine	0	0	3	**3**	0	0	4	**4**	0	0	3	**3**
	Medicine	0	1	1	**2**	0	1	1	**2**	2	2	7	**11**
	Obstetrics & Gynaecology	0	2	0	**2**	0	2	0	**2**	0	3	0	**3**
	Ophthalmology	0	0	1	**1**	0	0	0	**0**	0	2	1	**3**
	Orthopaedics & Traumatology	0	1	3	**4**	0	2	1	**3**	0	0	2	**2**
	Paediatrics	0	1	4	**5**	0	2	3	**5**	0	0	2	**2**
	Psychiatry	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**
	Radiology	0	0	0	**0**	0	0	1	**1**	1	0	0	**1**
	Surgery	1	0	0	**1**	1	2	0	**3**	1	1	1	**3**
	Others	0	1	1	**2**	0	1	2	**3**	0	0	3	**3**
	Total	**1**	**8**	**15**	**24**	**2**	**12**	**18**	**32**	**5**	**10**	**24**	**39**
KWC	Accident & Emergency	2	1	4	**7**	1	0	4	**5**	1	0	8	**9**
	Anaesthesia	0	3	0	**3**	1	3	1	**5**	0	5	2	**7**
	Family Medicine	0	2	8	**10**	0	1	8	**9**	0	0	13	**13**
	Medicine	3	3	9	**15**	3	2	8	**13**	3	3	2	**8**
	Neurosurgery	0	0	0	**0**	2	1	1	**4**	2	1	1	**4**
	Obstetrics & Gynaecology	2	1	1	**4**	0	0	0	**0**	1	0	0	**1**
	Ophthalmology	0	2	0	**2**	1	1	3	**5**	0	0	0	**0**
	Orthopaedics & Traumatology	0	1	3	**4**	2	1	0	**3**	0	2	1	**3**
	Paediatrics	2	1	4	**7**	1	1	4	**6**	2	0	2	**4**
	Pathology	0	0	1	**1**	0	0	2	**2**	0	0	3	**3**
	Psychiatry	0	1	1	**2**	0	1	0	**1**	0	4	0	**4**
	Radiology	0	2	0	**2**	0	1	1	**2**	1	1	0	**2**
	Surgery	0	4	3	**7**	1	1	0	**2**	1	6	0	**7**
	Others	0	0	2	**2**	0	0	2	**2**	0	0	2	**2**
	Total	**9**	**21**	**36**	**66**	**12**	**13**	**34**	**59**	**11**	**22**	**34**	**67**

Cluster	Major Specialty	2010-11				2011-12				2012-13 (Rolling 12 months from 1 Jan 12 to 31 Dec 12)			
		Consultant	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
NTEC	Accident & Emergency	1	2	3	**6**	0	2	6	**8**	0	0	2	**2**
	Anaesthesia	0	1	1	**2**	0	2	1	**3**	0	0	1	**1**
	Family Medicine	0	0	9	**9**	0	0	2	**2**	0	0	5	**5**
	Medicine	2	1	8	**11**	1	3	10	**14**	2	2	6	**10**
	Neurosurgery	0	1	0	**1**	0	0	0	**0**	1	0	0	**1**
	Obstetrics & Gynaecology	1	1	0	**2**	0	1	1	**2**	0	0	0	**0**
	Ophthalmology	1	1	3	**5**	1	2	1	**4**	2	3	0	**5**
	Orthopaedics & Traumatology	1	1	4	**6**	0	0	2	**2**	0	0	3	**3**
	Paediatrics	0	0	2	**2**	0	0	2	**2**	0	0	3	**3**
	Pathology	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**
	Psychiatry	0	1	3	**4**	0	0	1	**1**	0	2	1	**3**
	Radiology	0	3	0	**3**	0	0	0	**0**	0	1	0	**1**
	Surgery	0	1	1	**2**	0	2	1	**3**	0	0	0	**0**
	Others	0	1	4	**5**	1	0	1	**2**	0	1	2	**3**
	Total	**6**	**15**	**38**	**59**	**3**	**12**	**28**	**43**	**5**	**9**	**23**	**37**
NTWC	Accident & Emergency	0	1	1	**2**	0	0	2	**2**	0	4	1	**5**
	Anaesthesia	0	0	0	**0**	2	2	1	**5**	1	0	1	**2**
	Family Medicine	0	0	3	**3**	0	0	4	**4**	0	1	1	**2**
	Medicine	0	1	10	**11**	1	1	4	**6**	0	1	6	**7**
	Obstetrics & Gynaecology	0	1	2	**3**	1	0	0	**1**	1	0	0	**1**
	Ophthalmology	0	0	1	**1**	0	0	0	**0**	0	1	0	**1**
	Orthopaedics & Traumatology	0	0	2	**2**	1	0	0	**1**	1	1	1	**3**
	Paediatrics	0	0	0	**0**	0	1	1	**2**	0	0	3	**3**
	Psychiatry	0	4	2	**6**	1	0	1	**2**	2	1	2	**5**
	Radiology	0	0	0	**0**	0	1	0	**1**	0	1	0	**1**
	Surgery	0	0	0	**0**	0	1	1	**2**	1	3	1	**5**
	Others	0	0	0	**0**	0	1	2	**3**	0	0	2	**2**
	Total	**0**	**7**	**21**	**28**	**6**	**7**	**16**	**29**	**6**	**13**	**18**	**37**

On the basis of the above turnover of doctors, the table below sets out the attrition rate and the median length of service of the doctors departing HA by major specialties in HA in 2010-11, 2011-12 and 2012-13 (rolling 12 months from 1 January 2012 to 31 December 2012).

Major Specialty	Attrition rate				Median length of service (Years)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
2010-11								
Accident & Emergency	9.3%	5.5%	5.4%	**5.7%**	18.75	15.75	4.01	**12.04**
Anaesthesia	2.0%	6.4%	2.2%	**3.7%**	15.66	11.64	17.83	**13.94**
Cardio-thoracic Surgery	17.1%	7.4%	-	**7.1%**	18.58	16.97	-	**17.78**
Family Medicine	-	4.8%	6.4%	**6.1%**	-	7.74	4.43	**5.13**
Medicine	8.7%	2.8%	5.0%	**4.9%**	18.5	17.26	9.11	**11.54**
Neurosurgery	-	4.3%	2.0%	**2.3%**	-	12.85	1.91	**7.38**
Obstetrics & Gynaecology	22.0%	16.8%	2.5%	**9.3%**	18.58	11.67	7.28	**15.76**
Ophthalmology	6.3%	7.8%	7.4%	**7.4%**	19.42	13.34	8.74	**10.33**
Orthopaedics & Traumatology	4.5%	4.4%	6.3%	**5.6%**	16.41	15.47	11.25	**11.91**
Paediatrics	7.2%	2.6%	8.3%	**6.8%**	18.16	16.01	9.09	**9.51**
Pathology	2.2%	2.9%	1.3%	**2.1%**	12	6.25	3.61	**7.8**
Psychiatry	3.6%	8.5%	4.8%	**5.7%**	18.66	18.58	12.29	**15.58**
Radiology	1.6%	12.6%	0.9%	**4.4%**	18.92	15.3	8.77	**15.3**
Surgery	7.0%	6.2%	2.0%	**3.7%**	18.16	18	5.07	**15.27**
Others	2.0%	6.6%	5.1%	**5.1%**	18.09	14.99	12.07	**13.84**
Total	**6.2%**	**5.9%**	**4.7%**	**5.2%**	**18.5**	**15.29**	**8.66**	**12.01**
2011-12								
Accident & Emergency	3.1%	2.3%	8.1%	**5.9%**	19.92	16.63	2.39	**4.56**
Anaesthesia	11.0%	7.4%	2.9%	**5.8%**	16.86	13.23	7.79	**10.91**
Cardio-thoracic Surgery	16.9%	-	-	**3.4%**	20.25	-	-	**20.25**
Family Medicine	-	2.8%	5.1%	**4.8%**	-	8.1	8.65	**8.34**
Medicine	6.1%	4.1%	4.2%	**4.4%**	19.54	18.83	5.63	**11.78**
Neurosurgery	14.1%	4.0%	2.1%	**4.5%**	17.8	18.66	2	**17.01**
Obstetrics & Gynaecology	7.0%	8.6%	0.8%	**3.7%**	19.25	9.56	7.1	**14.5**
Ophthalmology	11.5%	13.8%	4.4%	**7.9%**	10.31	14.75	9.22	**11.95**
Orthopaedics & Traumatology	10.4%	5.2%	2.7%	**4.5%**	19.75	17.91	14.66	**19.25**
Paediatrics	8.5%	7.4%	8.3%	**8.1%**	20	16.03	7.87	**15.27**
Pathology	-	-	2.7%	**1.0%**	-	-	4.91	**4.91**
Psychiatry	3.2%	2.0%	3.4%	**3.0%**	19.32	17.86	8.33	**9.89**
Radiology	4.5%	8.1%	1.7%	**4.2%**	17.13	12.44	7	**11.44**
Surgery	8.7%	7.5%	3.0%	**5.0%**	17.16	14.46	12.25	**14.46**
Others	5.3%	2.6%	5.7%	**4.7%**	20.25	20.07	4.67	**7.66**
Total	**6.7%**	**4.9%**	**4.3%**	**4.8%**	**19.28**	**15.54**	**7.1**	**11.33**

Major Specialty	Attrition rate				Median length of service (Years)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
2012-13 (Rolling 12 months from 1 Jan 2012 to 31 Dec 12)								
Accident & Emergency	3.0%	4.1%	6.9%	**5.6%**	19.92	15.71	4.45	**4.58**
Anaesthesia	8.9%	4.3%	4.7%	**5.2%**	17.25	15.59	2.23	**9.77**
Cardio-thoracic Surgery	19.4%	-	-	**3.2%**	20.25	-	-	**20.25**
Family Medicine	-	1.3%	5.7%	**5.0%**	-	14.43	3.67	**4.33**
Medicine	10.3%	3.1%	4.8%	**5.0%**	19.33	18.16	6.51	**9.9**
Neurosurgery	25.8%	4.1%	4.3%	**8.1%**	19.04	18.66	4.04	**17.83**
Obstetrics & Gynaecology	6.3%	9.8%	-	**3.6%**	17.92	10.12	-	**10.61**
Ophthalmology	10.3%	17.7%	1.1%	**7.4%**	0.71	12.28	1.33	**5.15**
Orthopaedics & Traumatology	5.5%	4.4%	4.8%	**4.8%**	20.03	15.18	8.76	**14.66**
Paediatrics	5.3%	1.0%	10.7%	**6.7%**	20.11	18.94	7.54	**7.6**
Pathology	-	2.6%	5.7%	**3.1%**	-	17.91	4.91	**6.57**
Psychiatry	5.8%	8.2%	3.5%	**5.3%**	19.57	17.75	4	**12.54**
Radiology	4.2%	5.0%	-	**2.6%**	20.75	18.7	-	**18.98**
Surgery	11.2%	11.5%	2.1%	**6.1%**	17.66	15.29	5.47	**15.23**
Others	8.3%	0.8%	5.6%	**4.5%**	20	14.1	7.66	**10.21**
Total	**7.6%**	**4.8%**	**4.6%**	**5.1%**	**19.33**	**15.84**	**5.2**	**9.37**

Note:

1. Rolling Attrition Rate = Total number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

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

Abbreviations

SMO/AC – Senior Medical Officer/Associate Consultant
MO/R – Medical Officer/Resident
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: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)056

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2694

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:

Is there any provision for the Hospital Authority to improve the working hours of doctors in the 2013-14 estimates? If yes, what are the resources and staffing (with ranks) earmarked for the improvement of working hours? What are the additional resources and staffing involved? Please provide an itemised breakdown. If no, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

Since 2009, the Hospital Authority (HA) has piloted programmes to improve doctors' working hours. These include allocating funding to set up Emergency Medicine Wards, enhancing operating theatre (OT) services in order to decrease the proportion of emergency OT services at night time, employing non-medical staff to provide care-related supporting services, employing additional doctors to relieve workload in some specialties, employing additional nurses and allied health professionals with extended roles to improve patient care and enhancing the communication of the clinical teams. The Programmes have been rolled out by phases across all HA hospitals. The proportion of doctors working for more than 65 hours per week on average has dropped from around 18% in 2006 to around 4.8% in 2011-12.(1)

HA is committed to improving doctors' working hours and working condition without compromising the quality of care and patient safety. HA will continue to monitor the condition and identify ways to manage workload, and at the same time ensuring the delivery of quality services to the public. Meanwhile, HA is facing pressure from the increasing healthcare service demands against manpower shortage. The condition is expected to improve with the increased supply of local medical graduates from 250 to 320 in 2015. HA will continue to monitor the manpower situation of doctors, particularly the pressurized specialties due to manpower shortage, and will make appropriate arrangements in manpower planning and deployment to meet the service needs and improve staff working conditions, including the doctors' working hours.

In view of the manpower shortage, HA plans to recruit about 300 doctors in 2013-14 to further increase its manpower strength. On top of the existing measures, HA has earmarked an additional sum of around $65.4 million for retention of medical staff in 2013-14. Major measures to retain doctors include creating additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits and enhancing training opportunities for doctors.

Note

1. The average weekly working hours of doctors are quoted according to the survey conducted in 2006 and 2011-12. The average weekly working hours are calculated based on rostered hours and self-reported hours of duties when the doctors are on off-site calls. From 2010-11 onwards, only specialties with doctors reported to have worked more than 65 hours per week in 2009-10 are required to report the doctors' working hour data on a yearly basis. Full-scale monitoring for all specialties will be conducted every alternate year.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)057

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2695

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Matters Requiring Special Attention that the Hospital Authority would attract, motivate and retain healthcare staff through various measures. What are the details of these measures? Please provide an itemised breakdown of the staffing and resources involved and the results anticipated?

Asked by: Hon. KWOK Ka-ki

Reply:

Over the past few years, the Hospital Authority (HA) has deployed additional resources to retain healthcare professionals. In 2013-14, HA plans to recruit around 300 doctors, 2 100 nurses and 610 allied health staff to increase manpower strength. In addition, HA has earmarked around $321 million in 2013-14 for the implementation of initiatives to recruit and retain healthcare professionals. The details and breakdowns of the estimated expenditure are as follows:

(a) For the medical grade, on top of the existing measures, HA plans to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors and continue to recruit non-local doctors under limited registration to supplement local recruitment drive. The estimated expenditure is around $65.4 million;

(b) For the nursing grade, HA plans to enhance career advancement opportunities of experienced nurses and provide training of registered nursing students and enrolled nursing students at HA's nursing schools. The estimated expenditure is around $154.8 million; and

(c) For the allied health grade, HA plans to provide additional training places for allied health students and recruit additional professional and supporting staff to relieve workload. The estimated expenditure is around $100.7 million.

Name in block letters: Richard YUEN

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

Date: 21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)058

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2696

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the waiting time for general outpatient services, please list out the median waiting time and the waiting time at the 99th percentile for first appointment of outpatient services, and the number of cases with waiting time of less than 1 year, 1-2 years and 2 years or above, as well as the respective number of attendances at hospitals under the Hospital Authority in 2010-11, 2011-12 and 2012-13. Please also list out the number of full-time medical staff and nursing staff.

Asked by: Hon. KWOK Ka-ki

Reply:

Public general out-patient services are primarily targeted at serving the elderly, the low-income group and the chronically ill. The number of attendances at the 74 general out-patient clinics (GOPCs) under the Hospital Authority (HA) from 2010-11 to 2012-13 is as follows –

2010-11 #	2011-12	2012-13 (Revised Estimate)
4 979 754	5 316 486	5 476 000

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

The number of doctors and nursing staff working in GOPCs from 2010 to 2012 is as follows –

2010		2011		2012	
Doctors	Nursing staff*	Doctors	Nursing staff*	Doctors	Nursing staff*
380	713	397	789	402	854

* Include nursing staff working in both GOPCs and specialist outpatient clinics.

Patients under the care of GOPCs comprise two major categories: chronic disease patients with stable medical conditions, such as patients with diabetes mellitus or hypertension; and episodic disease patients with relatively mild symptoms, such as those suffering from influenza, cold, gastroenteritis, etc. For those with episodic diseases, consultation timeslots at GOPCs in the next 24 hours are available for booking

through HA's telephone appointment system. As for chronic disease patients requiring follow-up consultations, they will normally be assigned a visit timeslot after each consultation and do not need to make separate appointments by phone. In 2012, over 90% of the target users of general out-patient services, including elders, recipients of Comprehensive Social Security Assistance and those enjoying medical fee waiver, were able to secure a consultation timeslot successfully through the telephone appointment system within two working days. Since the telephone booking system allocates current consultation timeslots for patients with episodic illnesses, no waiting list or new-case waiting time is available for GOPC services.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)059

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2697

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 median waiting time for first appointment of specialist outpatient services, the median waiting time for first priority and second priority patients increases from less than 1 week and 5 weeks in the actual figures as at 31 March 2012 to 2 weeks and 8 weeks in the revised estimate as at 31 March 2013 respectively. Will the Administration give reasons for that? Does the Administration have any plans to improve the waiting time? If yes, what are the details of the plans? What are the manpower and resources involved? If not, what are the reasons?

Asked by: Hon. Kwok Ka-ki

Reply:

It has been the target of the Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for priority 1 cases (i.e. urgent cases) and priority 2 cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. In 2011-12, HA's actual performance on median waiting time was less than one week for priority 1 patients and five weeks for priority 2 patients, which represents that HA's actual performance was better than the target.

HA will commence publishing waiting time information of its specialist services by phases in the HA internet website starting April 2013.

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.

In 2013-14, HA will further enhance SOP waiting time with a total estimated expenditure of $43.05 million. Additional SOP sessions will be conducted to cater for patients who have waited for a considerable period of time. In addition, HA will identify pressure areas in different specialties and clusters and develop further measures to manage the waiting time.

The detailed additional manpower required is being worked out and is not yet available.

Name in block letters: Richard YUEN

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

Date: 21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)060

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2698

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With reference to the specialist outpatient services at various hospitals under the Hospital Authority (HA) (including ear, nose and throat; gynaecology; obstetrics; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery; geriatric and psychiatry), will the Administration advise on the numbers of new cases triaged respectively as first priority, second priority and routine categories in 2010-11, 2011-12 and 2012-13 and their respective percentages. Among the above cases of different priorities, what are the lower quartile and median of the waiting time, and the longest waiting time for consultation appointments at HA hospitals?

Asked by: Hon. KWOK Ka-ki

Reply:

The tables below set out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; their respective percentages in the total number of SOP new cases; and their respective lower quartile (25th percentile), median (50^{th} percentile), and the longest (90th percentile) waiting time in each hospital cluster for 2010-11, 2011-12 and 2012-13 (up to 31 December 2012).

Statistics for Geriatrics are grouped under Medicine specialty.

2010-11

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
HKE	ENT	1 626	20%	<1	<1	<1	2 899	36%	2	5	8	3 566	44%	20	20	27
	MED	2 453	21%	<1	1	2	3 825	32%	2	4	7	5 508	47%	5	12	45
	GYN	1 314	26%	<1	<1	2	402	8%	3	5	7	3 391	66%	11	14	23
	OPH	5 370	42%	<1	<1	1	1 613	12%	4	7	8	5 920	46%	11	14	45
	ORT	1 902	21%	<1	1	1	2 603	29%	4	5	7	4 515	50%	11	18	34
	PAE	264	18%	<1	1	1	964	65%	3	5	7	252	17%	7	8	12
	PSY	695	19%	<1	<1	2	737	20%	<1	<1	6	2 242	61%	<1	1	22
	SUR	2 071	17%	<1	1	2	3 803	32%	4	6	8	6 033	51%	9	13	117
HKW	ENT	388	6%	<1	<1	1	939	15%	2	3	6	4 780	78%	4	8	15
	MED	416	4%	<1	<1	1	941	9%	2	4	6	9 137	87%	4	11	31
	GYN	1 076	16%	<1	<1	1	688	11%	4	5	7	4 100	63%	11	13	91
	OPH	3 581	43%	<1	<1	2	1 073	13%	4	7	8	3 735	45%	15	52	52
	ORT	528	6%	<1	<1	1	1 159	12%	2	3	6	7 799	82%	6	14	37
	PAE	449	12%	<1	<1	1	1 138	31%	3	6	8	2 039	56%	14	17	56
	PSY	290	7%	<1	<1	1	707	17%	1	2	5	3 039	75%	2	7	87
	SUR	1 776	15%	<1	<1	2	1 908	16%	3	4	7	8 318	69%	3	13	138
KC	ENT	1 430	10%	<1	<1	<1	2 056	15%	<1	<1	2	10 680	75%	<1	1	4
	MED	1 377	13%	<1	<1	1	1 104	11%	3	4	6	7 729	74%	11	13	43
	GYN	647	14%	<1	1	1	1 436	32%	3	5	8	2 468	54%	9	14	28
	OPH	9 196	36%	<1	<1	1	4 928	19%	2	5	8	10 157	40%	27	37	41
	ORT	277	4%	<1	1	1	661	9%	2	3	6	5 645	80%	13	24	49
	PAE	468	24%	<1	<1	1	154	8%	2	3	4	1 348	68%	2	7	12
	PSY	480	17%	<1	<1	1	1 036	37%	2	4	7	1 275	46%	2	10	42
	SUR	2 555	17%	<1	1	1	2 808	18%	2	3	7	9 986	65%	17	20	34
KE	ENT	2 009	19%	<1	<1	1	2 250	21%	3	6	8	6 526	60%	13	23	45
	MED	2 618	15%	<1	1	2	4 914	28%	4	7	8	9 719	56%	11	25	54
	GYN	1 422	19%	<1	1	1	999	14%	5	7	8	4 897	67%	15	91	126
	OPH	5 407	35%	<1	<1	1	3 526	23%	7	7	8	6 708	43%	14	119	158
	ORT	3 953	26%	<1	<1	1	2 858	19%	5	6	10	8 482	55%	30	52	103
	PAE	1 012	26%	<1	<1	1	681	17%	3	6	7	2 263	57%	10	17	30
	PSY	484	8%	<1	<1	1	1 759	28%	1	3	7	3 925	62%	4	14	77
	SUR	1 645	8%	<1	1	1	6 000	28%	5	7	8	13 502	64%	25	88	127

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
KW	ENT	3 576	24%	<1	<1	1	3 415	23%	4	6	8	7 988	53%	13	22	64
	MED	3 494	12%	<1	<1	1	6 527	23%	4	6	7	18 096	64%	21	36	52
	GYN	1 086	9%	<1	<1	2	2 149	18%	3	5	7	8 568	72%	5	12	25
	OPH	5 902	32%	<1	<1	<1	4 640	25%	2	4	7	7 837	43%	3	12	36
	ORT	4 583	22%	<1	<1	1	4 303	21%	4	6	14	11 503	56%	38	60	93
	PAE	3 009	39%	<1	<1	1	883	11%	3	4	7	3 634	47%	5	8	11
	PSY	518	5%	<1	<1	1	1 037	10%	<1	3	6	8 876	85%	<1	6	31
	SUR	4 668	13%	<1	<1	2	7 589	22%	3	5	7	22 563	65%	8	25	103
NTE	ENT	4 250	29%	<1	<1	2	2 724	18%	3	4	7	7 770	53%	24	45	73
	MED	2 877	17%	<1	<1	1	2 943	17%	4	5	8	11 191	65%	20	36	70
	GYN	1 424	13%	<1	<1	2	952	9%	2	4	7	7 820	71%	16	23	76
	OPH	7 086	36%	<1	<1	1	2 935	15%	3	4	8	9 672	49%	23	47	67
	ORT	6 560	33%	<1	<1	1	2 326	12%	3	5	8	11 170	56%	20	63	89
	PAE	554	13%	<1	<1	2	572	13%	3	4	8	3 192	74%	8	15	37
	PSY	1 414	16%	<1	<1	2	1 801	21%	2	4	7	5 036	58%	8	23	113
	SUR	2 674	13%	<1	<1	2	3 176	16%	3	4	8	14 077	70%	16	38	80
NTW	ENT	3 355	29%	<1	<1	1	1 103	10%	3	4	7	7 056	61%	11	43	96
	MED	1 649	15%	1	1	2	2 579	23%	4	6	8	7 087	63%	7	40	48
	GYN	1 055	18%	<1	1	2	1 253	21%	3	5	8	3 527	60%	11	15	40
	OPH	5 727	32%	<1	<1	<1	1 578	9%	<1	2	5	10 727	59%	2	12	48
	ORT	1 779	15%	<1	<1	1	1 336	11%	3	4	7	8 982	74%	27	31	41
	PAE	304	13%	<1	1	2	380	16%	2	3	5	1 649	71%	13	13	14
	PSY	770	14%	<1	1	2	1 742	31%	1	3	7	3 105	55%	4	9	16
	SUR	1 373	7%	<1	<1	1	2 162	11%	3	4	7	16 141	82%	12	25	28

2011-12

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
HKE	ENT	1 408	18%	<1	<1	<1	2 561	33%	1	4	8	3 743	48%	20	21	34
	MED	2 351	21%	<1	1	2	3 387	30%	2	4	7	5 608	49%	8	14	52
	GYN	983	19%	<1	<1	2	794	16%	3	4	6	3 338	65%	10	13	23
	OPH	4 993	43%	<1	<1	1	1 635	14%	4	7	8	4 957	43%	11	26	52
	ORT	1 715	19%	<1	<1	1	2 388	27%	3	5	7	4 735	54%	11	30	48
	PAE	282	21%	<1	1	2	852	63%	3	4	7	209	16%	6	7	11
	PSY	587	17%	<1	<1	2	622	18%	<1	2	6	2 196	64%	<1	3	21
	SUR	2 034	17%	<1	1	2	3 916	32%	4	6	8	6 152	51%	9	19	69
HKW	ENT	497	8%	<1	<1	1	1 543	24%	3	4	8	4 277	68%	5	14	30
	MED	1 227	11%	<1	<1	1	1 400	12%	2	3	6	8 637	77%	10	18	34
	GYN	1 186	17%	<1	<1	2	847	12%	3	4	6	4 034	59%	9	13	28
	OPH	3 596	33%	<1	<1	1	1 185	11%	3	4	6	6 023	56%	10	14	18
	ORT	703	7%	<1	<1	1	1 456	15%	2	3	6	7 523	78%	7	15	39
	PAE	447	12%	<1	<1	1	1 168	33%	3	5	8	1 957	55%	6	18	39
	PSY	194	5%	<1	1	2	448	11%	1	2	4	3 278	83%	2	5	69
	SUR	2 084	16%	<1	<1	2	2 046	16%	3	5	7	8 596	67%	6	16	80
KC	ENT	1 244	9%	<1	<1	<1	1 905	14%	<1	1	8	10 912	78%	1	3	11
	MED	1 609	14%	<1	<1	1	1 344	11%	3	4	7	8 728	74%	12	17	50
	GYN	556	12%	<1	<1	1	1 686	35%	3	4	7	2 557	53%	11	21	34
	OPH	8 360	34%	<1	<1	1	5 363	22%	1	4	8	9 376	38%	40	44	46
	ORT	777	10%	<1	<1	1	751	10%	3	4	7	6 301	80%	15	24	52
	PAE	374	20%	<1	<1	1	233	12%	2	3	5	1 301	68%	4	8	12
	PSY	452	15%	<1	<1	1	1 061	34%	2	4	7	1 589	51%	4	9	78
	SUR	2 790	17%	<1	1	1	2 829	17%	2	3	7	11 134	66%	15	17	52
KE	ENT	1 755	16%	<1	<1	1	2 490	23%	4	6	7	6 390	60%	29	33	125
	MED	2 344	13%	<1	1	2	5 467	30%	5	7	8	10 314	57%	13	34	52
	GYN	1 454	19%	<1	1	1	1 082	14%	4	6	8	5 140	67%	15	66	148
	OPH	5 124	30%	<1	<1	1	2 924	17%	4	7	8	8 965	53%	11	25	97
	ORT	3 787	25%	<1	<1	1	3 256	21%	5	7	8	8 343	54%	88	103	124
	PAE	1 262	29%	<1	<1	1	796	18%	4	6	7	2 293	53%	15	27	32
	PSY	650	9%	<1	<1	1	1 753	24%	2	3	7	4 536	63%	8	16	66
	SUR	1 460	7%	<1	1	1	6 493	29%	6	7	8	14 358	64%	28	98	135

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
KW	ENT	3 831	24%	<1	<1	1	4 116	26%	4	6	8	7 841	50%	12	22	59
	MED	3 227	11%	<1	<1	2	6 414	22%	4	5	7	19 219	66%	20	35	61
	GYN	1 070	9%	<1	1	2	2 366	19%	3	5	7	8 902	72%	6	12	36
	OPH	5 923	31%	<1	<1	<1	6 043	32%	2	3	6	7 046	37%	4	6	39
	ORT	4 313	22%	<1	<1	1	4 266	22%	4	5	7	11 063	56%	32	53	103
	PAE	2 663	36%	<1	<1	1	830	11%	3	5	7	3 685	50%	4	8	13
	PSY	495	4%	<1	<1	1	1 070	9%	<1	2	6	10 631	87%	<1	7	33
	SUR	4 736	13%	<1	1	2	7 816	22%	4	5	7	22 542	64%	9	25	111
NTE	ENT	3 807	28%	<1	<1	2	2 657	20%	3	3	7	7 041	52%	25	54	81
	MED	2 995	16%	<1	<1	2	2 770	15%	4	5	8	12 493	67%	32	40	70
	GYN	1 259	11%	<1	<1	2	878	8%	3	5	8	7 612	69%	24	39	105
	OPH	6 785	34%	<1	<1	1	2 766	14%	3	4	8	10 205	52%	23	78	115
	ORT	6 071	30%	<1	<1	1	2 406	12%	3	5	8	12 056	59%	27	69	99
	PAE	560	13%	<1	<1	1	760	17%	3	5	7	3 076	70%	7	17	34
	PSY	1 345	14%	<1	1	2	1 971	21%	3	4	8	5 727	61%	10	31	100
	SUR	2 648	12%	<1	<1	2	3 633	16%	3	5	8	15 703	71%	17	37	79
NTW	ENT	2 945	25%	<1	<1	1	1 531	13%	3	4	7	7 417	62%	13	26	52
	MED	1 554	15%	1	1	2	2 587	24%	5	6	7	6 545	61%	14	41	50
	GYN	1 053	16%	1	2	3	642	10%	2	4	9	4 707	74%	11	17	40
	OPH	5 617	31%	<1	<1	<1	2 290	13%	1	2	5	10 310	57%	2	10	46
	ORT	1 541	12%	<1	<1	1	1 208	9%	3	4	7	10 171	79%	35	43	55
	PAE	152	6%	<1	1	3	484	20%	3	3	5	1 794	74%	13	13	15
	PSY	712	11%	<1	1	2	1 593	25%	2	5	8	3 970	63%	7	12	31
	SUR	1 432	7%	<1	<1	2	2 121	10%	3	5	7	16 797	82%	13	27	35

2012-13 (up to 31 December 2012) [Provisional figures]

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
HKE	ENT	1 073	18%	<1	<1	<1	1 928	32%	1	3	8	3 078	51%	21	22	33
	MED	1 811	21%	<1	1	2	2 638	30%	2	4	7	4 229	49%	7	14	50
	GYN	560	13%	<1	<1	1	671	16%	2	3	6	2 931	70%	11	16	25
	OPH	4 230	47%	<1	<1	1	1 402	16%	5	7	8	3 345	37%	12	25	33
	ORT	1 455	21%	<1	1	1	1 737	25%	3	6	7	3 891	55%	13	31	50
	PAE	177	16%	<1	1	2	746	68%	3	5	7	172	16%	7	9	16
	PSY	467	18%	<1	1	2	499	19%	2	3	7	1 602	62%	4	9	29
	SUR	1 624	16%	<1	1	2	3 005	30%	5	7	8	5 284	53%	11	20	67
HKW	ENT	493	10%	<1	<1	1	1 593	33%	3	5	8	2 727	57%	4	16	35
	MED	1 072	12%	<1	<1	1	1 287	14%	3	3	6	6 704	74%	10	25	46
	GYN	851	15%	<1	<1	2	791	14%	3	5	7	3 354	61%	10	15	27
	OPH	2 988	37%	<1	<1	1	1 352	17%	3	4	7	3 793	47%	14	16	33
	ORT	586	7%	<1	<1	1	1 007	13%	2	3	6	6 213	79%	8	16	48
	PAE	268	15%	<1	<1	1	596	34%	3	5	8	888	51%	14	18	20
	PSY	223	7%	<1	1	2	317	10%	2	3	5	2 476	82%	3	7	58
	SUR	1 579	15%	<1	<1	2	1 844	18%	3	5	8	6 981	67%	4	20	83
KC	ENT	955	9%	<1	<1	<1	1 007	9%	<1	<1	2	8 896	82%	2	8	11
	MED	1 347	15%	<1	1	1	1 037	12%	4	5	7	6 423	72%	13	24	64
	GYN	266	7%	<1	<1	1	1 474	37%	2	4	6	2 235	56%	8	11	38
	OPH	6 383	34%	<1	<1	1	3 937	21%	1	3	6	7 401	40%	40	53	66
	ORT	578	9%	<1	<1	1	535	8%	2	4	7	5 299	83%	19	42	65
	PAE	317	20%	<1	<1	1	220	14%	2	4	7	1 076	67%	4	8	17
	PSY	390	19%	<1	<1	1	706	34%	2	4	7	986	47%	3	11	108
	SUR	1 692	13%	<1	1	1	2 172	17%	2	3	7	9 120	70%	16	19	72
KE	ENT	1 318	17%	<1	<1	1	1 806	24%	3	5	7	4 436	59%	23	41	158
	MED	1 383	10%	<1	1	2	3 111	22%	4	7	8	9 458	68%	13	40	69
	GYN	1 216	19%	<1	1	1	808	13%	3	6	7	4 245	68%	16	42	80
	OPH	3 877	28%	<1	<1	1	2 014	15%	1	4	7	7 836	57%	11	23	72
	ORT	2 815	23%	<1	<1	1	2 457	20%	5	6	8	6 820	56%	26	106	138
	PAE	815	25%	<1	<1	1	509	16%	3	5	7	1 934	59%	15	20	35
	PSY	437	8%	<1	1	2	1 426	26%	3	5	8	3 463	63%	9	29	78
	SUR	1 218	6%	<1	1	1	5 136	26%	6	7	8	13 074	67%	16	96	138

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
KW	ENT	2 834	23%	<1	<1	1	3 298	27%	4	5	8	6 214	50%	13	20	35
	MED	2 145	9%	<1	<1	2	4 938	22%	4	5	7	15 213	67%	22	35	70
	GYN	772	8%	<1	<1	2	2 419	24%	3	4	7	6 694	67%	10	14	53
	OPH	4 568	32%	<1	<1	<1	4 828	34%	2	4	6	5 001	35%	6	34	38
	ORT	3 283	21%	<1	<1	1	3 673	24%	3	5	7	8 309	54%	37	52	102
	PAE	1 933	34%	<1	<1	1	781	14%	4	5	7	2 868	50%	5	9	15
	PSY	321	3%	<1	<1	1	726	6%	<1	3	8	10 478	91%	1	17	72
	SUR	3 628	13%	<1	1	2	7 040	25%	4	5	7	17 772	62%	14	31	118
NTE	ENT	3 175	29%	<1	<1	2	1 997	18%	2	3	7	5 714	52%	16	32	61
	MED	2 335	16%	<1	<1	1	1 949	13%	4	5	8	10 377	69%	24	52	71
	GYN	845	10%	<1	<1	2	658	8%	3	6	8	6 059	70%	24	49	124
	OPH	5 618	36%	<1	<1	1	2 364	15%	3	4	8	7 746	49%	17	112	153
	ORT	4 569	28%	<1	<1	1	2 060	12%	4	5	8	9 899	60%	65	88	112
	PAE	517	16%	<1	<1	2	620	19%	3	5	8	2 131	65%	11	23	49
	PSY	1 127	17%	<1	1	2	1 492	22%	2	4	8	3 846	57%	7	24	81
	SUR	2 047	11%	<1	<1	2	2 964	16%	3	5	8	12 975	72%	16	32	103
NTW	ENT	2 172	23%	<1	<1	1	1 171	13%	3	4	7	6 023	64%	13	20	34
	MED	893	12%	1	1	2	1 397	19%	6	6	7	4 883	68%	15	36	53
	GYN	710	14%	1	1	2	505	10%	3	5	7	3 895	76%	11	15	41
	OPH	4 621	29%	<1	<1	<1	1 667	11%	1	3	6	9 401	60%	4	31	53
	ORT	980	10%	<1	1	1	934	10%	2	4	7	7 866	80%	25	61	72
	PAE	64	3%	<1	1	2	362	20%	4	5	7	1 404	77%	14	15	17
	PSY	397	8%	<1	1	2	1 340	27%	2	5	7	3 083	63%	6	13	30
	SUR	994	6%	<1	1	4	1 842	11%	3	5	10	13 300	82%	16	36	45

The triage system is not applicable to obstetric service at the SOP clinics. The table below sets out the number of obstetric new cases and their respective lower quartile (25th percentile), median (50th percentile), and the longest (90th percentile) waiting time in each hospital cluster for 2010-11, 2011-12 and 2012-13 (up to 31 December 2012).

Cluster	2010-11				2011-12				2012-13 (Up to 31 December 2012) [Provisional]			
	Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile
HKE	5 962	<1	1	3	5 374	1	2	7	2 812	1	2	4
HKW	5 223	1	2	3	5 548	1	3	4	3 188	1	2	3
KC	6 066	2	6	9	6 608	3	7	21	4 509	3	7	19
KE	7 001	<1	2	5	4 692	<1	1	6	2 167	<1	1	6
KW	14 356	3	6	11	17 995	4	6	13	12 257	4	6	12
NTE	11 785	2	5	13	12 222	5	7	21	8 216	5	7	24
NTW	3 824	1	2	11	3 125	<1	1	1	2 546	<1	1	2

Abbreviations

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

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

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)061

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2699

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 actual number of community psychiatric nurses as at 31 March 2012 is 125. The revised estimated number has increased to 138 as at 31 March 2013 and to 142 in 2013-14, which represents an increase of 13.6% in two years. However, the number of psychiatric outreach attendances has increased from 220 550 (actual) in 2011-12 to 257 100 (estimate) in 2013-14. The service output has increased by a total of 16.6% in two years.

How can the Government ensure that the healthcare personnel have sufficient time to provide services to psychiatric patients during each attendance? How can the Government ensure that the service quality will not deteriorate? Why is there not a corresponding increase in manpower and resources along with the increased service output?

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) has been strengthening its community psychiatric services to allow more patients who are suitable for discharge to receive treatment in the community so as to facilitate their reintegration into the community. The community psychiatric services are provided by multi-disciplinary teams comprising healthcare professionals including community psychiatric nurses.

The estimated increase in the number of psychiatric outreach attendances in 2013-14 as compared to 2011-12 is mainly contributed by the rolling out of the Case Management Programme (the Programme) for patients with severe mental illness (SMI) to various districts during this period. By 2012-13, the Programme has been extended to cover a total of 12 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Kowloon City, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long). A total of 206 case managers (including community psychiatric nurses and allied health professionals) were providing intensive community support to about 11 500 patients with SMI under the Programme as at 31 December 2012. In 2013-14, the Programme will be further extended to cover three more districts (Wong Tai Sin, Sai Kung and North). It is estimated that an additional 56 case managers will be recruited to provide community support for about 2 800 more patients in 2013-14. On average, each case manager will take care of about 50-60 patients with SMI at any one time.

HA will continue to assess regularly its manpower requirements and make appropriate arrangements in manpower planning and deployment to meet service needs.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)062

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2700

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration inform this Committee whether the Hospital Authority has included improvements to psychiatric services in the 2013-14 Estimates? If so, what are the details about improving the waiting time for psychiatric outpatient services? What are the details about improving the consultation time? What are the objectives of such improvements? What are the additional resources and manpower involved? Please provide a breakdown for the above.

Asked by: Hon. KWOK Ka-ki

Reply:

In 2013-14, HA will further extend the Case Management Programme (the Programme), which has been launched since 2010, to provide intensive, continuous and personalised support for patients with severe mental illness (SMI). To roll out the Programme to three more districts (Wong Tai Sin, Sai Kung and North), it is estimated that an additional 56 case managers including nurses and allied health professionals will be recruited to provide community support for about 2 800 more patients. The additional recurrent expenditure is estimated at $38 million.

To facilitate early discharge and better community re-integration, HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters. It is estimated that 21 nurses, seven occupational therapists and three clinical psychiatrists will be required to provide the services. The additional recurrent expenditure is estimated at around $ 20 million.

About $3 million has been earmarked to strengthen psychiatric consultation liaison services. Experienced psychiatric nurses will offer assessment and early intervention to patients with symptoms of depression, psychosis, suicide risk or violence tendency at the Accident and Emergency Department to facilitate early identification and management of patients having symptoms of mental disorders. It is estimated that three experienced psychiatric nurses will be required to provide the services.

HA will continue to review and monitor its service provision to ensure that its service can meet the needs of the patients.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)063

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2701

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, 2011-12 and 2012-13, and under the estimates for 2013-14, what was/will be the average annual expenditure on drug purchasing and drug prescribing per patient per day for psychiatric inpatients and non-inpatients respectively? How many psychiatric patients were/will be given new psychiatric drugs each year? What percentage of the total number of patients of their kind did/do these patients account for? How did/do these patients compare with patients of their kind in terms of re-admission rate and intervals of follow-up consultations? And what was/will be the average expenditure on drug purchasing and drug prescribing for these patients?

Asked by: Hon. KWOK Ka-ki

Reply:

Relevant information on the utilisation of psychiatric drugs in the Hospital Authority (HA) from 2010-11 to 2012-13 is set out in the table below. As drug prescription is based on the clinical conditions of individual patients, the respective estimates for 2013-14 are not available. HA does not maintain statistics on re-admission rates and interval between follow-up consultations for patients prescribed with conventional anti-psychotic drugs versus new anti-psychotic drugs.

	2010-11 (actual)	**2011-12 (actual)**	**2012-13 (up to 31 December 2012)**
Average expenditure on drug for psychiatric inpatients	$46 per patient day	$54 per patient day	$67 per patient day
Average expenditure on drug for psychiatric outpatients	$389 per attendance	$499 per attendance	$457 per attendance
Number of patients prescribed with new anti-psychotic drugs	39 231	45 218	48 405
Estimated percentage of new cases of psychotic patients prescribed with new anti-psychotic drugs	62%	63%	62%
Estimated average expenditure on new anti-psychotic drugs per patient per year	$4,100	$3,990	$3,228

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)064

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2702

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide details on the manpower for psychiatric services (including psychiatrists, nurses, community nurses) in each of the hospitals in the Hospital Authority clusters, the respective ratios of these staff to patients, the numbers of psychiatric inpatient discharges and deaths, the re-admission rates within 28 days without booking, the re-admission rates within three months without booking, the respective ratios of psychiatrists and nurses to the overall population, mental patients and the population aged 65 or above in the relevant districts in the past three years (i.e. 2010-11 to 2012-13).

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach involving psychiatrists, psychiatric nurses, clinical psychologists and occupational therapists etc. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements.

The table below sets out the number of psychiatrists, psychiatric nurses and community psychiatric nurses (CPNs) in each cluster in the HA for 2010-11, 2011-12 and 2012-13 (as at 31 December 2012):

	Number of Staff (calculated on full-time equivalent basis*)		
	Psychiatrist	**Psychiatric Nurse (including CPN)**	**CPN**
2010-11			
HKEC	32	190	12
HKWC	22	85	7
KCC	33	214	11
KEC	34	108	15
KWC	69	543	33
NTEC	57	272	25

	Number of Staff (calculated on full-time equivalent basis*)		
	Psychiatrist	**Psychiatric Nurse (including CPN)**	**CPN**
NTWC	70	531	39
Total	**317**	**1 944**	**141**
2011-12			
HKEC	32	214	11
HKWC	24	96	6
KCC	35	224	10.5
KEC	36	113	16.5
KWC	70	568	22
NTEC	62	305	23
NTWC	75	640	36
Total	**334**	**2 161**	**125**
2012-13 (as at 31 December 2012)			
HKEC	34	219	9
HKWC	25	113	7
KCC	37	242	11
KEC	35	117	14.5
KWC	68	566	23
NTEC	60	325	14.5
NTWC	75	686	43
Total	**334**	**2 267**	**122**

* *Manpower figures 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.*

The table below sets out the numbers of psychiatrists and psychiatric nurses (including CPNs) per 1 000 patients receiving HA's psychiatric services in each cluster in 2010-11, 2011-12 and 2012-13 (up to 31 December 2012):

	Number of psychiatrists per 1 000 patients receiving psychiatric services of HA	**Number of psychiatric nurses per 1 000 patients receiving psychiatric services of HA**
2010-11		
HKEC	1.82	10.79
HKWC	1.45	5.60
KCC	2.14	13.89
KEC	1.45	4.61
KWC	1.39	10.96
NTEC	1.85	8.85
NTWC	2.42	18.39
Overall	**1.80**	**11.04**
2011-12		
HKEC	1.77	11.86
HKWC	1.49	5.98
KCC	2.18	13.93
KEC	1.44	4.51
KWC	1.32	10.70
NTEC	1.92	9.44
NTWC	2.44	20.82
Overall	**1.79**	**11.56**

	Number of psychiatrists per 1 000 patients receiving psychiatric services of HA	Number of psychiatric nurses per 1 000 patients receiving psychiatric services of HA
2012-13 (up to 31 December 2012)		
HKEC	1.94	12.50
HKWC	1.54	6.98
KCC	2.41	15.76
KEC	1.37	4.58
KWC	1.27	10.57
NTEC	1.83	9.87
NTWC	2.41	22.02
Overall	**1.77**	**12.02**

The table below sets out the number of discharges and deaths for inpatient psychiatric service in each cluster in 2010-11, 2011-12 and 2012-13 (up to 31 December 2012):

Number of discharges and deaths for inpatient psychiatric service	2010-11	2011-12	2012-13 (up to 31 December 2012)
HKEC	1 881	1 796	1 419
HKWC	676	722	588
KCC	2 646	2 609	2 296
KEC	624	688	511
KWC	3 528	3 681	3 097
NTEC	3 820	3 904	3 101
NTWC	2 746	2 611	2 102
Total	**15 921**	**16 011**	**13 114**

The unplanned readmission rates within 28 days for psychiatry specialty were 6.8%, 6.9% and 6.9% in 2010-11, 2011-12 and 2012-13 (up to 31 December 2012) respectively. To register unplanned readmission rate within 28 days for respective specialty is an established practice in HA. HA does not maintain statistics of unplanned readmission rate within three months.

The table below sets out the ratios of psychiatrists in HA per 1 000 population in each cluster in 2010-11, 2011-12 and 2012-13 (up to 31 December 2012):

	Ratio of psychiatrists per 1 000 population (Note 1)		
	Ratio to overall population (Note 2)	Ratio to population aged 65 or above (Note 2)	Ratio to mental patients
2010-11			
HKEC	0.04	0.26	1.82
HKWC	0.04	0.30	1.45
KCC	0.07	0.45	2.14
KEC	0.03	0.25	1.45
KWC	0.04	0.25	1.39
NTEC	0.04	0.41	1.85
NTWC	0.07	0.73	2.42
Overall	**0.05**	**0.35**	**1.80**

	Ratio of psychiatrists per 1 000 population (Note 1)		
	Ratio to overall population (Note 2)	**Ratio to population aged 65 or above (Note 2)**	**Ratio to mental patients**
2011-12			
HKEC	0.04	0.26	1.77
HKWC	0.05	0.32	1.49
KCC	0.07	0.45	2.18
KEC	0.04	0.27	1.44
KWC	0.04	0.24	1.32
NTEC	0.05	0.44	1.92
NTWC	0.07	0.74	2.44
Overall	**0.05**	**0.35**	**1.79**
2012-13 (up to 31 December 2012)			
HKEC	0.04	0.26	1.94
HKWC	0.05	0.32	1.54
KCC	0.07	0.46	2.41
KEC	0.03	0.26	1.37
KWC	0.04	0.24	1.27
NTEC	0.05	0.40	1.83
NTWC	0.07	0.70	2.41
Overall	**0.05**	**0.34**	**1.77**

The table below sets out the ratios of psychiatric nurses (including CPNs) per 1 000 population in each cluster in 2010-11, 2011-12 and 2012-13 (up to 31 December 2012):

	Ratio of psychiatric nurses per 1 000 population (Note 1)		
	Ratio to overall population (Note 2)	**Ratio to population aged 65 or above (Note 2)**	**Ratio to mental patients**
2010-11			
HKEC	0.23	1.55	10.79
HKWC	0.16	1.16	5.60
KCC	0.44	2.89	13.89
KEC	0.11	0.80	4.61
KWC	0.29	1.95	10.96
NTEC	0.21	1.97	8.85
NTWC	0.50	5.52	18.39
Overall	**0.28**	**2.12**	**11.04**
2011-12			
HKEC	0.27	1.72	11.86
HKWC	0.18	1.30	5.98
KCC	0.45	2.88	13.93
KEC	0.11	0.84	4.51
KWC	0.30	1.99	10.70
NTEC	0.24	2.14	9.44
NTWC	0.60	6.27	20.82
Overall	**0.31**	**2.30**	**11.56**
2012-13 (up to 31 December 2012)			
HKEC	0.27	1.66	12.50
HKWC	0.21	1.43	6.98
KCC	0.48	3.00	15.76
KEC	0.12	0.86	4.58
KWC	0.30	1.96	10.57
NTEC	0.25	2.16	9.87
NTWC	0.63	6.43	22.02
Overall	**0.32**	**2.33**	**12.02**

Notes:

1. *The manpower ratios of psychiatrist and psychiatric nurse per 1000 patients receiving psychiatric services of the HA vary between clusters owing to the varying complexity of conditions of patients, as well as the concentration of certain services, such as gazetted beds in five clusters and forensic psychiatry in one cluster.*

2. *Population figures are based on the 2011 Population Census by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.*

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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)065

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2703

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the Matters Requiring Special Attention, it is mentioned that the Hospital Authority will take a number of initiatives to enhance service capacity to meet growing demand arising from population growth and ageing. In this connection, will the Administration inform this Committee of the details of such initiatives; the respective manpower and resources involved in the initiatives; and the expected outcome?

Asked by: Hon. KWOK Ka-ki

Reply:

In 2013-14, the Hospital Authority (HA) will open a total of 287 beds in the clusters to enhance service capacity to meet growing demand arising from population growth and ageing. HA has earmarked over $300 million for the opening of 287 beds in 2013-14.

Apart from the opening of beds, HA will implement the following major initiatives in 2013-14 in various clusters to enhance service capacity:

(i) supporting the service commissioning of North Lantau Hospital Phase I, Caritas Medical Centre Phase II Redevelopment, New Pharmacy at Tseung Kwan O Hospital New Ambulatory Block and Kwun Tong Jockey Club General Out-patient Clinic;

(ii) enhancing the treatment of around 1 200 patients with critical illnesses through strengthening cardiac services, rolling out the transient ischaemic attack clinic service and providing 24-hour thrombolytic service by phases to improve acute stroke management, and enhancing haemodialysis service for renal patients;

(iii) refining the waiting list management of specialist out-patient clinics to shorten the waiting time for such services including specialist outpatient dispensing service and radiology and magnetic resonance imaging services, benefiting around 15 000 patients;

(iv) enhancing mental health services through extension of the case management programme to 2 800 additional patients with severe mental illness, improving psychiatric inpatient services and strengthening psychiatric consultation liaison service to facilitate early identification and management of patients having symptoms of mental disorders;

(v) enhancing medical service for about 500 cancer patients through expansion of cytogenetic service and the predictive molecular testing of lung, breast and colorectal cancers, and strengthening radiotherapy and chemotherapy services;

(vi) strengthening medical services for the elderly, particularly the treatment of degenerative diseases, including enhancing eye disease treatment for about 4 500 elderly patients; and

(vii) increasing the quota at general out-patient clinics for patients with episodic diseases.

To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 300 doctors, 2 100 nursing staff and 610 allied health staff in 2013-14.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)066

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2704

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Matters Requiring Special Attention, it is stated that the Hospital Authority will enhance service capacity to meet growing demand arising from population growth and ageing through a number of initiatives. In this connection, please provide information by cluster under the Hospital Authority on the position of the following items at present and in the past three years (i.e. 2010-11, 2011-12 and 2012-13) as well as the estimation for 2013-14: the number of geriatric community nurses and their ratio to local elderly persons, the number of elderly clients, the number of cases requiring long-term follow-up action, the number of visits for each case per year and the time for each case per visit.

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) projects an increase in the number of home visits to be made by community nurses (CN) from 831 000 in 2012-13 to 844 000 in 2013-14. HA plans to increase the number of CN from 429 in the 2012-13 revised estimates to 439 in 2013-14. The estimated total cost of the community nursing service in 2013-14 is about $364 million. Community nurses serve clients of all ages including geriatrics in the community. The proportion of home visits made by community nurses for geriatric patients is about 84%.

The table sets out the number of community nurses and their ratio to local elderly persons, the number of patients served, the number of successful home visits, the number of successful home visits per patient and the average time for each successful home visit excluding travelling time in 2010-11, 2011-12 and 2012-13 (as at 31 December 2012). Relevant information for 2013-14 is not yet available.

Cluster	No. of CN[#]	No. of CN to 1 000 elderly population*^ ratio	No. of patients served	No. of successful home visits	No. of successful home visits per patient	Average time (in minutes) per each successful home visit (net of travelling time)
2010-11 (as at 31 March 2011)						
HKEC	50	0.40	6 542	100 118	15.3	16.4
HKWC	24	0.35	3 220	57 357	17.8	18.3
KCC	30	0.40	2 479	62 845	25.4	18.3
KEC	79	0.59	9 673	154 247	15.9	19.7
KWC	121	0.43	13 780	237 982	17.3	20.6
NTEC	53	0.38	8 207	124 330	15.1	16.4
NTWC	40	0.42	6 824	82 322	12.1	16.5
Total:	**397**	**0.43**	**50 725**	**819 201**	**16.1**	**18.8**
2011-12 (as at 31 March 2012)						
HKEC	49	0.39	6 593	94 334	14.3	17.6
HKWC	26	0.36	3 174	56 207	17.7	18.2
KCC	33	0.42	2 524	63 173	25.0	20.3
KEC	86	0.64	10 135	156 000	15.4	20.4
KWC	140	0.49	14 907	247 518	16.6	21.0
NTEC	60	0.42	9 568	126 902	13.3	17.5
NTWC	45	0.44	4 047	79 177	19.6	18.6
Total:	**439**	**0.47**	**50 948**	**823 311**	**16.2**	**19.6**
2012-13 (as at 31 December 2012)						
HKEC	49	0.37	5 614	71 131	12.7	17.6
HKWC	23	0.29	2 567	38 970	15.2	18.1
KCC	34	0.42	2 114	48 464	22.9	22.6
KEC	89	0.65	8 857	119 222	13.5	21.6
KWC	130	0.45	12 947	187 757	14.5	21.7
NTEC	56	0.38	7 289	93 994	12.9	17.9
NTWC	48	0.45	3 525	64 173	18.2	20.5
Total:	**429**	**0.44**	**42 913**	**623 711**	**14.5**	**20.4**

Notes:

[#] No. of CN is the position as at end March of respective years (except for 2012-13 in which case the position is as at 31 December 2012).

* The No. of CN to population ratios involve the use of the population figures based on the 2011 Population Census by the Census & Statistics Department and the latest projection by the Planning Department.

^ Elderly population refers to population aged 65 or above as at the mid-year for respective years.

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: 26.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)067

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2705

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 mentioned under "Matters Requiring Special Attention", the Hospital Authority (HA) will enhance service capacity to meet growing demand arising from population growth and ageing through a number of initiatives, including opening of additional beds. However, according to the Estimates, the HA will only provide 378 additional beds in 2013-14 compared with the actual number in March 2012. Which hospital cluster(s) will be providing the 378 additional beds? Has the Administration assessed whether the additional beds can meet the growing demand in the respective district(s)? What is the basis of the Administration's assessment?

Asked by: Hon. KWOK Ka-ki

Reply:

The table below sets out the changes in the number of hospital beds for each cluster in the Hospital Authority (HA) between 2011-12 (Actual) and 2013-14 (Estimate):

	Change in the number of hospital beds for the 24 months between 2011-12 (Actual) and 2013-14 (Estimate)
HKEC	+2
HKWC	+7
KCC	+3
KEC	+156
KWC	+47
NTEC	+4
NTWC	+159
HA Overall	**+378**

Note: When compared to the Revised Estimate as at 31 March 2013, HA will open an additional of 287 beds in 2013-14.

In planning for its services and allocating beds to different hospitals, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability, organisation of services of the clusters and hospitals as well as the service demand of local community.

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: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)068

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2706

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 Matters Requiring Special Attention, the Hospital Authority will commence the service of the new North Lantau Hospital by phases. What is the plan for the commencement of service? In particular, what is the target commission date and what are the manpower, number of hospital beds and specialties and departments involved in the initial phase? What is the planned timetable for the commissioning of 24-hour accident and emergency services?

Asked by: Hon. KWOK Ka-ki

Reply:

Upon full commissioning, the North Lantau Hospital (NLTH) will provide 180 beds (including 80 acute beds, 80 extended care beds and 20 day beds), a 24-hour Accident & Emergency (A&E) department as well as diagnostic and treatment facilities. Ambulatory care services including specialist out-patient clinics, primary care clinics, a day rehabilitation centre, an ambulatory surgery/day procedure centre and community care services will also be provided in NLTH. HA will, having regard to the service needs and manpower availability, roll out the services in phases starting from the third quarter of 2013 (e.g. daytime A&E services will be provided initially in the third quarter of 2013 with service hours extended in phases to 24 hours subject to service needs and manpower availability).

It is planned that medicine and psychiatry specialist outpatient services will be introduced in 2013-14. Other specialties such as surgery, orthopaedics and traumatology, paediatrics and gynaecology will be introduced afterwards in phases.

The manpower requirement for NLTH upon full operation is around 650 staff, including some 60 doctors and 170 nurses.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)069

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2707

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under *Matters Requiring Special Attention*, the Hospital Authority will "widen the coverage of and expand the use of drugs in the Hospital Authority Drug Formulary". Will the Administration provide details on the criteria for approving drugs to be listed as standard drugs in the Hospital Authority Drug Formulary, the criteria for listing drugs in clinical application, the number of drugs currently waiting for approval and the numbers of drugs approved in the past three years (i.e. 2010-11, 2011-12 and 2012-13)?

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) has an established mechanism to regularly evaluate new drugs and review the drugs in the HA Drug Formulary with the support of 20 specialty panels. The process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness of drugs and taking into account various factors, including international recommendations and practices, change in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost and the views of professionals and patient groups. HA will keep in view the latest scientific and clinical evidence of drugs and enhance the HA Drug Formulary as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy. HA evaluates new drugs and reviews the drugs in the HA Drug Formulary every three months under the established mechanism. The number of drug applications approved for inclusion in the HA Drug Formulary as General or Special drugs in 2010-11, 2011-12 and 2012-13 were 13, 22 and 35 respectively. There are currently three drug applications pending review for inclusion in the HA Drug Formulary.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)070

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2708

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:

Among the estimated number of training places for 2013-14, those for undergraduates will increase significantly by 22% over the actual number in 2011-12. How many of these additional places are catered for medical students? Will this increase be able to meet the demand for local dental services?

Asked by: Hon. KWOK Ka-ki

Reply:

The number of training places for undergraduates is based on the student intake for the Bachelor of Dental Surgery degree programme, which is expected to increase from 266 in the 2011/12 academic year to 324 in the 2013/14 academic year. Against the backdrop of a growing and ageing population which will pose increasing demand for healthcare services, the Government has set up a high-level steering committee, chaired by the Secretary for Food and Health, to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. The Steering Committee is tasked to assess manpower needs in the various healthcare professions including dentists and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development. The Review is expected to be completed in 2013. The findings and recommendations of the Review will enable us to plan for the long-term supply of quality healthcare professionals to sustain the healthy development of our healthcare system.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)071

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2709

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 121 of the Budget Speech that the Case Management Programme supporting patients with severe mental illness will be rolled out to 3 more districts in 2013-14 in addition to the 12 districts currently covered, and will achieve full coverage in the coming 2 years. However, it was mentioned in the 2010 Policy Address that the Programme would be extended to achieve full coverage in 2013. Will the Administration advise us of the criteria used when the target was first set? Why will it take 2 more years to extend the Programme to the remaining 3 districts? What are the additional expenditure and manpower involved?

Asked by: Hon. KWOK Ka-ki

Reply:

In April 2010, the Hospital Authority (HA) launched the Case Management Programme (the Programme) in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalised support for patients with severe mental illness (SMI). By 2012-13, the Programme has been extended to a total of 12 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Kowloon City, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long). As the Programme is dependent on the availability of manpower including nurses and allied health professionals, it was rolled out in a more gradual pace because of the difficulty encountered in recruiting suitable healthcare professionals.

HA will roll out the Programme to three more districts (Wong Tai Sin, Sai Kung and North) in 2013-14 and achieve full coverage in the coming two years.

An additional 56 case managers including nurses and allied health professionals will be recruited to provide support for about 2 800 patients in 2013-14, and the additional recurrent expenditure is estimated at $38 million.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)072

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2722

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 child psychiatry services, will the Administration provide details on the manpower (including psychiatrists, nurses, community nurses), the respective ratios of these staff to patients, the numbers of child psychiatric patients and the numbers of child psychiatric patients with various learning disabilities by Hospital Authority cluster in the past 3 years (i.e. 2010-11, 2011-12 and 2012-13)?

Asked by: Hon. KWOK Ka-ki

Reply:

The psychiatric teams in the Hospital Authority (HA) provide support for psychiatric patients of different age groups, and hence HA does not have the requested breakdown on the manpower for supporting the child and adolescent psychiatric services.

The table below sets out the number of psychiatrists, psychiatric nurses and community psychiatric nurses (CPNs) in each cluster in the HA for 2010-11, 2011-12 and 2012-13 (as at 31 December 2012):

	Number of Staff (calculated on full-time equivalent basis*)		
	Psychiatrist	**Psychiatric Nurse (including CPN)**	**CPN**
2010-11			
HKEC	32	190	12
HKWC	22	85	7
KCC	33	214	11
KEC	34	108	15
KWC	69	543	33
NTEC	57	272	25
NTWC	70	531	39
Total	**317**	**1 944**	**141**
2011-12			
HKEC	32	214	11
HKWC	24	96	6
KCC	34	224	10.5
KEC	36	113	16.5
KWC	70	568	22

	Number of Staff (calculated on full-time equivalent basis*)		
	Psychiatrist	**Psychiatric Nurse (including CPN)**	**CPN**
NTEC	62	305	23
NTWC	75	640	36
Total	**334**	**2 161**	**125**
2012-13			
HKEC	34	219	9
HKWC	25	113	7
KCC	37	242	11
KEC	35	117	14.5
KWC	68	566	23
NTEC	60	325	14.5
NTWC	75	686	43
Total	**334**	**2 267**	**122**

* Manpower figures 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.

The table below sets out the number of child and adolescent psychiatric patients (aged below 18) from 2010-11 to 2012-13 (as at 31 December 2012) by cluster. HA does not have breakdown on the number of child and adolescent psychiatric patients with various learning disabilities.

	Cluster	**2010-11**	**2011-12**	**2012-13 (up to Dec 2012) [provisional]**
No. of child and adolescent psychiatric patients (Note 3)	**HKEC**	2 830 (Note 1)	3 390 (Note 1)	3 630 (Note 1)
	HKWC			
	KCC	4 380 (Note 2)	5 480 (Note 2)	5 650 (Note 2)
	KWC			
	KEC	2 000	2 500	2 840
	NTEC	3 380	4 090	4 380
	NTWC	2 980	3 560	3 680
	Total (Note 2)	**15 400**	**18 860**	**20 050**

Notes :

1. The majority of the child and adolescent psychiatric services in HKEC is supported by the Child and Adolescent Psychiatric Specialist Team of the HKWC.
2. The majority of the child and adolescent psychiatric services in KCC is supported by the Child and Adolescent Psychiatric Specialist Team of the KWC.
3. Figures are rounded to the nearest ten. Total number of attendances may not necessarily equal to the summation of the breakdowns due to rounding.

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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)073

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2723

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in *Matters Requiring Special Attention* that the Hospital Authority will enhance service capacity to meet growing demand arising from population growth and ageing through a number of initiatives, including opening of additional beds, particularly in high needs communities like the New Territories West Cluster, etc. Please give an account of the details, expenditure to be incurred, manpower and their ranks.

Apart from the above, will there be any plan to enhance medical services in the New Territories West Cluster? If so, what are the details, expenditure to be incurred, manpower and their ranks; if not, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

In 2013-14, the Hospital Authority (HA) will open a total of 118 beds in the New Territories West Cluster (NTWC) to meet growing service demand in the cluster.

Apart from the additional beds, the following major initiatives will also be implemented in NTWC in 2013-14:

(i) Improve accessibility to general outpatient clinic service;
(ii) Enhance radiological services; and
(iii) Enhance eye disease treatment for elderly patients.

The Government has earmarked an additional provision of around $2,575 million to HA for implementation of a wide range of initiatives, including, among other things, the above initiatives for NTWC, in 2013-14. NTWC will deploy existing staff and recruit additional staff to maintain the existing services and implement the above initiatives. The detailed manpower requirement is being worked out and is not yet available.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)074

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2725

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:

For the estimates in the years 2010-11, 2011-12, 2012-13 and 2013-14, are there provisions for the training of all ranks of doctors, nurses, allied health staff and health care assistants? If so, what is the total time involved in each training programme? What resources and manpower are involved?

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) has earmarked around $29 million, $302.4 million, $219.9 million and $103.4 million in 2010-11, 2011-12, 2012-13 and 2013-14 respectively to enhance training for doctors, nurses, allied health staff and supporting staff.

The table below sets out the number of recorded training days of doctors, nurses, allied health staff and supporting staff in HA in 2010-11, 2011-12 and 2012-13 (as at 31 December 2012). Since the target group and design of each training programme are different, for example, some training programmes are full time diploma courses while others are short lecture sessions and on-the-job training, and as some training programmes are conducted during off duty hours, the breakdown of the total time involved in each training programme is not available.

	Recorded Training Days		
Staff Group	**2010-11**	**2011-12**	**2012-13 (as at 31 December 2012)**
Doctors	32 667	31 978	27 079
Nurses	93 272	80 771	54 346
Allied Health staff	20 841	27 563	14 636
Supporting staff	17 194	16 499	12 771
Total	**163 974**	**156 811**	**108 832**

Note:
The recorded training days are generated from HA's eLearning Centre and Human Resources Payroll System databases. Training days for practicum and on-the-job trainings are not included.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	26.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)075

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2726

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the number of all ranks of nurses in various departments of hospitals under the hospital clusters of the Hospital Authority in the past three years (i.e. 2010-11, 2011-12 and 2012-13)? What were the respective nurse-to-patient ratios?

Asked by: Hon. KWOK Ka-ki

Reply:

Tables 1 and 2 below set out the nurse-to-patient ratios in 2010-11, 2011-12 and 2012-13 (up to 31 December 2012) by clusters and by major specialties respectively.

Table 1: Nurse-to-patient ratios by cluster

Cluster	**Number of Nurses**	**Ratio per 1 000 inpatient discharges and deaths**
2010-11		
Hong Kong East	2 099	19.1
Hong Kong West	2 440	23.1
Kowloon Central	2 784	22.1
Kowloon East	2 096	17.9
Kowloon West	4 731	19.3
New Territories East	3 272	20.9
New Territories West	2 638	21.8
2011-12		
Hong Kong East	2 199	19.6
Hong Kong West	2 498	22.8
Kowloon Central	2 949	23.5
Kowloon East	2 209	18.3
Kowloon West	4 884	19.7
New Territories East	3 388	20.9
New Territories West	2 731	21.8

Cluster	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths
2012-13 (up to 31 December 2012)		
Hong Kong East	2 323	20.0
Hong Kong West	2 600	23.1
Kowloon Central	3 058	24.0
Kowloon East	2 319	18.9
Kowloon West	5 090	19.5
New Territories East	3 528	20.9
New Territories West	2 832	21.9

Table 2: Nurse-to-patient ratios by major specialties

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths
2010-11		
Medicine	5005	12.0
Surgery	1646	10.6
Obstetrics & Gynaecology	976	10.6
Paediatrics	1099	12.8
Orthopaedics & Traumatology	726	9.6
Psychiatry	2 004	123.2
2011-12		
Medicine	5450	12.9
Surgery	1764	10.9
Obstetrics & Gynaecology	1044	10.8
Paediatrics	1179	13.5
Orthopaedics & Traumatology	804	10.1
Psychiatry	2138	130.4
2012-13 (up to 31 December 2012)		
Medicine	5595	12.7
Surgery	1828	10.9
Obstetrics & Gynaecology	1054	10.8
Paediatrics	1200	13.0
Orthopaedics & Traumatology	894	10.7
Psychiatry	2211	125.2

Notes :

1. Workforce on full-time equivalent includes permanent, contract and temporary staff in HA's workforce.

2. As the condition of each patient and the complexity of each case vary among different specialties, the workload of relevant healthcare staff cannot be assessed and compared simply on the ratio of the number of healthcare staff to the number of patient discharges and deaths.

3. It should be noted that the number of nurses and the nurse-to-patient ratios vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including specialisation of the

specialties in the cluster. They also vary due to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. Therefore the number of nurses and the nurse-to-patient ratios cannot be directly compared among clusters.

4. For the manpower per 1 000 inpatient discharges and deaths ratios, manpower status is drawn as at 31 March of respective years (except for 2012-13 the manpower status is drawn as at 31 December 2012), whereas number of inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2012-13 the number refers to the actual number from 1 January 2012 to 31 December 2012). The number of inpatient discharges and deaths for the 2012-13 are provisional figures.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)076

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2727

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration advise on the number of allied healthcare professionals (including physiotherapists and occupational therapists) of various ranks in different departments of each hospital under the clusters of the Hospital Authority in the past three years (i.e. 2010-2011, 2011-12 and 2012-2013) and their ratios to patients?

Asked by: Hon. KWOK Ka-ki

Reply:

The table below sets out the number of allied health professionals and their ratios to patients in 2010-11, 2011-12 and 2012-13 by clusters and by major allied health grades.

Cluster	Grade	2010-11		2011-12		2012-13 (up to 31 December 2012)	
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths
Hong Kong East	Medical Laboratory Technologist	97	0.9	103	0.9	105	0.9
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	107	1.0	110	1.0	114	1.0
	Medical Social Worker	34	0.3	43	0.4	43	0.4
	Occupational Therapist	59	0.5	65	0.6	72	0.6
	Physiotherapist	97	0.9	100	0.9	106	0.9
	Pharmacist	46	0.4	51	0.5	61	0.5
	Dispenser	121	1.1	119	1.1	135	1.2
	Others	62	0.6	70	0.6	77	0.7

Cluster	Grade	2010-11		2011-12		2012-13 (up to 31 December 2012)	
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths
Hong Kong West	Medical Laboratory Technologist	206	2.0	214	2.0	219	1.9
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	118	1.1	123	1.1	120	1.1
	Medical Social Worker	30	0.3	36	0.3	41	0.4
	Occupational Therapist	57	0.5	58	0.5	68	0.6
	Physiotherapist	91	0.9	93	0.8	98	0.9
	Pharmacist	47	0.4	54	0.5	60	0.5
	Dispenser	104	1.0	105	1.0	112	1.0
	Others	84	0.8	93	0.9	106	0.9
Kowloon Central	Medical Laboratory Technologist	200	1.6	209	1.7	217	1.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	139	1.1	136	1.1	146	1.1
	Medical Social Worker	14	0.1	15	0.1	18	0.1
	Occupational Therapist	82	0.7	87	0.7	98	0.8
	Physiotherapist	127	1.0	139	1.1	154	1.2
	Pharmacist	44	0.3	49	0.4	54	0.4
	Dispenser	118	0.9	124	1.0	135	1.1
	Others	103	0.8	117	0.9	123	1.0
Kowloon East	Medical Laboratory Technologist	111	0.9	115	0.9	123	1.0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	82	0.7	79	0.7	87	0.7
	Medical Social Worker	35	0.3	39	0.3	39	0.3
	Occupational Therapist	58	0.5	63	0.5	66	0.5
	Physiotherapist	93	0.8	101	0.8	103	0.8
	Pharmacist	34	0.3	39	0.3	45	0.4
	Dispenser	109	0.9	113	0.9	114	0.9
	Others	47	0.4	58	0.5	68	0.6
Kowloon West	Medical Laboratory Technologist	249	1.0	258	1.0	266	1.0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	198	0.8	204	0.8	207	0.8
	Medical Social Worker	72	0.3	78	0.3	86	0.3
	Occupational Therapist	125	0.5	136	0.5	145	0.6
	Physiotherapist	144	0.6	153	0.6	157	0.6
	Pharmacist	94	0.4	107	0.4	116	0.4
	Dispenser	233	0.9	239	1.0	251	1.0
	Others	109	0.4	119	0.5	129	0.5

Cluster	Grade	2010-11		2011-12		2012-13 (up to 31 December 2012)	
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths
New Territories East	Medical Laboratory Technologist	188	1.2	192	1.2	204	1.2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	158	1.0	162	1.0	164	1.0
	Medical Social Worker	18	0.1	23	0.1	24	0.1
	Occupational Therapist	98	0.6	108	0.7	111	0.7
	Physiotherapist	145	0.9	146	0.9	141	0.8
	Pharmacist	52	0.3	59	0.4	67	0.4
	Dispenser	161	1.0	167	1.0	174	1.0
	Others	102	0.7	105	0.6	118	0.7
New Territories West	Medical Laboratory Technologist	124	1.0	129	1.0	132	1.0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	104	0.9	110	0.9	111	0.9
	Medical Social Worker	18	0.1	28	0.2	28	0.2
	Occupational Therapist	93	0.8	95	0.8	107	0.8
	Physiotherapist	77	0.6	80	0.6	86	0.7
	Pharmacist	38	0.3	43	0.3	47	0.4
	Dispenser	114	0.9	118	0.9	129	1.0
	Others	86	0.7	101	0.8	110	0.9

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

2. 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.

3. As the condition of each patient and the complexity of each case vary among different allied health grades, the workload of relevant allied health staff cannot be assessed and compared simply, based on the ratio of the number of allied health staff to the number of discharges and deaths.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)077

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2728

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the number of all ranks of health care assistants (including phlebotomist) in various departments of hospitals under the hospital clusters of the Hospital Authority in the past three years (i.e. 2010-11, 2011-12 and 2012-13). What were the respective staff-to-patient ratios?

Asked by: Hon. KWOK Ka-Ki

Reply:

The tables below set out the number of care-related supporting staff (including phlebotomists) in the Hospital Authority (HA) in the past three years and the respective ratios to patients:

2010-11

Hospital Cluster	Number of care-related supporting staff	Ratio per 1000 inpatient discharges and deaths
HKEC	1 047	9.5
HKWC	1 052	10.0
KCC	1 168	9.3
KEC	890	7.6
KWC	2 080	8.5
NTEC	1 590	10.2
NTWC	1 398	11.5
Total	**9 225**	**9.4**

2011-12

Hospital Cluster	Number of care-related supporting staff	Ratio per 1000 inpatient discharges and deaths
HKEC	1 144	10.2
HKWC	1 108	10.1
KCC	1 433	11.4
KEC	1 010	8.3
KWC	2 184	8.8
NTEC	1 795	11.1
NTWC	1 715	13.7
Total	**10 389**	**10.3**

2012-13

Hospital Cluster	Number of care-related supporting staff	Ratio per 1000 inpatient discharges and deaths
HKEC	1 212	10.4
HKWC	1 147	10.2
KCC	1 521	11.9
KEC	1 057	8.6
KWC	2 283	8.8
NTEC	1 905	11.3
NTWC	1 790	13.8
Total	**10 915**	**10.5**

Note:

(1) The manpower figures 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) For the ratios of manpower per 1 000 inpatient discharges and deaths, manpower status refers to the position as at 31 March of respective years (except for 2012-13, the manpower status was drawn as at 31 December 2012); whereas number of inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2012-13, the throughput refers to the actual number from 1 January 2012 to 31 December 2012). The number of inpatient discharges and deaths for 2012-13 are provisional figures.

(3) It is important to note that care-related supporting staff are responsible for rendering services for the whole continuum of services spanning from inpatient, outpatient, ambulatory and outreach services. Therefore, the manpower ratios for inpatient services may not give meaningful year on year comparison. The ratios also vary among clusters as throughputs are related to the mode of care delivery, the condition of each patient and the complexity of each case among different specialties and clusters.

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:	27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)078

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1124

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

According to the Hospital Maintenance Fees under the Civil Service Regulations (CSR) 922, civil servants may occupy different classes of accommodation at a rate far lower than that of the general public. Would the Government advise on:

(a) The statistics on the occupation of different classes of accommodation by civil servants and the general public:

Class of accommodation	Total no. of beds provided by hospitals under the auspices of the Hospital Authority (HA)	Rate for civil servants	Rate for the general public	Civil servants' total patient days	General public's total patient days	Cost of each bed per day
First class beds						
Second class beds						
Special accommodation beds						
General class beds						

(b) The rate has come into effect for 10 years since May 2003. Will it be subject to any review?

(c) The objective of the HA is to provide medical services to Hong Kong people. What are the reasons for providing private services? How will service provision to civil servants affect the services provided to

members of the public (e.g. waiting time, deployment of health care personnel, medicines used, various kinds of check-up services etc.)?

Asked by: Hon. LAM Kin-fung, Jeffrey

Reply:

(a)

The table below sets out the number of beds (as at 31 March 2012) in different classes of accommodation in hospitals under the Hospital Authority (HA), and their respective patient days in respect of the civil service eligible persons (CSEP) (i.e. civil servants, pensioners and their eligible dependants) and the public in 2011-12:

Class of accommodation	**Total no. of beds provided by hospitals under the auspices of HA (as at 31 March 2012)**	**Number of patient days (inpatient only) in 2011-12**	
		CSEP	**Public**
Private Beds (Note)	298	19 805	28 904
Special Accommodation Beds	56	3 465	7 615
General Class Beds	26 708	320 705	6 837 261

Note: Breakdown between first and second class beds for private beds is not available.

The table below sets out the inpatient charges for CSEP and the public as at 31 December 2012:

Ward Class	**Daily Rate for CSEP under CSR 922**	**Daily Rate for the General Public**
1st Class Beds	$304	***For Private Patients*** $3,900 (Acute Hospitals)/ $3,300 (Other Hospitals)
2nd Class Beds	$226	***For Private Patients*** $2,600 (Acute Hospitals)/ $2,200 (Other Hospitals)
Special Accommodation Beds	$197	***For Eligible Persons (EP)*** $1,600 – $2,400
General Class Beds	$49	***For EP*** $100 (Acute general beds)/ $68 (Convalescent/Rehabilitation, Infirmary and Psychiatric Beds)

Note: EP is defined as patients falling into the following categories:

(a) a holder of Hong Kong Identity Card issued under the Registration of Persons Ordinance;

(b) children who are Hong Kong resident and under 11 years of age; or

(c) other persons approved by the Chief Executive of HA.

The average cost per day for HA's provision of inpatient maintenance service in 2011-12 is set out in the table below.

Inpatient Maintenance Service	Average Cost per Bed Day
Private Ward (2nd Class)	$3,330
Public Ward - General (Acute and Convalescent) - Infirmary - Mentally Ill - Mentally Handicapped	 $3,950 $1,270 $1,930 $1,190

(b)

Noting the increase in medical costs and market price of medical services for private patients since 2003, HA had undertaken a review on fees and charges for non-eligible persons (NEP) and private patients. The principle of setting charges for NEP is on a cost recovery basis, whereas that for private patients is on the basis of the higher of cost or market price. Following the review and the briefing to the Legislative Council Panel on Health Services in December 2012, HA will revise the fees and charges for these two categories of patients with effect from 1 April 2013 to bring the fees and charges in line with the charging principles.

The above review has not covered the fees for public healthcare services for EP, as it is noted that the subsidy level for this category of patients remains largely the same since the last fee revision in 2003. Local residents will continue to enjoy quality public healthcare services at highly subsidized rates.

As for CSEP, the Government is reviewing the private charges borne by them in accordance with the established mechanism.

(c)

Apart from providing public healthcare services to local residents at highly subsidised rates, HA also provides limited private services as a means for the public to access specialised expertise and facilities in the public medical sector, notably in the two teaching hospitals of Queen Mary Hospital and Prince of Wales Hospital, which are not generally available in the private sector. The fees for private services are set on the higher of cost or market price for the respective services.

Regarding the provision of HA baseline services which are provided to both CSEP and the public, CSEP and the public are treated in the same manner in terms of waiting time for services, prescription of drugs etc., and priority of treatment is based on the patient's clinical needs. Nonetheless, to enable civil servants to return to work early after medical consultation / treatment of their episodic ailment if their medical condition permits, a small number of priority discs are provided in designated general out-patient clinics for civil servants. Any unused priority discs after 9:30 am and 2:30 pm on a day will be released to the public.

Name in block letters: Richard YUEN

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

Date: 26.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)079

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1130

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question :

In his Budget Speech, the Financial Secretary said that following the injection of $10 billion into the Samaritan Fund by the Government last year, the financial assessment criteria for drug subsidies were relaxed in September 2012 to benefit more patients in need.

(a) What are the details of the relaxation of financial assessment criteria? Will self-occupied premises and family members living with the patients be counted? Will the Administration consider further relaxing or streamlining the application procedures?

(b) Please list and compare the number of patients benefitted, the number of targeted illnesses and the category of subsidies (e.g. full-rate or half-rate subsidy) before and after the relaxation of the assessment criteria.

(c) Please list the names of drugs for treating Systemic Lupus Erythematogus (SLE) that financial assistance is currently available under the Samaritan Fund. Please provide a breakdown by drug of the number of patients receiving financial assistance from the Samaritan Fund in 2012-13 and the amount of subsidy granted, as well as the amount paid by patients or their families as part of the drug costs.

(d) Please list the names of drugs for treating SLE that Hospital Authority (HA) patients currently have to purchase at their own expenses. Please provide a breakdown by drug of the number of patients who need to purchase these drugs at their own expense in 2012-13, the estimated amount that each patient have to pay each month, and the estimated additional expenditure required annually for HA to purchase these drugs if they are provided as subsidized drugs by HA.

Asked by : Hon. LAM Kin-fung, Jeffrey

Reply :

(a)
The relaxation of financial assessment criteria for applications for drug subsidy under the Samaritan Fund (SF) was implemented on 1 September 2012. With 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, was 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 financial assessment is on a household basis. Before and after the implementation of the relaxation of the financial assessment criteria for SF on 1 September 2012, the flat owned and resided in by the patient's household will not be taken into account in the financial assessment. The Hospital Authority (HA) will continue to review the financial assessment criteria as and when required.

(b)
The table below sets out the number of drug applications approved in 2011-12 and 2012-13 (up to 31 December 2012) under full and partial subsidy.

Year	**Number of approved applications for drug subsidy**		
	Full subsidy granted	**Partial subsidy granted**	**Total**
2011-12	873	643	1 516
2012-13 (up to 31 December 2012)	764	532	1 296

Note: The number of applications approved and the subsidies granted depend on factors such as drug prices, dosage, the patient's clinical and financial conditions, the clinical indications of the drugs covered by SF, etc. Therefore, changes in the numbers cannot be directly attributed to the relaxation of financial assessment criteria and such comparison data is not available.

(c) and (d)

Currently, the treatment modalities commonly used for treatment of Systemic Lupus Erythematogus (SLE) are drugs classified under General Drugs in the HA Drug Formulary. These drugs are heavily subsidised by the Government and are provided to patients at standard charges and fees in public hospitals and clinics. At present, no self-financed drug for treatment of SLE is listed in the HA Drug Formulary or covered by the SF.

Name in block letters: Richard YUEN

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

Date: 19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)080

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1131

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:

To enhance community support for mental patients with a view to facilitating their rehabilitation and reintegration into the community, the Hospital Authority will roll out its Programme to three more districts in 2013-14 and achieve full coverage in the coming two years.

(a) What are the number of healthcare professionals and the amount of expenditure to be increased for the extension of the Programme?

(b) What are the estimated number of healthcare professionals and the amount of expenditure to be increased in the coming two years (i.e. 2013-14 and 2014-15)?

Asked by: Hon. LAM Kin-fung, Jeffrey

Reply:

In April 2010, the Hospital Authority (HA) launched the Case Management Programme (the Programme) in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalised support for patients with severe mental illness (SMI). By 2012-13, the Programme has been extended to a total of 12 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Kowloon City, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long).

As at 31 December 2012, the HA has recruited a total of 206 case managers (including psychiatric nurses, occupational therapists and registered social workers) to provide personalised and intensive community support to about 11 500 patients with SMI under the the Programme.

The objective of the 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 SMI at any one time.

In 2013-14, the Programme will be further extended to cover three more districts (Wong Tai Sin, Sai Kung and North). It is estimated that an additional 56 case managers including nurses and allied health professionals will be recruited to provide support for about 2 800 more patients.

The estimated recurrent expenditures incurred for the Programme for 2010-11, 2011-12 and 2012-13 were $78 million, $151 million and $178 million respectively. The additional recurrent expenditure for 2013-14

is estimated at $38 million.

HA will continue to recruit more case managers to support the Programme, with a view to extending the Programme to cover all 18 districts in the coming two years.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)081

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0745

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:

To cope with the ever-increasing demand for medical services, the HA will add 290 acute patient beds and convalescent beds in the coming year. Would the Administration advise this Committee which hospitals these new patient beds will be allocated to, if the number of hospital beds in each hospital is available and which districts are in particular demand for hospital beds?

Asked by: Hon. LAM Tai-fai

Reply:

The table below sets out the respective numbers of hospital beds in each of the clusters in the Hospital Authority (HA) as at 31 December 2012:

Cluster	**Number of hospital beds (as at 31 December 2012)**
HKEC	3 031
HKWC	3 135
KCC	3 547
KEC	2 371
KWC	6 587
NTEC	4 515
NTWC	3 967
Total	**27 153**

In planning for its services, HA has taken into account a number of factors, including the increase in service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as the organisation of services of the clusters and hospitals and the service demand of the local community. Distribution of the 287 additional beds to be opened in each of the clusters in 2013-14 is as follows:

Cluster	**Beds to be opened in 2013-14**
HKWC	7
KCC	1
KEC	116
KWC	42
NTEC	3
NTWC	118
Total	**287**

Notes:

1. The majority of the additional beds will be opened in NTWC, KEC and KWC to meet growing demand in high needs communities.

2. A small number of beds will be opened in HKWC, KCC and NTEC to enhance specific services (e.g. intensive care service) of the clusters.

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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)082

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0746

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority will enhance the management of the waiting list so as to shorten patients' waiting time for specialist clinics. Please advise this Committee on the progress of the enhancement scheme. What is the average waiting time for specialist clinics at present? Please provide by table the details of the average waiting time and the types of illnesses of patients waiting for appointments at specialist clinics in different public hospitals. Does the Administration have any statistics on the number of death of patients waiting for treatment? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LAM Tai-fai

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. HA will commence publishing waiting time information of its specialist services by phases in the HA internet website starting April 2013.

In 2013-14, HA will further enhance the management of SOP waiting time. Additional SOP sessions will be conducted to cater for patients who have waited for a considerable period of time. In addition, HA will identify pressure areas in different specialties and clusters and develop further measures to manage the waiting time.

HA does not have statistics on the number of patients who died while awaiting SOP first appointment as there are different possible factors that would lead to mortality.

The table below sets out the median waiting time for first appointment of major SOP services in each hospital cluster for 2012-13 (up to 31 December 2012) :

2012-13 (up to 31 December 2012) [Provisional figures]

Specialty	Median Waiting Time (weeks)						
	HKE	HKW	KC	KE	KW	NTE	NTW
ENT	8	6	8	13	8	6	12
MED	6	14	15	14	23	34	18.5
GYN	12	7	6	17	11	30	13
OPH	3	5	3	11	4	8	4
ORT	9	12	24	9	11	16	58
PAE	5	8	6	12	4	11	14
PSY	5	5	4	8	15	6	7
SUR	8	8	16	18	11	19	30

It should be noted that the median waiting time for first appointment vary among different cases and different specialties owing to the varying complexity of conditions of patients and the different medical services required. The median waiting time also vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including specialisation of the specialties in the cluster. Therefore the median waiting time cannot be directly compared among clusters or specialties.

Abbreviations

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

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

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)083

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0747

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 2013-14 Budget mentions that the Government plans to spend $20 billion on the construction and refurbishment of several public hospitals and clinics. Will the Administration tabulate the expenditure, progress and completion dates of the projects planned/ under construction and refurbishment? Has assessment been made on the additional medical staff that need to be recruited for the above projects? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LAM Tai-fai

Reply:

The Administration plans to use $20 billion for the construction and refurbishment of several public hospitals and clinics, including the construction of Tin Shui Wai Hospital and the Centre of Excellence in Paediatrics, the refurbishment of Hong Kong Buddhist Hospital as well as the reprovisioning of the Yau Ma Tei Specialist Clinic. The estimated project cost and tentative works schedule of these projects are tabulated below :

Name of project	Estimated Project Cost	Tentative Works Start Date	Tentative Works Completion Date
Construction of Tin Shui Wai Hospital (TSWH)	$3,900 million	Works commenced on 27 Feb 2013	2nd Quarter 2016
Establishment of Centre of Excellence in Paediatrics (CEP)	$13,800 million	3rd Quarter 2013	mid-2017
Reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital (YMTSC)	$1,900 million	2nd Quarter 2013	2nd Quarter 2016
Refurbishment of Hong Kong Buddhist Hospital (HKBH) Note	$240 million	3rd Quarter 2013	2nd Quarter 2015

Note : We are reviewing the scope of the refurbishment of HKBH project as well as the project programme with a view to providing additional beds in the hospital to meet service needs.

The Hospital Authority (HA) estimates that approximately 1 000 staff including about 70 doctors and 270 nurses are required for the TSWH. Detailed operational and staffing arrangements for the CEP, which will involve certain service re-organisation of HA's paediatrics services, will be worked out by HA at a later stage after the detailed design and commissioning plan have been finalised. For HKBH and YMTSC, as the former one is a refurbishment project while the latter one is a reprovisioning one, HA expects that no additional manpower is required.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)084

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0338

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by items of the numbers of applications approved and the expenditures incurred in 2011-12 and 2012-13 respectively under the Samaritan Fund managed by the Hospital Authority.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund in 2011-12 and 2012-13 (up to 31 December 2012):

Items	2011-12		2012-13 (up to December 2012)	
	Number of applications approved	Amount of subsidies granted ($ million)	Number of applications approved	Amount of subsidies granted ($ million)
Drugs	1 516	174.9	1 296	182.9
Non-drugs:				
Cardiac Pacemakers	536	25.3	413	21.4
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 555	55.3	1 067	39.0
Intraocular Lens	1 487	1.7	872	0.9
Home use equipment and appliances	53	0.6	30	0.3
Gamma knife surgeries in private hospital	26	2.0	-	-
Harvesting bone marrow in foreign countries	14	1.6	9	1.4
Myoelectric prosthesis / custom-made prosthesis/appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	94	1.4	70	1.2
Total	5 281	262.8	3 757	247.1

Name in block letters: Richard YUEN

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

Date: 19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)085

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0339

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With reference to the specialist outpatient services at various hospitals under the Hospital Authority (HA) (including ear, nose and throat; gynaecology; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery and psychiatry), will the Administration advise on the numbers of new cases triaged respectively as first priority, second priority and routine categories in 2011-12 and 2012-13 and their respective percentages. Among the above cases of different priorities, what are the respective lower quartile, median and upper quartile of the waiting time, and the longest waiting time (95th percentile) for consultation appointments at HA hospitals?

Asked by: Hon. LEE Cheuk-yan

Reply:

The tables below set out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; their respective percentages in the total number of specialist outpatient new cases; and their respective lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and the longest (90th percentile) waiting time in each hospital cluster for 2011-12 and 2012-13 (up to 31 December 2012).

2011-12

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKE	ENT	1 408	18%	<1	<1	<1	<1	2 561	33%	1	4	7	8	3 743	48%	20	21	22	34
	MED	2 351	21%	<1	1	1	2	3 387	30%	2	4	7	7	5 608	49%	8	14	31	52
	GYN	983	19%	<1	<1	1	2	794	16%	3	4	5	6	3 338	65%	10	13	19	23
	OPH	4 993	43%	<1	<1	<1	1	1 635	14%	4	7	7	8	4 957	43%	11	26	38	52
	ORT	1 715	19%	<1	<1	1	1	2 388	27%	3	5	7	7	4 735	54%	11	30	41	48
	PAE	282	21%	<1	1	1	2	852	63%	3	4	5	7	209	16%	6	7	8	11
	PSY	587	17%	<1	<1	1	2	622	18%	<1	2	4	6	2 196	64%	<1	3	17	21
	SUR	2 034	17%	<1	1	1	2	3 916	32%	4	6	7	8	6 152	51%	9	19	42	69
HKW	ENT	497	8%	<1	<1	<1	1	1 543	24%	3	4	6	8	4 277	68%	5	14	24	30
	MED	1 227	11%	<1	<1	1	1	1 400	12%	2	3	4	6	8 637	77%	10	18	25	34
	GYN	1 186	17%	<1	<1	1	2	847	12%	3	4	5	6	4 034	59%	9	13	15	28
	OPH	3 596	33%	<1	<1	1	1	1 185	11%	3	4	4	6	6 023	56%	10	14	16	18
	ORT	703	7%	<1	<1	1	1	1 456	15%	2	3	4	6	7 523	78%	7	15	22	39
	PAE	447	12%	<1	<1	1	1	1 168	33%	3	5	7	8	1 957	55%	6	18	20	39
	PSY	194	5%	<1	1	1	2	448	11%	1	2	3	4	3 278	83%	2	5	24	69
	SUR	2 084	16%	<1	<1	1	2	2 046	16%	3	5	6	7	8 596	67%	6	16	33	80
KC	ENT	1 244	9%	<1	<1	<1	<1	1 905	14%	<1	1	2	8	10 912	78%	1	3	9	11
	MED	1 609	14%	<1	<1	1	1	1 344	11%	3	4	5	7	8 728	74%	12	17	25	50
	GYN	556	12%	<1	<1	1	1	1 686	35%	3	4	6	7	2 557	53%	11	21	26	34
	OPH	8 360	34%	<1	<1	<1	1	5 363	22%	1	4	7	8	9 376	38%	40	44	45	46
	ORT	777	10%	<1	<1	<1	1	751	10%	3	4	6	7	6 301	80%	15	24	45	52
	PAE	374	20%	<1	<1	1	1	233	12%	2	3	4	5	1 301	68%	4	8	11	12
	PSY	452	15%	<1	<1	1	1	1 061	34%	2	4	6	7	1 589	51%	4	9	16	78
	SUR	2 790	17%	<1	1	1	1	2 829	17%	2	3	5	7	11 134	66%	15	17	28	52
KE	ENT	1 755	16%	<1	<1	1	1	2 490	23%	4	6	7	7	6 390	60%	29	33	87	125
	MED	2 344	13%	<1	1	1	2	5 467	30%	5	7	8	8	10 314	57%	13	34	45	52
	GYN	1 454	19%	<1	1	1	1	1 082	14%	4	6	7	8	5 140	67%	15	66	141	148
	OPH	5 124	30%	<1	<1	1	1	2 924	17%	4	7	7	8	8 965	53%	11	25	73	97
	ORT	3 787	25%	<1	<1	1	1	3 256	21%	5	7	7	8	8 343	54%	88	103	111	124
	PAE	1 262	29%	<1	<1	<1	1	796	18%	4	6	7	7	2 293	53%	15	27	31	32
	PSY	650	9%	<1	<1	1	1	1 753	24%	2	3	5	7	4 536	63%	8	16	44	66
	SUR	1 460	7%	<1	1	1	1	6 493	29%	6	7	7	8	14 358	64%	28	98	125	135

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KW	ENT	3 831	24%	<1	<1	1	1	4 116	26%	4	6	7	8	7 841	50%	12	22	36	59
	MED	3 227	11%	<1	<1	1	2	6 414	22%	4	5	7	7	19 219	66%	20	35	53	61
	GYN	1 070	9%	<1	1	1	2	2 366	19%	3	5	6	7	8 902	72%	6	12	25	36
	OPH	5 923	31%	<1	<1	<1	<1	6 043	32%	2	3	5	6	7 046	37%	4	6	33	39
	ORT	4 313	22%	<1	<1	1	1	4 266	22%	4	5	7	7	11 063	56%	32	53	90	103
	PAE	2 663	36%	<1	<1	<1	1	830	11%	3	5	6	7	3 685	50%	4	8	12	13
	PSY	495	4%	<1	<1	1	1	1 070	9%	<1	2	4	6	10 631	87%	<1	7	21	33
	SUR	4 736	13%	<1	1	1	2	7 816	22%	4	5	7	7	22 542	64%	9	25	88	111
NTE	ENT	3 807	28%	<1	<1	1	2	2 657	20%	3	3	5	7	7 041	52%	25	54	68	81
	MED	2 995	16%	<1	<1	1	2	2 770	15%	4	5	7	8	12 493	67%	32	40	59	70
	GYN	1 259	11%	<1	<1	1	2	878	8%	3	5	7	8	7 612	69%	24	39	58	105
	OPH	6 785	34%	<1	<1	1	1	2 766	14%	3	4	7	8	10 205	52%	23	78	101	115
	ORT	6 071	30%	<1	<1	<1	1	2 406	12%	3	5	7	8	12 056	59%	27	69	81	99
	PAE	560	13%	<1	<1	1	1	760	17%	3	5	6	7	3 076	70%	7	17	29	34
	PSY	1 345	14%	<1	1	1	2	1 971	21%	3	4	6	8	5 727	61%	10	31	60	100
	SUR	2 648	12%	<1	<1	1	2	3 633	16%	3	5	6	8	15 703	71%	17	37	59	79
NTW	ENT	2 945	25%	<1	<1	<1	1	1 531	13%	3	4	6	7	7 417	62%	13	26	48	52
	MED	1 554	15%	1	1	2	2	2 587	24%	5	6	7	7	6 545	61%	14	41	46	50
	GYN	1 053	16%	1	2	2	3	642	10%	2	4	7	9	4 707	74%	11	17	23	40
	OPH	5 617	31%	<1	<1	<1	<1	2 290	13%	1	2	4	5	10 310	57%	2	10	43	46
	ORT	1 541	12%	<1	<1	1	1	1 208	9%	3	4	5	7	10 171	79%	35	43	49	55
	PAE	152	6%	<1	1	2	3	484	20%	3	3	4	5	1 794	74%	13	13	14	15
	PSY	712	11%	<1	1	1	2	1 593	25%	2	5	7	8	3 970	63%	7	12	19	31
	SUR	1 432	7%	<1	<1	1	2	2 121	10%	3	5	6	7	16 797	82%	13	27	33	35

2012-13 (up to 31 December 2012) [Provisional figures]

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKE	ENT	1 073	18%	<1	<1	<1	<1	1 928	32%	1	3	7	8	3 078	51%	21	22	27	33
	MED	1 811	21%	<1	1	1	2	2 638	30%	2	4	7	7	4 229	49%	7	14	38	50
	GYN	560	13%	<1	<1	<1	1	671	16%	2	3	5	6	2 931	70%	11	16	23	25
	OPH	4 230	47%	<1	<1	1	1	1 402	16%	5	7	8	8	3 345	37%	12	25	30	33
	ORT	1 455	21%	<1	1	1	1	1 737	25%	3	6	7	7	3 891	55%	13	31	49	50
	PAE	177	16%	<1	1	1	2	746	68%	3	5	7	7	172	16%	7	9	11	16
	PSY	467	18%	<1	1	1	2	499	19%	2	3	4	7	1 602	62%	4	9	19	29
	SUR	1 624	16%	<1	1	1	2	3 005	30%	5	7	7	8	5 284	53%	11	20	43	67
HKW	ENT	493	10%	<1	<1	1	1	1 593	33%	3	5	6	8	2 727	57%	4	16	31	35
	MED	1 072	12%	<1	<1	1	1	1 287	14%	3	3	5	6	6 704	74%	10	25	30	46
	GYN	851	15%	<1	<1	1	2	791	14%	3	5	6	7	3 354	61%	10	15	17	27
	OPH	2 988	37%	<1	<1	1	1	1 352	17%	3	4	5	7	3 793	47%	14	16	18	33
	ORT	586	7%	<1	<1	1	1	1 007	13%	2	3	5	6	6 213	79%	8	16	27	48
	PAE	268	15%	<1	<1	1	1	596	34%	3	5	6	8	888	51%	14	18	19	20
	PSY	223	7%	<1	1	1	2	317	10%	2	3	4	5	2 476	82%	3	7	18	58
	SUR	1 579	15%	<1	<1	1	2	1 844	18%	3	5	7	8	6 981	67%	4	20	48	83
KC	ENT	955	9%	<1	<1	<1	<1	1 007	9%	<1	<1	1	2	8 896	82%	2	8	10	11
	MED	1 347	15%	<1	1	1	1	1 037	12%	4	5	6	7	6 423	72%	13	24	31	64
	GYN	266	7%	<1	<1	1	1	1 474	37%	2	4	5	6	2 235	56%	8	11	23	38
	OPH	6 383	34%	<1	<1	<1	1	3 937	21%	1	3	5	6	7 401	40%	40	53	60	66
	ORT	578	9%	<1	<1	<1	1	535	8%	2	4	5	7	5 299	83%	19	42	54	65
	PAE	317	20%	<1	<1	1	1	220	14%	2	4	5	7	1 076	67%	4	8	13	17
	PSY	390	19%	<1	<1	1	1	706	34%	2	4	6	7	986	47%	3	11	17	108
	SUR	1 692	13%	<1	1	1	1	2 172	17%	2	3	5	7	9 120	70%	16	19	41	72
KE	ENT	1 318	17%	<1	<1	<1	1	1 806	24%	3	5	7	7	4 436	59%	23	41	44	158
	MED	1 383	10%	<1	1	1	2	3 111	22%	4	7	7	8	9 458	68%	13	40	49	69
	GYN	1 216	19%	<1	1	1	1	808	13%	3	6	7	7	4 245	68%	16	42	66	80
	OPH	3 877	28%	<1	<1	<1	1	2 014	15%	1	4	7	7	7 836	57%	11	23	70	72
	ORT	2 815	23%	<1	<1	1	1	2 457	20%	5	6	7	8	6 820	56%	26	106	116	138
	PAE	815	25%	<1	<1	<1	1	509	16%	3	5	7	7	1 934	59%	15	20	33	35
	PSY	437	8%	<1	1	1	2	1 426	26%	3	5	7	8	3 463	63%	9	29	57	78
	SUR	1 218	6%	<1	1	1	1	5 136	26%	6	7	7	8	13 074	67%	16	96	112	138

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
KW	ENT	2 834	23%	<1	<1	1	1	3 298	27%	4	5	7	8	6 214	50%	13	20	30	35
	MED	2 145	9%	<1	<1	1	2	4 938	22%	4	5	7	7	15 213	67%	22	35	61	70
	GYN	772	8%	<1	<1	1	2	2 419	24%	3	4	6	7	6 694	67%	10	14	42	53
	OPH	4 568	32%	<1	<1	<1	<1	4 828	34%	2	4	5	6	5 001	35%	6	34	36	38
	ORT	3 283	21%	<1	<1	1	1	3 673	24%	3	5	6	7	8 309	54%	37	52	95	102
	PAE	1 933	34%	<1	<1	1	1	781	14%	4	5	7	7	2 868	50%	5	9	13	15
	PSY	321	3%	<1	<1	1	1	726	6%	<1	3	6	8	10 478	91%	1	17	44	72
	SUR	3 628	13%	<1	1	1	2	7 040	25%	4	5	7	7	17 772	62%	14	31	77	118
NTE	ENT	3 175	29%	<1	<1	1	2	1 997	18%	2	3	5	7	5 714	52%	16	32	55	61
	MED	2 335	16%	<1	<1	1	1	1 949	13%	4	5	7	8	10 377	69%	24	52	62	71
	GYN	845	10%	<1	<1	1	2	658	8%	3	6	8	8	6 059	70%	24	49	80	124
	OPH	5 618	36%	<1	<1	<1	1	2 364	15%	3	4	7	8	7 746	49%	17	112	136	153
	ORT	4 569	28%	<1	<1	<1	1	2 060	12%	4	5	7	8	9 899	60%	65	88	96	112
	PAE	517	16%	<1	<1	1	2	620	19%	3	5	7	8	2 131	65%	11	23	35	49
	PSY	1 127	17%	<1	1	1	2	1 492	22%	2	4	6	8	3 846	57%	7	24	50	81
	SUR	2 047	11%	<1	<1	1	2	2 964	16%	3	5	7	8	12 975	72%	16	32	65	103
NTW	ENT	2 172	23%	<1	<1	<1	1	1 171	13%	3	4	5	7	6 023	64%	13	20	30	34
	MED	893	12%	1	1	1	2	1 397	19%	6	6	7	7	4 883	68%	15	36	39	53
	GYN	710	14%	1	1	2	2	505	10%	3	5	6	7	3 895	76%	11	15	24	41
	OPH	4 621	29%	<1	<1	<1	<1	1 667	11%	1	3	5	6	9 401	60%	4	31	48	53
	ORT	980	10%	<1	1	1	1	934	10%	2	4	6	7	7 866	80%	25	61	67	72
	PAE	64	3%	<1	1	2	2	362	20%	4	5	6	7	1 404	77%	14	15	17	17
	PSY	397	8%	<1	1	1	2	1 340	27%	2	5	6	7	3 083	63%	6	13	22	30
	SUR	994	6%	<1	1	1	4	1 842	11%	3	5	7	10	13 300	82%	16	36	42	45

Abbreviations

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

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

Name in block letters: Richard YUEN

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

Date: 15.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)086

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0340

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With reference to the obstetric specialist outpatient service for outpatients at the various hospitals under the Hospital Authority, will the Administration advise on the number of new cases and the respective lower quartile, median and upper quartile of the waiting time, and the longest waiting time (the 95th percentile) for consultation appointments in 2011-12 and 2012-13?

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number of new cases of obstetric specialist outpatient service, as well as their lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and the longest (90th percentile)[1] waiting time in each hospital cluster for 2011-12 and 2012-13 (up to 31 December 2012).

Cluster	2011-12					2012-13 (up to 31 December 2012) [Provisional figures]				
	Total number of new cases	Waiting Time (weeks)				Total number of new cases	Waiting Time (weeks)			
		25th	50th	75th	90th		25th	50th	75th	90th
		percentile					percentile			
HKE	5 374	1	2	4	7	2 816	1	2	3	4
HKW	5 548	1	3	4	4	3 193	1	2	3	3
KC	6 608	3	7	14	21	4 597	3	7	13	19
KE	4 692	<1	1	3	6	2 336	<1	1	4	7
KW	17 995	4	6	11	13	12 347	4	6	9	12
NTE	12 222	5	7	18	21	8 397	5	7	19	24
NTW	3 125	<1	1	1	1	2 546	<1	1	1	2

[1] The Hospital Authority uses 90th percentile to denote the longest waiting time for specialist outpatient service.

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

Name in block letters: Richard YUEN

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

Date: 13.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)087

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0341

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the average unit costs of out-patient services of each specialty in all Hospital Authority hospital clusters (including Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine, Surgery and Psychiatry) in 2011-12 and 2012-13.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the average cost per specialist out-patient (SOP) attendance in different specialties by hospital clusters under the Hospital Authority (HA) for 2011-12.

2011-12	**Average cost per specialist out-patient attendance ($)**							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Ear, Nose and Throat	755	755	735	760	550	955	715	730
Gynaecology	975	1,040	785	695	645	670	685	760
Obstetrics	975	1,040	785	695	645	670	685	760
Medicine	1,580	1,810	1,890	1,740	1,490	1,870	1,790	1,700
Ophthalmology	475	395	500	475	415	510	460	470
Orthopaedic and Traumatology	900	925	695	710	755	955	920	835
Paediatrics and Adolescent Medicine	1,160	1,690	1,200	875	1,150	1,150	970	1,170
Surgery	1,250	1,660	1,030	1,260	1,130	1,150	1,230	1,250
Psychiatry	970	1,270	995	995	1,040	1,070	1,190	1,070

The table below sets out the projected average cost per SOP attendance by hospital clusters in 2012-13. The breakdown by different specialties is not yet available.

2012-13	**Average cost per SOP attendance ($)**							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Projected overall average cost per SOP attendance	1,080	1,260	975	945	1,060	1,160	1,090	1,080

It should be noted that the cost of SOP attendance varies among different cases and different specialties owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. The cost also varies among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including specialization of the specialties in the cluster. Hence clusters with greater number of patients with more complex conditions or requiring more costly treatment will incur a higher average cost. Therefore the average cost per SOP attendance cannot be directly compared among different clusters or specialties.

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: 13.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)088

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0342

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the occupancy rate of general beds and beds in various specialties under the Hospital Authority as a whole and in each hospital cluster, as well as the length of stay of the patients for 2011-12 and 2012-13.

Asked by: Hon. LEE Cheuk-yan

Reply:

The tables below set out the bed occupancy rate for all general specialties and major specialties and their respective average length of stay (ALOS) in each hospital cluster under the Hospital Authority (HA) and in the HA as a whole in 2011-12 and 2012-13 (up to December 2012).

2011-12	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general specialties								
Bed occupancy rate	81%	73%	86%	86%	82%	86%	94%	84%
Inpatient ALOS (days)	4.8	5.8	6.9	4.9	5.3	6.0	5.3	5.6
Major specialties								
Gynaecology								
Bed occupancy rate	89%	59%	85%	70%	82%	66%	92%	75%
Inpatient ALOS (days)	2.3	2.5	2.5	2.5	1.9	2.0	1.9	2.2
Medicine								
Bed occupancy rate	83%	76%	95%	91%	91%	97%	98%	91%
Inpatient ALOS (days)	4.7	5.3	7.6	5.1	6.2	6.6	6.7	6.0
Obstetrics								
Bed occupancy rate	77%	68%	69%	73%	70%	65%	93%	72%
Inpatient ALOS (days)	2.8	2.9	3.2	2.9	2.8	2.8	2.9	2.9
Orthopaedics & Traumatology								
Bed occupancy rate	82%	70%	91%	102%	86%	88%	97%	88%

2011-12	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Inpatient ALOS (days)	5.8	8.0	11.2	6.8	7.1	9.1	9.7	8.1
Paediatrics and Adolescent Medicine								
Bed occupancy rate	88%	69%	69%	72%	60%	87%	79%	72%
Inpatient ALOS (days)	3.2	5.0	4.6	2.5	3.3	3.8	3.9	3.6
Surgery								
Bed occupancy rate	69%	83%	86%	79%	71%	86%	93%	79%
Inpatient ALOS (days)	3.6	6.0	5.0	3.9	4.0	5.4	3.9	4.5

2012-13 (up to December 2012) [Provisional Figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general specialties								
Bed occupancy rate	83%	74%	87%	86%	84%	87%	95%	85%
Inpatient ALOS (days)	4.8	5.8	7.0	4.9	5.2	5.9	5.2	5.5
Major specialties								
Gynaecology								
Bed occupancy rate	89%	54%	89%	70%	85%	71%	100%	77%
Inpatient ALOS (days)	2.2	2.6	2.6	2.5	1.9	1.9	1.9	2.2
Medicine								
Bed occupancy rate	86%	81%	97%	93%	95%	99%	97%	93%
Inpatient ALOS (days)	4.6	5.5	7.7	5.2	6.1	6.5	6.4	6.0
Obstetrics								
Bed occupancy rate	80%	69%	73%	69%	74%	64%	101%	74%
Inpatient ALOS (days)	2.8	2.9	3.3	2.8	2.8	2.7	3.0	2.9
Orthopaedics & Traumatology								
Bed occupancy rate	84%	68%	90%	90%	85%	88%	93%	85%
Inpatient ALOS (days)	5.4	7.7	10.5	6.3	6.6	8.5	9.0	7.6
Paediatrics and Adolescent Medicine								
Bed occupancy rate	85%	68%	69%	77%	63%	82%	86%	72%
Inpatient ALOS (days)	3.3	4.4	4.1	2.5	3.0	3.8	3.1	3.3
Surgery								
Bed occupancy rate	76%	77%	89%	80%	72%	94%	98%	82%
Inpatient ALOS (days)	3.5	5.7	4.8	3.9	3.9	5.4	4.0	4.4

It should be noted that ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. Both bed occupancy rate and ALOS also vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including hospital bed complement and specialisation of the specialties in the cluster. Therefore the figures cannot be directly compared among different clusters or specialties.

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: 15.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)089

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0343

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the total numbers of doctors, nurses and allied health staff in the Hospital Authority, a breakdown by hospital clusters, and their ratios to the total population served and persons aged 65 or above in individual clusters in 2011-12 and 2012-13.

Asked by: Hon. LEE Cheuk-yan

Reply:

The table below sets out the number and ratio of doctors, nurses and allied health staff in the Hospital Authority (HA) per 1 000 population and the ratio to people aged 65 or above by cluster in 2011-12 and 2012-13 :

Cluster	**Number of doctors, nurses and allied health staff and ratio per 1 000 population**								
	Doctors	**Ratio to overall population**	**Ratio to people aged 65 or above**	**Nurses**	**Ratio to overall population**	**Ratio to people aged 65 or above**	**Allied Health Staff**	**Ratio to overall population**	**Ratio to people aged 65 or above**
2011-12 (as at 31 March 2012)									
Hong Kong East	555	0.7	4.5	2 199	2.7	17.7	660	0.8	5.3
Hong Kong West	588	1.1	8.0	2 498	4.7	33.8	777	1.5	10.5
Kowloon Central	662	1.3	8.5	2 949	5.9	37.9	876	1.8	11.3
Kowloon East	603	0.6	4.5	2 209	2.2	16.3	606	0.6	4.5
Kowloon West	1 208	0.6	4.2	4 884	2.6	17.1	1 294	0.7	4.5
New Territories East	861	0.7	6.0	3 388	2.6	23.8	962	0.7	6.8
New Territories West	674	0.6	6.6	2 731	2.6	26.8	704	0.7	6.9
Total	**5 151**	**0.7**	**5.5**	**20 858**	**2.9**	**22.2**	**5 879**	**0.8**	**6.2**
2012-13 (as at 31 December 2012)									
Hong Kong East	572	0.7	4.3	2 323	2.8	17.6	714	0.9	5.4
Hong Kong West	597	1.1	7.6	2 600	4.8	32.9	824	1.5	10.4
Kowloon Central	679	1.3	8.4	3 058	6.1	37.9	945	1.9	11.7
Kowloon East	617	0.6	4.5	2 319	2.3	17.0	643	0.6	4.7
Kowloon West	1 249	0.7	4.3	5 090	2.7	17.6	1 356	0.7	4.7
New Territories East	875	0.7	5.8	3 528	2.7	23.5	1 003	0.8	6.7
New Territories West	684	0.6	6.4	2 832	2.6	26.5	750	0.7	7.0
Total	**5 271**	**0.7**	**5.4**	**21 751**	**3.0**	**22.3**	**6 236**	**0.9**	**6.4**

Note:

It should be noted that the ratio of doctors, nurses and allied health staff per 1 000 population varies among the clusters and the variances do not necessarily correspond to the difference in the population among the clusters because:

(a) patients can receive care in hospitals other than those in their own residential districts and cross-cluster utilization of services is rather common; and

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

The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.

The manpower to population ratios involve the use of the population figures based on the 2011 Population Census by the Census & Statistics Department and the latest projection by the Planning Department.

Name in block letters: Richard YUEN

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

Date: 18.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)090

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0344

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information for the past three years, i.e. 2010-11, 2011-12 and 2012-13:

(a) The number of attendances at the Accident and Emergency (A&E) Departments under the Hospital Authority (HA) arising from industrial accidents and the expenditure involved; and

(b) The number of attendances at the A&E Departments under the HA arising from traffic accidents and the expenditure involved.

Asked by: Hon. LEE Cheuk-yan

Reply:

(a) and (b)

The table below sets out the number of attendances of the Accident & Emergency (A&E) Departments of the Hospital Authority (HA) arising from industrial accidents and traffic accidents and the corresponding estimated cost incurred for A&E services in the past three years.

	Traffic Accidents		**Industrial Accidents**		**Total**	
	Number of A&E attendances	**Cost ($ million)**	**Number of A&E attendances**	**Cost ($ million)**	**Number of A&E attendances**	**Cost ($ million)**
2010-11	22 789	18	71 056	57	93 845	75
2011-12	24 545	22	71 351	62	95 896	84
2012-13 (up to 31 December 2012) [Provisional figures]	18 194	18	55 689	53	73 883	71

The above costs are calculated on the basis of number of A&E attendances for the respective accident types and the HA average unit cost for A&E services.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)091

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0317

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 manpower for the Case Management Programme launched to enhance community support for mental patients, please provide the following information:

(a) How many case managers are there in Hong Kong at present and what grade do they belong to?

(b) How many cases are handled by each case manager on average at present?

(c) Has the Administration set any indicators for the number of cases to be handled by each case manager? If yes, what are the details?

(d) Will the Administration allocate more resources and strengthen manpower to adjust the number of cases to be handled by each case manager with a view to improving the service quality and effectiveness of the programme?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In April 2010, the Hospital Authority (HA) launched the Case Management Programme (the Programme) in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalised support for patients with severe mental illness (SMI). By 2012-13, the Programme has been extended to a total of 12 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Kowloon City, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long).

As at 31 December 2012, the HA has recruited a total of 206 case managers (including psychiatric nurses, occupational therapists and registered social workers) to provide personalised and intensive community support to about 11 500 patients with SMI under the the Programme.

The objective of the 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 SMI at any one time.

In 2013-14, the Programme will be further extended to cover three more districts (Wong Tai Sin, Sai Kung and North). It is estimated that an additional 56 case managers including nurses and allied health

professionals will be recruited to provide support for about 2 800 more patients.

The estimated recurrent expenditures incurred for the Programme for 2010-11, 2011-12 and 2012-13 were $78 million, $151 million and $178 million respectively. The additional recurrent expenditure for 2013-14 is estimated at $38 million.

HA will continue to recruit more case managers to support the Programme, with a view to extending the Programme to cover all 18 districts in the coming two years.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)092

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1188

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 conducting a strategic review on healthcare manpower planning and professional development, please advise on whether the Administration has:

1. Earmarked any funding and manpower to review the regulatory system for allied health staff so as to enhance their professional development.

2. Determined the manpower ratio between nursing and allied health staff, and whether any long-term programme has been devised to tackle the manpower shortage problem.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Against the backdrop of a growing and ageing population which will pose increasing demand for healthcare services, the Government has set up a high-level steering committee, chaired by the Secretary for Food and Health, to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. The Steering Committee is tasked to assess manpower needs in the various healthcare professions including nurses and allied health professionals and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development.

The Review is expected to be completed in 2013. The findings and recommendations of the Review will enable us to plan for the long-term supply of quality healthcare professionals to sustain the healthy development of our healthcare system.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)093

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1189

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration stated that it would encourage private hospital development and conduct a review on regulation of private healthcare facilities. In this connection, apart from the $50 billion to be provided for the promotion of health insurance, are there any additional resources and manpower earmarked for encouraging private hospital development? If yes, what are the details? If no, how would the Administration ensure the smooth introduction of the dual private and public healthcare system?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The private healthcare sector is an integral part of the dual-track healthcare system in Hong Kong. One of our healthcare reform initiatives is to promote and facilitate private healthcare development. In this regard, the Government has reserved four sites at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau for private hospital development. The two reserved sites at Wong Chuk Hang and Tai Po have been put out for open tender from April to July 2012. Following the detailed assessment by the Assessment Panel and the approval by the Central Tender Board, the Government announced in March 2013 that the tender for the Wong Chuk Hang site was awarded to GHK Hospital Limited, whereas that for the Tai Po site was, in the absence of any conforming tender, cancelled pursuant to the Government's Stores and Procurement Regulations.

The new hospital at the Wong Chuk Hang site will commence operation by January 2017 and will provide 500 hospital beds.

We expect that, upon commissioning of the new hospital, the overall capacity of the healthcare system in Hong Kong will increase, enabling the public to have more choices for affordable and quality private hospital services. It will also help address the increasing demand for healthcare services and alleviate the imbalance between the public and private sectors in hospital services in Hong Kong.

We will examine the experience gained from these tender exercises, review the market response and assess the needs of the community in formulating the way forward for the future development of private hospitals and the disposal arrangement for the other reserved sites for private hospital development. The Government will use existing resources to undertake the review mentioned above in formulating the way forward for private hospital development.

Name in block letters: Richard YUEN

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

Date: 2.4.2013

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Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)094

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1190

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

Subhead (No. & title): -

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the pilot initiative to launch a health assessment programme for the elderly in collaboration with NGOs, what are the expected expenditure and estimated numbers of service providers and attendances involved? What mechanism will the Administration adopt to monitor the quality of service providers?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Government has earmarked a sum of $12 million for the Elderly Health Assessment Pilot Programme (the Pilot Programme). Under the Pilot Programme, the Government will provide participating NGOs a subsidy of $1,200 for each elder receiving the health assessment service from them. The Pilot Programme will cover health assessment for about 10 000 elders over the two-year pilot period. We plan to launch the Pilot Programme in mid-2013.

The Department of Health (DH) has issued formal invitations to NGOs to submit proposals for participating in the Pilot Programme. The deadline for proposal submission is 24 April. To participate in the Pilot Programme, NGOs have to meet two requirements. Firstly, the NGOs must be *bona fide* non-profit-making NGOs and is exempt from tax under section 88 of the Inland Revenue Ordinance (Cap 112). Secondly, the NGOs are currently operating medical clinic(s) with provision of health assessment or other healthcare services for the elderly. Moreover, the participating NGOs will be required to deploy a registered medical practitioner who is a Fellow of the Hong Kong Academy of Medicine (Family Medicine) or Hong Kong Academy of Medicine (Medicine) as the clinical advisor of the Pilot Programme. During the implementation phase, selected NGOs will be required to keep record of each participating elder and provide progress reports regularly to facilitate programme monitoring and evaluation by the Government.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)095

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1191

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

Subhead (No. & title): -

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the pilot initiative to launch a health assessment programme for the elderly in collaboration with NGOs, has the Administration evaluated its implications on the elderly health service of the Department of Health? Will the waiting time for elderly health service be shortened?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

To facilitate early identification of risk factors as well as promote healthy ageing, the Government will launch the Elderly Health Assessment Pilot Programme (the Pilot Programme) in collaboration with non-governmental organizations (NGOs) by providing voluntary, protocol-based, subsidized health assessment. The health assessment seeks to identify risk factors (including lifestyle practices) and diseases so that risk factors and health problems identified can be managed in a timely and targeted manner.

Through collaboration with NGOs, the Pilot Programme facilitates better use of healthcare resources in the public and NGO sectors. It helps encourage NGOs to provide preventive services in the community so that the pressure of public sector in providing relevant services to the elderly may be alleviated. As the Pilot Programme will only cover health assessment for about 10 000 elders over a two-year period, it is unlikely to shorten substantially the waiting time for the services at the Elderly Health Centres under the Department of Health.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)096

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1192

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 taking forward recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong, what is the progress made so far? What are the expenditure and manpower involved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Food and Health Bureau and departments concerned have been taking forward the recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong. In September 2011, the Pharmaceutical Service of the Department of Health (DH) was re-organised into Drug Office to further enhance the registration and import/export control of pharmaceutical products; the inspections and licensing of drug manufacturers, wholesalers and retailers; pharmacovigilance activities and complaint investigation; and risk communication to the general public and the dissemination of drug safety information through the department's website. Drafting of the legislative amendments to the Pharmacy and Poisons Ordinance and revision/preparation of various codes of practice of drug traders are underway.

Between 2011 and 2013, a total of 63 additional posts (an Assistant Director of Health, a Chief Pharmacist, four Senior Pharmacist, 37 Pharmacist, five Scientific Officer (Medical) and 15 general grade posts) were created in DH to carry out relevant regulatory duties. The full year additional provision amounts to $46.8 million.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)097

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1193

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In view of the fact that the numbers of hospital beds and patients under the inpatient services of the Hospital Authority are on the increase every year, does the Administration have any indicator to ensure that the number of nurses can meet the service demand? If so, what are the details? If not, has the Administration considered setting a nurse-patient ratio to calculate the increased workload and the additional nurses needed?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

As the Hospital Authority (HA) provides different types and levels of services to patients having regard to the conditions and needs of each patient, HA does not prescribe any nurse-to-patient ratio for manpower planning or deployment purposes. Nevertheless, HA has developed a workload assessment model for estimating nursing manpower requirements. The model takes into account patient number, patient dependency and nursing activities etc. The model is currently being used for assessing nursing workload and staffing requirements.

In 2013-14, HA plans to recruit about 2 100 nurses. Major measures to retain nurses include the enhancement of career advancement opportunities for experienced nurses and provision of Registered Nurse and Enrolled Nurse training at HA's nursing schools. The nursing manpower in HA has been increasing in the past few years. The number of nurses has increased from 20 102 as at 31 March 2011 to 20 901 as at 31 March 2012, and further to 21 794 as at 31 December 2012.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)098

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1194

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The number of outreach attendances for geriatric services will increase from 626 381 in 2011-12 to the estimated 626 500 in 2013-14. In respect of this, has the Administration assessed whether the existing number of outreaching community nurses is sufficient? What is the estimated number of outreaching community nurses to be increased in 2013-14? What is the average number of patients each outreaching community nurse has to handle?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Community Geriatric Assessment Teams (CGATs) of the Hospital Authority (HA) provide comprehensive multi-disciplinary care to residents of Residential Care Homes for the Elderly (RCHEs) through regular visits. The primary target group is frail residents with complex health problems and poor functional and mobility status. Services include medical consultations, nursing assessments and treatments, as well as community rehabilitation services by allied health professionals. As at 31 March 2012, around 650 RCHEs (about 90%) were covered by CGATs.

Due to manpower shortage in other medical departments, HA currently has no plan to allocate additional resources in enhancing community geriatric assessment service in 2013-14. However, there are various initiatives in place to enhance services for elderly. For example, elderly patients with chronic illness who have higher risk of hospital readmission and require multi-disciplinary care will receive comprehensive needs assessment on admission to hospital, in order to achieve early formulation of individualized care and discharge plan. Post-discharge support services including rehabilitation and geriatric care at Geriatric Day Hospitals and home support services by NGOs will also be provided. For those requiring more intense management, allied health professionals and nursing staff will provide chronic disease management and monitoring through outreach visits as appropriate.

Also, the Community Health Call Centre (CHCC) will make proactive calls to elderly patients with higher risk within 48 hours upon hospital discharge to identify problems and provide appropriate advice and follow-up arrangement if necessary. On the other hand, Community Nursing Services have adopted a case management model of care for elders with chronic diseases to better address their problems and promote self-care at home.

HA will regularly review the service and manpower provision of outreaching services taking into consideration various factors such as demographic changes and projected service demand, and adopt different measures to enhance support and continuity of care in the community.

Name in block letters: Richard YUEN

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

Date: 26.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)099

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1196

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The number of outreach attendances for psychiatric services will increase from 220 550 in 2011-12 to the estimated 257 100 in 2013-14. In respect of this, has the Administration assessed whether the required number of outreaching community psychiatric nurses is sufficient? What is the estimated number of outreaching community psychiatric nurses to be increased in 2013-14? What is the average number of patients each outreaching community psychiatric nurse has to handle?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) has been strengthening its community psychiatric services to allow more patients who are suitable for discharge to receive treatment in the community so as to facilitate their reintegration into the community. The community psychiatric services are provided by multi-disciplinary teams comprising healthcare professionals including community psychiatric nurses.

The estimated increase in the number of psychiatric outreach attendances in 2013-14 as compared to 2011-12 is mainly contributed by the rolling out of the Case Management Programme (the Programme) for patients with severe mental illness (SMI) to various districts during this period. By 2012-13, the Programme has been extended to cover a total of 12 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Kowloon City, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long). A total of 206 case managers (including community psychiatric nurses and allied health professionals) were providing intensive community support to about 11 500 patients with SMI under the Programme as at 31 December 2012. In 2013-14, the Programme will be further extended to cover three more districts (Wong Tai Sin, Sai Kung and North). It is estimated that an additional 56 case managers will be recruited to provide community support for about 2 800 more patients in 2013-14. On average, each case manager will take care of about 50-60 patients with SMI at any one time.

HA will continue to assess regularly its manpower requirements and make appropriate arrangements in manpower planning and deployment to meet service needs.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)100

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1197

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In respect of waiting time for specialist services, the Hospital Authority will pilot / has piloted a cross-cluster referral service in order to shorten the waiting time. Please advise on the details of the referral service, the associated resources requirement as well as the amount of waiting time expected to be shortened after the introduction of the service.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) provides different kinds of public healthcare services throughout the territory to enable patients to have convenient access to the services according to their needs. In general, HA encourages patients to seek medical attention from specialist outpatient clinics (SOPCs) in the clusters where they are residing to facilitate the follow-up of their medical conditions and the provision of community support.

However, when there is major disparity in waiting time in the routine category between clusters, HA will work with the clusters concerned to address the issue. One of the interim measures is to set up a centrally coordinated mechanism to pair up clusters to allow patients in clusters with long waiting time the option to be seen in the clusters with shorter waiting time. Such cross-cluster referral arrangement is currently being piloted in the specialty of Ear, Nose and Throat between Kowloon East Cluster and Kowloon Central Cluster since August 2012. HA will monitor the effectiveness of this pilot scheme and consider the merits of extending it to other specialties and clusters as appropriate.

HA has introduced the referral arrangement by using existing resources. It is expected that around 100 patients will benefit from this arrangement each month. In the longer term, HA will strive to address the disparity in waiting time between clusters by allocating appropriate resources through the annual planning exercise.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)101

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1199

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 enhancing the treatment of critical illnesses, improving acute stroke management and enhancing haemodialysis service, please advise on the expenditure involved and the anticipated number of beneficiaries. Please provide a breakdown by service types.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) will enhance services for the treatment of critical illnesses in 2013-14, including haemodialysis (HD) service, cardiac service, and stroke service. The details are set out in the table below.

Service	Description	Estimated manpower	Estimated expenditure
HD service	HA will enhance HD service for patients with end-stage renal disease by providing an additional of 28 hospital HD places (involving HKEC, HKWC, KEC, KWC, NTEC and NTWC), and 20 additional places under the HD Public-Private Partnership Programme. The renal dialysis and transplantation data system will also be enhanced.	12 nurses and other supporting staff	$19 million
Cardiac service	HA will improve acute cardiac service by providing an additional of two adult cardiac care unit beds (KWC) and one paediatric intensive care unit bed (HKWC). The provision of primary and emergency percutaneous coronary intervention service will be extended to 12-hour on weekdays in three hospitals (UCH, PMH and PWH). Treatment capacity for life-threatening cardiopulmonary conditions including Cardiac Surgery, Left Ventricular Assist Device, and extracorporeal membrane oxygenation will be enhanced in HKWC.	4 additional doctors, 22 nurses and other medical, allied health and supporting staff.	$33 million

Service	Description	Estimated manpower	Estimated expenditure
Stroke service	HA will set up 24-hour intravenous thrombolytic service in three hospitals (PYNEH, QEH and PWH). Transient Ischaemic Attack Clinic service model will be extended to two more clusters (HKEC and NTEC).	2 additional doctors, 20 nurses and other medical, allied health and supporting staff.	$24 million

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
PMH – Princess Margaret Hospital
PWH – Prince of Wales Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
QEH – Queen Elizabeth Hospital
UCH – United Christian Hospital

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)102

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1202

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question :

The Administration has relaxed the financial assessment criteria for drug subsidies since September last year. How many people has the programme benefited so far? How many more cases have been approved in comparison with the same period last year? How much additional resources are required?

Asked by : Hon. LEE Kok-long, Joseph

Reply :

The table below sets out the number of drug applications approved and the corresponding amount of subsidies granted under the Samaritan Fund (SF) in 2011-12 and 2012-13 (up to 31 December 2012).

Year	**2011-12**	**2012-13 (up to 31 December 2012)**
No. of approved applications on drugs	1 516	1 296
Amount of subsidies granted for drugs ($ million)	174.9	182.9

The relaxation of financial assessment criteria for applications for drug subsidy under SF was implemented on 1 September 2012. With 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, was 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 table below sets out the number of drug applications approved and the corresponding amount of subsidies granted under the SF from 1 September 2012 to 31 December 2012.

Year	From 1 September 2012 - 31 December 2012
Number of approved applications on drugs	634
Amount of subsidies granted for drugs ($ million)	89.8

The number of applications approved and the subsidies granted depend on factors such as drug prices, dosage, the patient's clinical and financial conditions, coverage of drugs by SF, etc. Therefore, changes in the numbers cannot be directly attributed to the relaxation of financial assessment criteria and such comparison data is not available. HA will continue to monitor the SF operation and keep in view the related statistical data.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)103

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1203

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 measures implemented by the Hospital Authority (HA) to recruit and retain staff, please provide the following information for the past year (2012-13):

(a) the number of nurses who left HA and their respective years of service;

(b) the number of nurses promoted in HA and their respective ranks;

(c) the number of re-appointed nurses in HA and their respective years of service; and

(d) the number of newly recruited nurses in HA.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

a. The number of nurses who left the Hospital Authority (HA) in the rolling period from 1 January 2012 to 31 December 2012 is 1 038. Their respective years of service is listed below:

Rank Group	Number who left by Years of Service								
	Less Than 1 year	**1-5 years**	**6-10 years**	**11-15 years**	**16-20 years**	**21-25 years**	**26-30 years**	**31 years or above**	**Total**
DOM/SNO and above	-	1	-	-	15	-	-	7	23
APN/NS/NO/WM	1	5	1	8	76	5	9	35	140
Registered Nurse	102	270	61	88	177	14	3	6	721
Enrolled Nurse/Others	18	43	6	6	65	2	6	8	154
Total	**121**	**319**	**68**	**102**	**333**	**21**	**18**	**56**	**1038**

b. The number of nurses promoted in HA in 2012-13 (up to 31 December 2012) is 421 including 33 promoted to SNO and above ranks, and 388 promoted to APN or equivalent ranks.

c. The number of experienced nurses recruited returning to work in HA in 2012-13 (up to 31 December 2012) is 539. The years of service of re-appointed nurses is listed below:

Rank Group	Years of Service in Previous HA Employment						
	Less Than 1 year	1-5 years	6-10 years	11-15 years	16-20 years	21 years or above	Total
APN/NS/NO/WM	1	1	-	-	1	-	3
Registered Nurse	261	84	10	57	31	3	446
Enrolled Nurse/ Others	58	23	1	4	4		90
Total	**320**	**108**	**11**	**61**	**36**	**3**	**539**

d. The number of new nurse entrants recruited by HA in 2012-13 (up to 31 December 2012) is 1 255 out of 1 794 total recruits.

Abbreviations

DOM - Department Operations Manager
SNO - Senior Nursing Officer
APN - Advanced Practice Nurse
NS - Nurse Specialist
NO - Nursing Officer
WM - Ward Manager

Name in block letters: Richard YUEN

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

Date: 18.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)104

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1204

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 measures implemented by the Hospital Authority (HA) to recruit and retain staff, please provide the following information on each allied health service for the past year (2012-13):

(a) the number of allied health staff who left HA and their respective years of service;
(b) the number of allied health staff promoted in HA and their respective ranks;
(c) the number of re-appointed allied health staff in HA and their respective years of service; and
(d) the number of newly recruited allied health staff in HA.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a)

The number of allied health staff who left the Hospital Authority (HA) in the rolling period from 1 January 2012 to 31 December 2012 is 225. Their respective years of service is as follows:

Years of service	**Attrition no. (1 January 2012 to 31 December 2012)**
Less than 1 year	60
1-5 years	64
6-10 years	17
11-15 years	22
16-20 years	61
21 years or above	1

(b)

The number of allied health staff promoted in HA in 2012-13 (up to 31 December 2012) is 195. The table below sets out the breakdown by rank:

Rank group	Rank	No. of promotions (1 April 2012 to 31 December 2012)
Dispenser	Chief Dispenser	6
	Senior Dispenser	21
Medical Laboratory Technologist	Senior Medical Technologist	4
	Medical Technologist	31
Medical Social Worker	Social Work Officer	1
Occupational Therapist	Senior Occupational Therapist	5
	Occupational Therapist I	30
Pharmacist	Department Manager (Pharmacy) I	2
	Department Manager (Pharmacy) II	1
	Senior Pharmacist	1
Physicist	Department Manager (Medical Physics) I	1
Physiotherapist	Senior Physiotherapist	7
	Physiotherapist I	35
Podiatrist	Podiatrist I	1
Prosthetist-Orthotist	Prosthetist-Orthotist I	4
Radiographer	Department Manager I (Diagnostic/ Radiotherapy)	2
	Department Manager II (Diagnostic/ Radiotherapy)	1
	Senior Radiographer (Diagnostic/ Radiotherapy)	5
	Radiographer I (Diagnostic/ Radiotherapy)	37

(c)

The number of allied health staff recruited returning to work for the HA in 2012-13 (up to 31 December 2012) is 122. The years of experience of these re-appointed staff is listed below:

Years of service in previous HA employment	No. of re-appointed staff (1 April 2012 to 31 December 2012)
Less than 1 year	101
1-5 years	16
6-10 years	1
11 years or above	4

(d)

The number of new allied health entrants recruited by the HA in 2012-13 (up to 31 December 2012) is 509.

Name in block letters: Richard YUEN

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

Date: 18.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)105

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1205

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of attendances for mental health services for children and adolescents, the psychiatric nursing manpower for providing this service and the number of cases handled by each psychiatric registered nurse in the past 3 years (from 2010-11 to 2012-13). Please provide a breakdown by cluster and by year.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The table below sets out the total number of attendances of the child and adolescent psychiatric specialist out-patient (SOP) clinics in the Hospital Authority (HA) from 2010-11 to 2012-13 (up to 31 December 2012):

Service / Cluster		**2010-11**	**2011-12**	**2012-13 (up to 31 December 2012)**
No. of attendances for child and adolescent psychiatric SOP clinics (Note 3)	**HKEC**	8 720 (Note 1)	10 370 (Note 1)	8 620 (Note 1)
	HKWC			
	KCC	13 720 (Note 2)	16 100 (Note 2)	13 740 (Note 2)
	KWC			
	KEC	4 750	5 850	5 250
	NTEC	9 860	11 770	9 320
	NTWC	10 530	11 690	9 040
	Total	47 590	55 780	45 970

Note 1: The majority of the child and adolescent psychiatric services in HKEC is supported by the Child and Adolescent Psychiatric Specialist Team of the HKWC.

Note 2: The majority of the child and adolescent psychiatric services in KCC is supported by the Child and Adolescent Psychiatric Specialist Team of the KWC.

Note 3: Figures are rounded to the nearest ten. Total number of attendances may not necessarily equal to the summation of the breakdowns due to rounding.

The table below sets out the number of psychiatric nurses (including community psychiatric nurses) in HA from 2010-11 to 2012-13 (as at 31 December 2012):

	2010-11	**2011-12**	**2012-13 (as at 31 December 2012)**
HKEC	190	214	219
HKWC	85	96	113
KCC	214	224	242
KEC	108	113	117
KWC	543	568	566
NTEC	272	305	325
NTWC	531	640	686
Total	**1 944**	**2 161**	**2 267**

Note: Manpower figures 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.

As psychiatric nurses supporting the child and adolescent psychiatric services also provide support for other psychiatric services, the manpower for the child and adolescent psychiatric services cannot be separately accounted for.

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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)106

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1206

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 nursing manpower of the Hospital Authority, please provide the following information:

(a) How many nurses provided hospice care in the previous year (2012-13)? Please provide a breakdown by cluster.

(b) How many patients received hospice care in the previous year (2012-13)?

(c) Will the Administration consider allocating more resources to extend this service in a bid to further implement the policy of "ageing in place"? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

a) At present, palliative care services are mainly provided by healthcare personnel of the Palliative Care Units (PCUs) and Oncology Centres. As at 31 December 2012, there were around 200 full-time equivalent nurses serving in the PCUs of the Hospital Authority (HA). As for the Oncology Centres, as at 31 December 2012, there were around 350 full-time equivalent nurses serving under these centres. Since the Oncology Centres are subsumed under the overall establishment of the Oncology Departments, separate statistics on the number of nurses specifically for provision of palliative care are not readily available.

b) HA has been providing palliative care to terminally-ill patients including in-patient service, out-patient service, day care service, home care service and bereavement counseling. Statistics on the utilisation of these services in 2012-13 (up to 31 December 2012) are set out in the table below.

Palliative Care Service	Number of Attendances[Note] 2012-13 (up to 31 December 2012) [Provisional Figures]
Palliative care in-patient service (Total number of in-patient/ day-patient discharge and death)	5 947
Palliative care specialist out-patient service	7 090
Palliative home visits	24 320
Palliative day care attendances	8 564
Bereavement service	2 695

Note: The above statistics refer to the throughputs in Hospice Specialty only.

c) HA has enhanced its palliative care service coverage from 2010-11 onwards by extending the service to cover patients with end-stage organ failures, e.g. end-stage renal disease, in addition to terminally-ill patients suffering from cancer. In 2012-13, HA has strengthened the professional input from medical social workers and clinical psychologists to improve the psychosocial care services including counseling, crisis management etc. to terminally-ill patients and their caregivers.

HA understands that some terminally-ill patients may wish to stay with their families in a familiar environment until their passing away. HA respects patients' wishes and will continue to provide support to them as appropriate having regard to individual circumstances.

Name in block letters: Richard YUEN

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

Date: 19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)107

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1207

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In order to improve service delivery, achieve efficient use of resources and provide the community with proper treatment, has the Administration considered allowing optometrists to directly refer persons in need to receive treatment in public hospitals so that they can save another visit to private doctors to obtain referral letters for receiving further treatment in public hospitals? If yes, what are the details and resources involved? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

According to the existing policies, ophthalmology specialist outpatient clinics in the Hospital Authority (HA), as with all other HA specialist outpatient clinics of different specialties, provide consultation services to patients based on referrals from registered medical practitioners. Ophthalmologic problem of a patient could be a manifestation of a systemic disease. It is therefore more appropriate for a patient to obtain an assessment from a doctor before his/her case is referred to the HA's ophthalmology specialist outpatient service. If the condition is acute, the patient could always seek urgent treatment at the Accident and Emergency departments. Based on the above, the HA's ophthalmology specialist outpatient clinics do not accept direct referrals from optometrists.

Name in block letters: Richard YUEN

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

Date: 14.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)108

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1208

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In order to improve service and use resources effectively so that the public can receive appropriate treatment, has the Administration considered incorporating chiropractic service into the scope of services provided by the Hospital Authority? If yes, what are the details and the resources involved? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Chiropractice is generally viewed as a form of alternative medicine while the core standard service provided by the Hospital Authority (HA) is western evidence-based medicine services.

The current musculoskeletal service in HA is provided by a comprehensive range of complementary expertise like physicians, orthopedic surgeons and other allied health professionals including physiotherapists and occupational therapists. The conditions treated by chiropractors are readily covered by existing services in HA.

Name in block letters: Richard YUEN

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

Date: 14.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)109

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1209

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:

To retain talents, will the Administration consider improving the pay package, for instance, by setting the entry points on par with the university qualifications, so as to recruit and retain the allied health staff? If yes, what are the details? What is the expenditure involved? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Academic qualification is only one of the factors for consideration in determining the pay package of a grade in the recruitment by the Hospital Authority (HA). Other factors include scope and complexity of the job, manpower demand and supply in the market and resources availability. HA plans to recruit about 610 allied health staff in 2013-14, which represent around 90% of the available university graduates as well as some existing practitioners in the market. It is estimated that there will be a net increase of 348 allied health staff in 2013-14 in HA.

Major measures to recruit and retain allied health staff include overseas recruitment of diagnostic radiographers, offering of overseas scholarship to allied health undergraduate for grades with no local or inadequate supply, re-engineering of work processes, strengthening of manpower support and enhancement of training opportunities. On top of these existing measures, HA has earmarked a sum of $100.7 million in 2013-14 for providing additional training places for allied health students and recruitment of additional professionals and supporting staff to relieve workload.

Name in block letters: Richard YUEN

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

Date: 19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)110

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1217

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 primary care development, please advise on the respective expenditure, number of attendances and manpower of nurses and allied health professionals for each primary care service in the past 5 years (from 2008-09 to 2012-13). Will the Administration allocate additional resources to further develop primary care services and promote public health?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Enhancing primary care was one of the service reform proposals introduced during the first-stage public consultation on healthcare reform in 2008 which received broad public support. Under the direction of the Working Group on Primary Care (WGPC), we promulgated the "Primary Care Development Strategy" document in 2010, setting out the following major strategies on enhancing primary care in Hong Kong –

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) developing a Primary Care Directory to promote the family doctor concept and a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks (CHCs).

Having regard to WGPC's recommendations, the Government has allocated additional resources for promoting primary care since 2008-09. The recurrent budget for primary care related services in 2013-14 has increased by $2.3 billion over that in 2007-08. In addition, a total sum of $3.3 billion for non-recurrent and capital works items has also been earmarked since 2008-09 for implementing various initiatives in line with the primary care development strategy.

The Primary Care Office (PCO) was established in September 2010 under the Department of Health to support and co-ordinate the implementation of primary care development strategies and actions. The latest progress and work plan of the major primary care initiatives under PCO are as follows:

(a) Primary care conceptual models and reference frameworks

Following the publication of the reference frameworks for diabetes and hypertension in 2011, the core documents of two reference frameworks on preventive care of older adults and children in primary care settings respectively were promulgated in December 2012.

(b) Primary Care Directory

A web-based Primary Care Directory giving details about the personal and practice-based information of doctors and dentists was launched in April 2011. The directory is being developed in phases, and the sub-directory of Chinese medicine practitioners was launched in October 2012.

(c) CHCs

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. We are exploring the feasibility of developing CHC projects in other districts and consider the scope of services and *modus operandi* that suit district needs most.

(d) Primary Care Campaign

A territory-wide Primary Care Campaign was launched in April 2011 to enhance public understanding and awareness of the importance of primary care, drive attitude change, and foster public participation and action. To sustain the momentum of the Campaign, a themed competition was organised in 2012 to promote primary care and the family doctor concept.

The Government continues to take forward the primary care development strategy and implement, through the Department of Health and Hospital Authority (HA), a series of projects to enhance primary care. These include the Childhood Influenza Vaccination Subsidies Scheme, the Elderly Vaccination Subsidies Scheme, the Elderly Health Care Voucher Scheme, the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres, and other pilot projects for enhancing chronic disease management.

HA has been implementing various pilot initiatives under primary care settings to enhance chronic disease management since 2008-09, including the Risk Factor Assessment and Management Programme, the Patient Empowerment Programme, the Nurse and Allied Health Clinics, the General Out-patient Clinic Public-Private Partnership Programme, the Shared Care Programme and smoking cessation service. The evaluation studies conducted by local universities revealed that these initiatives had largely met the service targets and performance indicators. Starting from 2012-13, these programmes have become regular service with recurrent funding. The latest position of these programmes is as follows:

Programme	Details
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general out-patient clinics (GOPCs) and specialist out-patient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-2010 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 42 000 patients are

Collaborating with non-governmental organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	expected to benefit from the programme by 2012-13. An additional 14 000 patients are expected to be enrolled in 2013-14.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in designated GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are expected annually starting from 2012-13.
General Out-patient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public general out-patient services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at February 2013, over 1 600 patients have enrolled in the programme.
Shared Care Programme To partially subsidise diabetes mellitus patients currently under the care of the public healthcare system to have their conditions followed up by private doctors.	Launched in Sha Tin and Tai Po of New Territories East Cluster in March 2010 and extended to Wan Chai and Eastern District of Hong Kong East Cluster in September 2010. As at February 2013, over 340 patients have enrolled in the programme. The pilot programme will end in 2013-2014 as originally planned.
Smoking Cessation To provide smoking cessation service to chronic disease patients who are smokers, with focus on improving disease management and complication prevention through smoking cessation interventions.	Launched in 2011-12 and extended to all seven clusters in 2012-13. Around 13 000 patients are expected to benefit from the programme annually from 2013-14.

Staff disciplines involved for the above chronic disease management programmes include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants and general service assistants, etc. The healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites. Hence, we do not have ready information on the breakdown of HA staffing and working hours by individual chronic disease programme.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)111

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1218

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

Subhead (No. & title): -

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme, please advise on the types of services for which the health care vouchers are used since the launch of the Scheme. Will the Administration review the scope of the services regularly with a view to extending the scope of the vouchers to benefit more elderly people?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Elders aged 70 or above are eligible to receive vouchers to subsidise their use of multi-disciplinary primary care services provided by ten categories of private healthcare professions. As at end-December 2012, about 470 900 eligible elders had made use of health care vouchers for receiving healthcare services from enrolled healthcare service providers, involving some 2.4 million voucher claim transactions. The cumulative voucher expenditure amounted to $348.2 million (i.e. for the four-year period from 2009 to 2012). Detailed breakdown of the voucher claim transactions by the enrolled healthcare service providers of the ten professions is as follows -

	Number of voucher claim transactions
Medical Practitioner	2 103 340
Chinese medicine practitioner	235 458
Dentist	48 353
Nurse	1 303
Occupational therapist	243
Physiotherapist	7 474
Radiographer	2 382
Medical laboratory technologist	2 366
Chiropractor	1 117
Optometrist	1 228
Total :	2 403 264

The Government will monitor the scheme operation and feedback from elders and healthcare service providers and introduce improvements as appropriate. The annual voucher amount has recently been doubled from $500 to $1,000 starting from 1 January 2013. The Government will also convert the voucher scheme from a pilot project into a recurrent support programme for the elderly with effect from 2014. The Government will initiate a further review of the Scheme after these enhancement measures have been implemented and more experience from and feedback on the recurrent support programme have been accumulated.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)112

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1219

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 respect of public health and disease prevention, does the Administration have any plan to introduce more effective vaccination programmes? If yes, what are the details, the expenditure incurred and the number of persons expected to be benefited? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection will make reference to the advice of the World Health Organization on immunisation and vaccination and consider the scientific development and application of new vaccines as well as their formulations and cost-effectiveness, the changes in the global and local epidemiology of vaccine preventable diseases, and the experiences of other health authorities. Based on these, the Scientific Committee will make recommendations on the need to update the Government vaccination programmes. Where necessary, the Government will seek additional resources in line with the established procedures.

Name in block letters: Richard YUEN

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

Date: 18.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)113

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2971

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the $50 billion reserved for the Health Protection Scheme by the previous-term Government, will the Administration still make use of that $50 billion to implement the scheme? If not, what is its plan?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

We are taking forward various healthcare reform initiatives based on the outcome of the Second Stage Public Consultation on Healthcare Reform, including conducting a strategic review on healthcare manpower planning and professional development, formulating detailed proposals for the Health Protection Scheme (HPS) and facilitating healthcare service development.

To take forward the HPS, we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group will make recommendations on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the HPS standard plan(s), rules and mechanism in support of the operation of the HPS as well as possible options for the provision of public subsidies or financial incentives, making use as appropriate the $50 billion of fiscal reserve earmarked for supporting healthcare reform, to facilitate HPS implementation. The Working Group is supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration. The Working Group is expected to complete its work and tender detailed recommendations on the HPS to the HMDAC by 2013.

To facilitate the work of the Working Group and Consultative Group, we have commissioned a consultancy study on the HPS in order to provide professional and technical support to the Working Group and the Consultative Group. The consultant would conduct a comprehensive and detailed review, survey and analysis on the current state of private health insurance in Hong Kong by collecting relevant information and data from private health insurers and private healthcare service providers. Based on the findings of the analysis and after considering the experience of overseas jurisdictions, the consultant will propose a feasible and sound design for implementing the HPS, including relevant operational rules and mechanisms, such as the high-risk pool, portability arrangements for HPS standard plan(s), transparency and certainty of charging of fees, etc.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)114

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2972

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the health promotion and prevention programmes, does the Administration have any plan to launch a health check programme for different age groups under the format of public-private partnership? If affirmative, what are the details and the estimated expenditure? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Department of Health (DH) is the Government's health adviser and executes healthcare policies and statutory functions. It safeguards the community's health through a range of promotional, preventive, curative and rehabilitative services. DH currently offers a range of preventive health services for different target groups with respect to their needs.

The Family Health Service of DH provides a range of health promotion and disease prevention services for children up to 5 years of age, and women aged 64 or below. The Service operates through 31 Maternal and Child Health Centres (MCHCs) and three Woman Health Centres (WHCs).

A comprehensive range of health promotion and disease prevention services are provided for babies and young children from birth to five years of age in MCHCs through an integrated child health and development programme. Anticipatory guidance on childcare and parenting are provided for parents and caregivers. Immunisation, as well as health and developmental surveillance including physical examination, growth & developmental monitoring, and hearing & vision screening are offered to babies and children at the centres. In 2012, the number of attendance for child health service was 680 000.

The maternal health service at MCHCs provides disease prevention and health promotion services through antenatal and postnatal care. The MCHCs collaborate with public hospitals to establish a comprehensive antenatal shared-care programme to monitor the whole pregnancy and delivery process. Pregnant women and postnatal mothers with mental health or psychosocial issues will be referred to appropriate specialists of Hospital Authority and Integrated Family Service Centres / Integrated Service Centres of Social Welfare Department or non-government organisations for management. Postnatal mothers are provided with physical checkups and advice on family planning. The MCHCs also provide cervical smear tests to women aged 25 to 64 years who have ever had sex. In 2012, the number of attendance for maternal health service was 197 000.

Three WHCs and ten MCHCs provide Woman Health Service (WHS) to women at or below 64 years of age. The aim is to promote the health of women and to address their health needs at various stages of life.

Health promotion is provided through health education on various women health topics, such as healthy lifestyle, breast and cervical cancers, menopause and osteoporosis. WHCs also provide physical examination, cervical screening and various appropriate screening tests for clients. Clients with suspected abnormalities are referred to specialists for further management. In 2012, the number of attendance for Woman Health Service was 33 000.

Meanwhile, the Student Health Service of DH provides health screening and individual counselling to primary and secondary school students at its 12 student health service centres and three special assessment centres. Enrolled students will be given an annual appointment to attend a student health service centre for a series of health services designed to cater for the health needs at various stages of their development. Such services include physical examination; screening for health problems related to growth, nutrition, blood pressure, vision, hearing, spine, psychological health and behaviour; individual counselling and health education. Students found to have health problems will be referred to the special assessment centre or specialist clinics for further assessment and follow-up. In the 2011-12 school year, more than 690 000 primary and secondary students participated in Student Health Service.

In addition, the DH's 18 elderly health centres (EHCs) and 18 visiting health teams provide primary health care to the elderly, improve their ability to care for themselves and encourage healthy living and their family's support. EHCs provide integrated health services, including health assessment, physical check-up, counselling, treatment and health education to elderly aged 65 and over on a membership basis. Each year, EHCs offer about 38 500 health assessment quota for elders' enrollment.

With an aim to facilitate early identification of risk factors as well as promote healthy ageing, the Government will launch the Elderly Health Assessment Pilot Programme (Pilot Programme) in collaboration with non-governmental organisations (NGOs) by providing voluntary, protocol-based, subsidised health assessment. The Government has earmarked a sum of $12 million for launching the two-year Pilot Programme in mid-2013. Under the Pilot Programme, the Government will provide participating NGOs a subsidy of $1,200 for each elder receiving the health assessment service from them. An elder aged 70 or above will be eligible to receive health assessment from the participating NGOs. 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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)115

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2973

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Health and Medical Research Fund, please set out by year the funded items and their expenditures in the past 5 years (i.e. from 2008-09 to 2012-13).

Asked by: Hon. LEE Kok-long, Joseph

Reply:

On 9 December 2011, LegCo Finance Committee approved a new commitment of $1,415 million for setting up the Health and Medical Research Fund (HMRF), by consolidating the former Health and Health Services Research Fund (HHSRF) and the Research Fund for the Control of Infectious Diseases (RFCID), with a broadened scope for funding health and medical research in Hong Kong. On-going research projects funded by the HHSRF and the RFCID have been subsumed under the HMRF and subject to continued monitoring.

The 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. It provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms, including investigator-initiated research projects, government-commissioned research programmes and research fellowships, under the strategic steer and direction of the Research Council chaired by the Secretary for Food and Health and comprising leading professionals in the medical and academic sectors.

The first open call of the HMRF was issued in July 2012 and 677 grant applications were received. Vetting of the applications in accordance with international practices is underway. Research projects previously funded by the HHSRF and the RFCID in the past 5 years (from 2008-09 to 2012-13) are at Annex.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Annex

Summary of Research Projects Funded under HHSRF and RFCID from 2008-09 to 2012-13

2012-13

(A) HHSRF

Of the 227 grant applications received under the HHSRF, a total of 58 research projects amounting to $35.88 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Public health	Health services	Chinese medicine		
The Chinese University of Hong Kong (CUHK)	4	8	4	16	9.83
The University of Hong Kong (HKU)	7	1	1	9	3.84
The Hong Kong Polytechnic University (PolyU)	1	3	-	4	0.47
City University of Hong Kong (CityU)	1	-	-	1	0.62
CUHK with institutions from - Local[1] - Local and/or overseas[2]	 5 2	 3 1	 1 3	 9 6	 6.89 5.06
HKU with institutions from - Local[3] - Local and/or overseas[4]	 5 1	 - -	 1 -	 6 1	 4.56 1.00
PolyU with - CUHK; SKH Chu Yan Primary School, Castle Peak Hospital, University of East Anglia (UK) and Kwai Chung Hospital - Castle Peak Hospital, University of East Anglia, Kwai Chung Hospital	 1 1	 1 -	 - -	 2 1	 1.48 0.52
Hong Kong Baptist University (HKBU) with - CUHK	 -	 -	 1	 1	 0.97
The Hong Kong Institute of Education (HKIEd) with - HKU,CUHK and Queen Elizabeth Hospital	 -	 1	 -	 1	 0.56
Our Lady of Maryknoll Hospital with - HKU and other local hospitals	 1	 -	 -	 1	 0.08
Total:	29	18	11	58	35.88

Notes:

[1] *Princess Margaret Hospital, United Christian Hospital (UCH), North District Hospital, Shatin Hospital, Tung Wah Eastern Hospital, PolyU, Department of Health (DH), The Hong Kong University of Science and Technology (HKUST), Tseung Kwan O Hospital, HKBU*

[2] *Southern Medical University (China), Queen Elizabeth Hospital, Tuen Mun Hospital, Monash University (Australia), Kaohsiung Medical University (Taiwan), University of the Ryukyus (Japan), University of Adelaide (Australia), HKBU, Kunming Institute of Botany (China), HKU, University of Macau, PolyU*

[3] *Kowloon Hospital, CUHK, Tai Po Hospital (TPH), Private Practice, HKUST, Kwai Chung Hospital, United Christian Hospital, HKBU*

[4] *University of Birmingham (UK)*

(B) RFCID

Of the 187 grant applications received under the RFCID, a total of 62 research projects amounting to $48.71 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Aetiology, epidemiology, surveillance and public health	Clinical and health services	Basic research		
CUHK	3	-	11	14	10.61
HKU	6	1	19	26	21.61
Pasteur Research Ltd. of HKU	-	-	2	2	1.69
PolyU	-	-	1	1	0.26
CityU	-	-	1	1	1.00
CityU with - Queen Mary Hospital - HKU and CUHK	 1 -	 - -	 - 1	 1 1	 0.97 1.00
CUHK with - HKU and CityU - DH - Overseas institutions[1]	 1 1 1	 - - -	 - - 3	 1 1 4	 0.86 1.00 2.97
HKU with - Local institutions[2] - Overseas institutions[3]	 2 -	 1 -	 - 5	 3 5	 0.96 3.79
HKUST with - Queen Elizabeth Hospital	 1	 -	 -	 1	 1.00
PolyU with - CUHK	 -	 -	 1	 1	 0.99
Total:	16	2	44	62	48.71

Notes:

[1] *National Institutes of Health (Bethesda), Centers for Disease Control and Prevention of Shenzhen, Chinese Academy of Medical Sciences, Peking Union Medical College, Chinese Academy of Sciences, Kunming and Shenyang Pharmaceutical University*

[2] *Centre for Health Protection of DH, Queen Elizabeth Hospital, Queen Mary Hospital*

[3] *Columbia University College of Physicians and Surgeons (USA), European Bioinformatics Institute (UK), Osaka University (Japan), Genomics Research Center Academia Sinica (Taiwan), Sun Yat-Sen University (PRC), Tsurumi University School (Japan)*

2011-12

(A) HHSRF

Of the 168 grant applications received under the HHSRF, a total of 49 research projects amounting to $46.61 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Public health	Health services	Chinese medicine		
Commissioned projects:					
Commissioned study on Regulatory Framework for Healthcare Professionals by CUHK	-	1	-	1	4.92
Commissioned study on Manpower Planning and Projection by HKU	-	1	-	1	11.58
Investigator-initiated projects:					
CUHK	2	6	4	12	7.87
HKU	3	3	-	6	3.25
PolyU	2	-	-	2	1.52
CUHK with institutions from – Local[1] – Local and/or overseas[2]	 4 3	 6 -	 1 -	 11 3	 7.25 1.67
HKU with – institutions from Local[3] – Tuen Mun Hospital, University of California	 4 1	 1 -	 2 -	 7 1	 4.58 1.00
PolyU with – United Christian Hospital – DH – National University of Singapore, Kwai Chung Hospital	 - - 1	 1 1 -	 - - -	 1 1 1	 0.41 0.63 0.08
HKBU with – Queen Elizabeth Hospital	 -	 -	 1	 1	 1.00
Hong Kong Workers' Health Centre with – CUHK, Pamela Youde Nethersole Eastern Hospital	1	-	-	1	0.85
Total:	21	20	8	49	46.61

Notes:

[1] *Tuen Mun Hospital, DH, Prince of Wales Hospital, Queen Mary Hospital, HKU, Hospital Authority (HA), Pamela Youde Nethersole Eastern Hospital (PYNEH), Hong Kong Red Cross Blood Transfusion Service, Tung Wah Eastern Hospital*

[2] *DH, Shatin Hospital, MRC Unit for Lifelong Health and Ageing (UK), Hong Kong Community College of PolyU, Northumbria University (UK), Kaohsiung Medical University (Taiwan)*

[3] *HKU Space, TWGHs Fung Yiu King Hospital, CUHK, HKU, HKBU, Kowloon Hospital, H.K.S.K.H. Lady MacLehose Centre, Queen Mary Hospital*

(B) RFCID

Of the 135 grant applications received under the RFCID, a total of 57 research projects amounting to $43.79 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Infectious disease epidemiology, infection control and public health	Clinical and health services	Basic and laboratory research		
Commissioned projects:					
Researches on surveillance, prevention and control of infectious diseases by the Centre for Health Protection of DH	2	-	-	2	0.37
Investigator-initiated projects:					
CUHK	2	2	12	16	13.64
HKBU	-	-	1	1	0.08
HKU	4	1	15	20	14.57
Pasteur Research Ltd. of HKU	-	-	2	2	1.95
CityU with - HKU, Princess Margaret Hospital, Georgia Institute of Technology (USA) and Emory University (USA)	1	-	-	1	0.97
CUHK with - institutions from Local[1] - The Key Laboratory of Chemistry for Natural Products of Guizhou Province and Chinese Academy of Sciences	3 -	- -	1 1	4 1	3.89 0.96
HKBU with - HKU and Yale University (USA)	-	-	1	1	0.93
HKU with - CUHK - HKBU - Hong Kong Red Cross Blood Transfusion Service - Local and/or overseas[2]	- - 1 1	- - - -	2 1 - 4	2 1 1 5	0.78 0.98 0.70 3.97
Total:	14	3	40	57	43.79

Notes:

[1] *United Christian Hospital, Queen Elizabeth Hospital, Kwong Wah Hospital, CityU, DH, HKU, North District Hospital*

[2] *Imperial College (UK), King's College (UK), Institute of Materia Medica of Peking Union Medical College, CUHK, Osaka University (Japan), University of California (USA)*

2010-11

(A) HHSRF

Of the 136 grant applications received under the HHSRF, a total of 34 research projects amounting to $29.39 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Public health	Health services	Chinese medicine		
Commissioned projects:					
Mental morbidity survey conducted by CUHK with hospitals under HA	1	-	-	1	7.66
Investigator-initiated projects:					
HKU	3	1	-	4	2.23
CUHK	-	6	3	9	7.32
HKU with					
- Local Institutions[1]	-	5	1	6	3.12
- Local and / or Overseas Institutions[2]	-	1	-	1	0.56
CUHK with					
- Local Institutions[3]	-	2	1	3	2.53
- Local and / or Overseas Institutions[4]	-	2	1	3	2.28
PolyU with					
- Local[5]	-	3	-	3	1.23
- NGO[6]	-	1	-	1	0.80
- Local and / or Overseas Institutions[7]	1	-	-	1	0.99
HKBU with					
- CUHK	-	0	1	1	0.59
Kwong Wah Hospital with					
- CUHK and Li Po Chun Clinic	-	1	-	1	0.08
Total:	5	22	7	34	29.39

Notes :

[1] *HA; HKBU; Kwong Wah Hospital and Tsan Yuk Hospital; Queen Mary Hospital; Hong Kong University of Science and Technology (HKUST); Shue Yan University*

[2] *Queen Mary Hospital and University of Newcastle (Australia)*

[3] *HKU and PolyU; Kwong Wah Hospital, Tuen Mun Hospital, Queen Elizabeth Hospital, and Prince Margaret Hospital; Prince of Wales Hospital*

[4] *Charles Sturt University (Australia); Chinese Academy of Science (China); Washington University (USA) and Tai Po Hospital*

[5] *Prince of Wales Hospital; Shatin Hospital and CUHK; United Christian Hospital and CUHK*

[6] *Aberdeen Kai-fong Welfare Association Social Service Centre and Kwai Shing East Rhenish Care and Attention Home*

[7] *Yale University (USA) and Pamela Youde Nethersole Eastern Hospital*

(B) RFCID

Of the 145 grant applications received under the RFCID, a total of 107 research projects worth $99.87 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Aetiology, epidemiology, surveillance and public health	Clinical /health services	Basic research		
Commissioned projects:					
Commissioned research portfolio on control of emerging infectious diseases conducted by CUHK[1]	N/A	N/A	N/A	30	30.00
Commissioned research portfolio on control of emerging infectious diseases conducted by HKU[2]	N/A	N/A	N/A	45	43.50
Investigator-initiated projects:					
HKU	1	-	10	11	9.78
CUHK	1	-	10	11	9.62
Pasteur Research Ltd of HKU	-	-	1	1	0.96
HKU with					
- Queen Mary Hospital	-	1	-	1	0.21
- Queen Mary Hospital, Kwong Wah Hospital and Central Health Education	1	-	-	1	0.46
CUHK with					
- China Agricultural University	-	-	2	2	1.02
- Centre for Health Protection, DH	-	-	1	1	0.83
- Chinese Academy of Sciences	-	-	1	1	1.00
- HKBU, Hong Kong Sexual Health Centre and University of Auckland (New Zealand)	-	1	-	1	0.99
- Prince of Wales Hospital	-	-	1	1	0.50
HKUST					
- HKU	-	-	1	1	1.00
Total:	3	2	27	107	99.87

Notes :

[1] *The commissioned research portfolios on control of emerging infectious diseases conducted by CUHK and HKU last for 5 years. The research portfolios cover a wide range of topics including emerging and re-emerging infectious diseases; epidemiology, surveillance and control of infectious diseases; bacterial, fungal and antimicrobial resistant diseases; human swine influenza, pathogen genomics. The research portfolios are subject to modification in case of public health emergency or as otherwise directed by Government.*

[2] *These two commissioned research portfolios comprised several projects of different themes.*

2009-10

(A) HHSRF

Of the 128 grant applications received under the HHSRF, a total of a total of 29 research projects amounting to $13.58 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Public health	Health services	Chinese medicine		
HKU	-	3	-	3	0.65
HKU with - Local Institutions[1] - Local and / or Overseas Institutions[2]	1 -	3 3	- -	4 3	1.48 1.30
CUHK	1	4	1	6	3.10
CUHK with - Local Institutions[3] - Local and / or Overseas Institutions[4]	2 -	3 6	- -	5 6	3.11 2.69
The Hong Kong Polytechnic University (PolyU) with - CUHK	-	1	-	1	0.70
Shatin Cheshire Home with - Princess Margaret Hospital	-	1	-	1	0.55
Total:	4	24	1	29	13.58

Notes :

[1] *Kwong Wah Hospital, DH, HKUST, Playright Children's Play Association with Tuen Mun Hospital*

[2] *Kwong Wah Hospital, University of Sydney (Australia), National University of Singapore, Robert Aitken Institute of Queen Elizabeth Hospital (UK)*

[3] *Shatin Hospital, Castle Peak Hospital, Princess Margaret Hospital, The Hong Kong Sanatorium and Hospital, Alice Ho Miu Ling Nethersole Hospital, DH, PolyU and HKUST, Enviro Labs Ltd*

[4] *University of Nottingham (UK), Queen Elizabeth Hospital, Tuen Mun Hospital, The Alfred Hospital (Australia), University of Glasgow (UK), Tai Po Hospital, Columbia University (USA), University of Pennsylvania (USA), Pamela Youde Nethersole Eastern Hospital, Radboud University (Netherlands), United Christian Hospital, Johns Hopkins University (USA)*

(B) RFCID

Of the 121 grant applications received under the RFCID, a total of 62 research projects amounting to $48.99 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Infectious disease epidemiology, infection control and public health	Clinical and health services	Basic and laboratory research		
Commissioned projects:					
Studies related to Human Swine Influenza (H1N1 Influenza A) conducted by CUHK and HKU	8	2	7	17	17.02
Researches on surveillance, prevention and control of infectious diseases by the Centre for Health Protection of DH	3	-	-	3	4.12
Investigator-initiated projects:					
HKU	2	2	9	13	9.16
CUHK	1	4	10	15	8.59
HKU with					
- DH	-	1	1	2	0.94
- Peking Union Medical College	-	-	1	1	0.80
- Health Protection Agency (UK)	-	-	1	1	0.80
- Hong Kong Sanatorium and Hospital	-	1	-	1	0.48
- University of Toronto	-	-	1	1	0.56
- Princess Margaret Hospital and Hospital Authority	1	-	-	1	0.86
CUHK with					
- CHP/DH and University of Toronto	-	-	1	1	0.80
- Shenzhen CDC	-	1	-	1	0.80
- University of Glasgow (UK) and private practice	-	1	-	1	0.80
- HKU	-	-	1	1	1.00
Pasteur Research Ltd of HKU with					
- HKU	-	-	2	2	1.57
Queen Elizabeth Hospital with					
- Queen Mary Hospital and Kowloon Hospital	-	1	-	1	0.69
Total:	15	13	34	62	48.99

2008-09

(A) HHSRF

Of the 104 grant applications received under the HHSRF, a total of 22 research projects amounting to $9.31 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Public health	Health services	Chinese medicine		
HKU	1	1	-	2	0.27
HKU with					
- CUHK and HA	1	-	-	1	0.77
	-	1	-	1	0.80
- PolyU and HA	-	-	1	1	0.76
	1	-	-	1	0.39
- Kowloon Hospital					
- CityU					
CUHK	1	6	3	10	3.71
CUHK with					
- HKU	-	1	-	1	0.08
	1	-	-	1	0.52
- HKU, Queen Elizabeth Hospital and Princess Margaret Hospital (PMH)	-	1	-	1	0.64
	-	1	-	1	0.31
- PMH	-	1	-	1	0.80
- University of Illinois (USA)					
- University of Surrey (UK)					
Queen Mary Hospital and PolyU	-	1	-	1	0.26
Total:	5	13	4	22	9.31

(B) RFCID

Of the 104 grant applications received under the RFCID, a total of 41 research projects amounting to $40.57 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Infectious disease epidemiology, infection control and public health	Clinical and health services	Basic and laboratory research		
Commissioned projects:					
Researches on surveillance, prevention and control of infectious diseases by the Centre for Health Protection of DH	5	-	-	5	18.30
Investigator-initiated projects:					
HKU	-	1	13	14	9.67
CUHK	1	1	13	15	9.33
CUHK with					
- DH	1	-	1	2	0.88
- DH, PYNEH, PMH, TPH and UCH	-	-	1	1	0.07
- HKUST and Kunming Institute of Botany (China)	-	-	1	1	0.51
- Private Sector and Columbia University(USA)	1	-	-	1	0.79
PolyU with University of Copenhagen (Denmark)	-	-	1	1	0.33
CityU with PolyU and Simon Fraser University (Canada)	-	-	1	1	0.69
Total:	8	2	31	41	40.57

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)116

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2974

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development of a regulatory framework for medical devices, what are the timetable, details, and resources involved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Administration is taking steps to put in place a regulatory framework for medical devices. Under the proposed statutory regulation framework, medical devices must fulfill safety, performance and quality requirements before being allowed to be placed in the Hong Kong market. A medical device registration system will be implemented for the purpose.

To pave way for implementing the future statutory control, a voluntary Medical Device Administrative Control System (MDACS) has been established by the Department of Health (DH) since 2004.

The Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services on the proposed regulatory framework of medical devices in November 2010. The regulatory proposal has taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, DH engaged a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal in 2011. The Administration plans to report back to the LegCo Panel on Health Services on the outcome of the BIA study together with details of the legislative proposal in 2013. The proposed regulatory framework will consider the control on the use and operation of high risk medical devices.

Problems associated with the use of medical devices are reported as adverse incidents in the MDACS. The number of adverse incident reports received by DH in 2008, 2009, 2010, 2011, and 2012 were 9, 38, 60, 20 and 18 respectively. Over half (51%) of the reports were related to cardiology devices.

In 2013-2014, a provision of $ 14.5 million will be allocated to DH for the operation of the existing MDACS as well as the preparatory work for legislative control of medical devices.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)117

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3147

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration states that it will retain healthcare staff through various measures including enhancement of their promotion opportunities. Will the Administration introduce any concrete measures in 2013-14 to retain nurses and allied health professionals? Has the Administration reserved any resources to improve their remuneration package, including reinstating the incremental jump, the 16.5% cash allowance and the study grant etc., so as to retain talents? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) has deployed additional resources over the past few years to address manpower shortage issues and ensure the effective provision of quality care. In 2013-14, HA plans to recruit about 2 100 and 610 nursing and allied health staff respectively in order to address manpower shortage, maintain existing service provision and implement service enhancement initiatives.

Major measures to retain nurses include the enhancement of career advancement opportunities for experienced nurses, enhancement of nursing manpower and provision of Registered Nurse and Enrolled Nurse training at HA's nursing schools.

Major measures to recruit and retain allied health staff include overseas recruitment of diagnostic radiographers, offering of overseas scholarship to allied health undergraduates for grades with no local or inadequate supply, re-engineering of work processes, strengthening of manpower support and enhancement of training opportunities.

HA will review the effectiveness of the above initiatives and explore further enhancement measures to attract and retain staff as and when necessary.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)118

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3148

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What are the timetable and details of the redevelopment of Kwai Chung Hospital?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

A complete redevelopment of Kwai Chung Hospital (KCH) will be part of the modernization of mental health services in Hong Kong, which aims to better meet growing service demand and deliver quality services. The proposed KCH redevelopment project comprises demolition of all existing hospital buildings except Block J for construction of a new hospital campus. Multidisciplinary specialised services will be integrated and organised within the new hospital campus and will be fully integrated with community-based services to support a full range of holistic patient-centred care. The redeveloped KCH will accommodate in-patient wards, rehabilitation facilities, an ambulatory centre, child and adolescent psychiatric services and therapeutic and leisure activity spaces. In order to ensure that service provisions by the hospital are maintained throughout the project period, the project will be carried out in three phases at different portions of the site. Subject to the funding approval of Finance Committee, redevelopment works is tentatively scheduled for commencement in mid-2015 for completion in early 2023. Funding will be sought in phases to dovetail with the implementation programme of the redevelopment project.

Name in block letters: Richard YUEN

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

Date: 21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)119

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3149

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 92 of the Budget Speech that the Administration plans to use $20 billion for the construction and refurbishment of several public hospitals and clinics. Please advise on:

1. the hospitals and clinics involved in the plan;

2. the timetable;

3. the details of the plan.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Administration plans to use $20 billion for the construction and refurbishment of several public hospitals and clinics, including the construction of Tin Shui Wai Hospital and the Centre of Excellence in Paediatrics, the refurbishment of Hong Kong Buddhist Hospital as well as the reprovisioning of the Yau Ma Tei Specialist Clinic. The tentative timelines and cost estimates of these projects are detailed below:

(i) Tin Shui Wai Hospital (TSWH) – the estimated cost of the project is $3,900 million. Construction works for the Hospital have commenced in February 2013 for completion in mid-2016. The new TSWH will be a general hospital with a planned capacity of 300 in-patient and day beds in total, providing in-patient services, ambulatory services including an Accident & Emergency department, community care services, diagnostic services and other supporting and administrative services.

(ii) Centre of Excellence in Paediatrics (CEP) - we have reserved a site in the Kai Tak Development for the establishment of CEP, with an aim to enhance the quality of clinical services, research and training in the discipline of paediatrics. We plan to seek funding approval from the Finance Committee (FC) of the Legislative Council in mid-2013. The construction works are expected to commence in the second half of 2013 for completion by mid-2017, with services to be commenced by phases starting from mid-2018. The estimated project cost is $13.8 billion.

(iii) Refurbishment of Hong Kong Buddhist Hospital (HKBH) – the refurbishment works is tentatively planned to commence in the 3rd quarter of 2013 for completion in mid-2015 and the estimated project cost is $240 million. Proposed works include refurbishment of in-patient wards, supporting departments, offices and ancillary facilities, and conversion of two floors of Block C for day rehabilitation, geriatric day services and pilot integrative medicine in palliative care. We are

reviewing the project scope as well as the project programme with a view to providing additional beds to meet service needs.

(iv) Reprovisioning of Yaumatei Specialist Clinic (YMTSC) – subject to the funding approval by FC, the project is planned to start in mid-2013 for completion in mid-2016. The project cost is estimated at $1,900 million. A new Specialist Clinic Building will be constructed at the site of the old Specialist Outpatient Clinic Building at Queen Elizabeth Hospital (QEH) for reprovisioning existing services provided by the Hospital Authority at YMTSC and relocating some of the existing ambulatory care services of QEH.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)120

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0616

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 Accident and Emergency (A&E) Departments in public hospitals triage patients into five categories, namely Triage I – critical, to be treated immediately; Triage II – emergency, 95% of patients triaged as emergency patients should be treated within 15 minutes; Triage III – urgent, 90% of patients triaged as urgent patients should be treated within 30 minutes; Triage IV and Triage V – non-urgent, no target waiting time set. Please provide the relevant information in 2010, 2011 and 2012 in accordance with the following table.

Public hospital (A&E Department)	Critical (treated immediately)		Emergency (treated within 15 minutes)		Urgent (treated within 30 minutes)		Non-urgent (no target waiting time)	
	Number of attendances	Percentage of A&E patients within target waiting time	Number of attendances	Percentage of A&E patients within target waiting time	Number of attendances	Percentage of A&E patients within target waiting time	Number of attendances	Percentage of A&E patients within target waiting time

Asked by: Hon. LEE Wai-king, Starry

Reply:

The tables below set out the number of Accident and Emergency (A&E) attendances and percentage treated within pledged waiting time in various triage categories in each hospital cluster for 2010-11, 2011-12 and 2012-13 (up to December 2012) :

2010-11

Cluster	**Triage 1 (Critical)**		**Triage 2 (Emergency)**		**Triage 3 (Urgent)**		**Triage 4 & 5 (Semi-urgent & Non-urgent)**
	Number of A&E attendances	Percentage within pledged waiting time	Number of A&E attendances	Percentage within pledged waiting time	Number of A&E attendances	Percentage within pledged waiting time	Number of A&E attendances
HKEC	2 166	100	3 219	98	50 825	93	184 569
HKWC	1 072	100	1 818	100	32 995	92	88 783
KCC	4 162	100	3 833	98	86 057	87	105 895
KEC	2 401	100	4 124	100	96 259	90	205 730
KWC	5 971	100	7 431	97	184 443	92	349 893
NTEC	2 965	100	6 301	96	97 828	81	279 344
NTWC	1 502	100	5 997	99	90 824	95	247 655
Overall	**20 239**	**100**	**32 723**	**98**	**639 231**	**90**	**1 461 869**

2011-12

Cluster	**Triage 1 (Critical)**		**Triage 2 (Emergency)**		**Triage 3 (Urgent)**		**Triage 4 & 5 (Semi-urgent & Non-urgent)**
	Number of A&E attendances	Percentage within pledged waiting time	Number of A&E attendances	Percentage within pledged waiting time	Number of A&E attendances	Percentage within pledged waiting time	Number of A&E attendances
HKEC	2 142	100	3 541	98	50 728	94	183 314
HKWC	1 018	100	2 287	100	34 249	91	90 055
KCC	4 065	100	3 883	96	88 636	86	101 852
KEC	2 490	100	5 264	100	94 192	91	200 893
KWC	6 169	100	7 834	97	183 744	93	351 486
NTEC	2 703	100	6 944	96	96 444	84	292 373
NTWC	1 422	100	6 370	99	94 969	94	246 607
Overall	**20 009**	**100**	**36 123**	**98**	**642 962**	**91**	**1 466 580**

2012-13 (April - December 2012)

Cluster	Triage 1 (Critical)		Triage 2 (Emergency)		Triage 3 (Urgent)		Triage 4 & 5 (Semi-urgent & Non-urgent)
	Number of A&E attendances	Percentage within pledged waiting time	Number of A&E attendances	Percentage within pledged waiting time	Number of A&E attendances	Percentage within pledged waiting time	Number of A&E attendances
HKEC	1 580	100	2 657	97	38 991	94	138 289
HKWC	675	100	1 587	100	25 220	90	69 615
KCC	2 895	100	3 236	97	70 085	73	70 977
KEC	1 859	100	4 167	100	71 323	91	154 127
KWC	4 346	100	6 356	97	143 789	92	267 180
NTEC	1 921	100	5 639	96	72 073	80	229 228
NTWC	1 052	100	4 855	99	71 974	83	184 565
Overall	**14 328**	**100**	**28 497**	**98**	**493 455**	**86**	**1 113 981**

Note:

The performance pledge for the treatment of Triage 3 in 2012-13 (up to December 2012) has not been fully met because of the continuously high demand and the shortfall in medical manpower. HA has been implementing various measures, including recruiting additional manpower, with a view to improving the A&E services and meeting the performance pledge.

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 - Newt Territories West Cluster

Name in block letters: Richard YUEN

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

Date: 19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)121

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0619

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the numbers of general beds and beds in various major specialties by hospital cluster under the Hospital Authority for the past 3 years (i.e. from 2010-11 to 2012-13), as well as the respective ratios per 1 000 population.

Asked by: Hon. LEE Wai-king, Starry

Reply:

The tables below set out the number of general beds in the Hospital Authority (HA) in each hospital cluster as a whole and for the major inpatient specialties in 2010-11, 2011-12 and 2012-13.

2010-11 (as at 31 March 2011)	**Cluster**							**HA Overall**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Overall for general beds (acute & convalescent)	2 002	2 853	3 002	2 135	5 174	3 473	2 094	20 733
Major specialties								
Gynaecology	40	77	29	64	139	64	49	462
Obstetrics	67	89	130	82	226	145	70	809
Medicine	863	947	1 120	1 020	2 245	1 303	940	8 438
Orthopaedics & Traumatology	186	333	298	231	487	472	267	2 274
Paediatrics and Adolescent Medicine	54	177	124	112	361	165	84	1 077
Surgery	258	589	288	334	744	475	242	2 930

2011-12 (as at 31 March 2012)	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general beds (acute & convalescent)	2 002	2 853	3 002	2 135	5 174	3 473	2 115	20 754
Major specialties								
Gynaecology	40	78	29	64	139	64	49	463
Obstetrics	67	89	130	82	226	145	70	809
Medicine	863	958	1 117	1 020	2 245	1 328	943	8 474
Orthopaedics & Traumatology	184	334	298	231	505	456	270	2 278
Paediatrics and Adolescent Medicine	54	177	124	112	361	165	84	1 077
Surgery	258	584	288	334	726	466	282	2 938

2012-13	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general beds (acute & convalescent) (as at 31 March 2013)	2 004	2 853	3 004	2 175	5 179	3 474	2 156	20 845
Major specialties (as at 31 December 2012)								
Gynaecology	40	78	29	79	139	64	49	478
Obstetrics	67	89	130	82	226	145	70	809
Medicine	866	950	1 116	1 020	2 239	1 330	968	8 489
Orthopaedics & Traumatology	181	334	298	256	505	456	280	2 310
Paediatrics and Adolescent Medicine	54	177	124	112	361	166	84	1 078
Surgery	258	596	288	334	726	463	275	2 940

The table below sets out the number of general beds in HA per 1 000 population by hospital cluster in 2010-11, 2011-12 and 2012-13.

Number of general beds per 1 000 population (as at 31 March of respective years)	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
2010-11	2.4	5.3	6.1	2.2	2.8	2.7	2.0	3.0
2011-12	2.5	5.4	6.0	2.1	2.8	2.7	2.0	2.9
2012-13	2.4	5.2	6.0	2.1	2.7	2.6	2.0	2.9

Note:

It should be noted that while the ratio of beds per 1 000 population varies among the clusters, the difference in such a ratio cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organization of services of the clusters and hospitals and the service demand of local community. Population is only one of the factor under consideration;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters, and the beds in these clusters are providing services for patients throughout the territory.

It should also be noted that the above information refers only to the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds have not been included.

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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)122

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1796

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 Food and Health Bureau mentioned the objective "to attract, motivate and retain staff" in the Brief Description of Programme (2). In this regard, please advise on the following:

(a) the numbers of posts under normal establishment and existing vacancies of doctors, nurses and medical staff in all public hospitals in Hong Kong by medical speciality;

(b) the progress and plans for recruitment of doctors, nurses and medical staff for the North Lantau Hospital to be commissioned in 2013.

Asked by: Hon. LEUNG Che-cheung

Reply:

a)

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health staff and supporting healthcare workers. HA constantly assesses its manpower requirements and flexibly deploys its staff having regard to the service and operational needs.

In 2013-14, HA plans to recruit around 300 doctors, 2 100 nurses and 610 allied health staff to increase manpower strength. The manpower shortfall of doctors in 2012-13 is around 250. The number of manpower shortfall of doctors for 2013-14 is not yet available as the annual recruitment exercise for Resident Trainees is underway. The manpower shortfall of nurses in 2012-13 is around 850. HA has earmarked additional resources to recruit nurses to address the manpower shortfall of nurses in 2012-13 and 2013-14. The existing vacancies for allied health staff in 2012-13 is around 220. Recruitment exercises for local allied health graduates will start in April 2013 and it is anticipated that most of the vacancies will be filled after the exercises.

Tables 1 to 3 below set out respectively the number of doctors, nurses and allied health staff by major specialties / grades in 2012-13.

Table 1: Number of doctors by major specialties in 2012-13 (as at 31 December 2012)

Specialty	Number of doctors
Accident & Emergency	419
Anaesthesia	364
Cardio-thoracic Surgery	33
Family Medicine	548
Medicine	1 148
Neurosurgery	86
Obstetrics & Gynaecology	222
Ophthalmology	157
Orthopaedics & Traumatology	313
Paediatrics	310
Pathology	194
Psychiatry	336
Radiology	274
Surgery	491
Others	389
Total	**5 284**

Table 2: Number of nurses by major specialties in 2012-13 (as at 31 December 2012)

Specialty	Number of nurses
Medicine	5 595
Obstetrics & Gynaecology	1 054
Orthopaedics & Traumatology	894
Paediatrics	1 200
Psychiatry	2 211
Surgery	1 828
Others	9 012
Total	**21 794**

Table 3: Number of Allied Health staff by major grades in 2012-13 (as at 31 December 2012)

Grade	Number of AH staff
Medical Laboratory Technologist	1 267
Radiographer (Diagnostic Radiographer & Radiation Therapist)	950
Medical Social Worker	280
Occupational Therapist	668
Physiotherapist	846
Pharmacist	487
Dispenser	1 061
Others	740
Total	**6 299**

Note:

1. The manpower figures 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.
3. For the nurses, about 2 500 nursing staff in the group of "Others" are posted under the "central pool" of nursing management or nursing administration department. The exact figures deployed to individual departments from the pool are not readily available.

b)

Recruitment of doctors, nurses and other healthcare workers for the North Lantau Hospital (NLTH) is currently underway. Service will commence in phases starting from the third quarter of 2013. HA plans to deploy 18 doctors, 63 nurses, and 45 allied health professionals to NLTH in 2013-14, subject to manpower availability.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)123

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0994

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 120 of the Budget Speech that "the Hospital Authority will add 290 acute patient beds and convalescent beds". Please provide a breakdown of the specialties, the clusters to which they belong, the estimated additional expenditure and manpower involved, as well as the estimated throughput of the 290 beds.

Asked by: Hon. LEUNG Ka-lau

Reply:

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**
HKWC	7	0
KCC	1	0
KEC	44	72
KWC	22	20
NTEC	3	0
NTWC	80	38
Total	157	130

Notes:

1. The majority of the additional beds will be opened in NTWC, KEC and KWC to meet growing demand in high needs communities.

2. A small number of beds will be opened in HKWC, KCC and NTEC to enhance specific services (e.g. intensive care service) of the clusters.

The Hospital Authority (HA) has earmarked over $300 million for the opening of 287 beds in 2013-14.

The table below sets out the estimated number of additional inpatient and day-patient discharges and deaths in the respective clusters in 2013-14:

Cluster	**Estimated additional discharges and deaths in 2013-14**
HKWC	1 540
KCC	320
KEC	5 740
KWC	2 620
NTEC	12 220
NTWC	2 870
Total	**25 310**

It should be noted that the inpatient and day-patient discharges and deaths in 2013-14 of respective clusters are estimated based on a number of factors including demographic changes, addition of new facilities and service programmes as well as changes in care delivery model. Increase in the number of beds is only one factor contributing to the estimated increased in inpatient and day-patient discharges and deaths.

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. Overall, to provide necessary manpower for maintaining the existing services and implementing service enhancement initiatives, HA plans to recruit about 300 doctors, 2 100 nursing staff and 610 allied health staff in 2013-14.

Abbreviations
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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)124

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0995

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following details:

(a) Numbers of standard drugs added to or deleted from the Hospital Authority Drug Formulary (the Formulary) and the expenditure involved in subsidising the use of standard drugs in 2011-12, 2012-13 and 2013-14 (Estimate).

(b) Names of drugs to be added to the Formulary in 2013-14, numbers of patients using and expected to use these drugs in 2011-12, 2012-13 and 2013-14, amount paid by patients purchasing these drugs at their own expenses, and the estimated expenditure involved in introducing these drugs as standard drugs.

(c) Names of drugs whose use will be expanded in 2013-14, numbers of patients using and expected to use these drugs in 2011-12, 2012-13 and 2013-14, and the estimated expenditure involved in expanding the use of these drugs.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The table below sets out the number of drugs newly incorporated into and removed from the Hospital Authority (HA) Drug Formulary in 2011-12 and 2012-13. In 2013-14, we plan to allocate additional $44 million to HA for inclusion in the HA Drug Formulary two chemotherapeutic drugs for cancer treatment and expand the application of two therapeutic groups of drugs for treatment of advanced Parkinson's disease and cancer. Since appraisal of new drugs is an ongoing process and driven by evolving medical evidence, latest clinical development and market dynamics, HA is unable to project the final number of new drugs to be incorporated into the HA Drug Formulary in 2013-14 at present.

	2011-12	**2012-13**
Number of new drugs incorporated into the HA Drug Formulary	10	22
Number of drugs removed from the HA Drug Formulary	22	2

The amount of drug consumption expenditure on General and Special drugs in the HA Drug Formulary (i.e. the expenditure on General Drugs and Special Drugs prescribed to patients at standard fees and charges) in 2011-12 and the projected amount of drug consumption expenditure in 2012-13 are $3,356 million and $3,706 million respectively. In 2013-14, the growth in drug consumption expenditure on General and Special drugs in the HA Drug Formulary is projected at around 6%.

(b) The table below sets out the name of the two new drugs to be incorporated into the HA Drug Formulary as Special drugs, patient headcount prescribed with these drugs, and the total amount of patients' contribution to purchase these drugs in 2010-11, 2011-12 and 2012-13 (up to 31 December 2012).

Drug Name		**2010-11**	**2011-12**	**2012-13 (Up to 31 December 2012)**
(i) Cetuximab	Patient headcount prescribed with this drug	198	221	189
	Amount of patients' contribution ($ million)*	17.7	17.8	11.2
(ii) Pemetrexed	Patient headcount prescribed with this drug	372	449	446
	Amount of patients' contribution ($ million)*	11.1	14.9	14.9

* The amounts of patients' contribution have included the expenditure on both drugs for a variety of therapeutic uses other than those indications listed in the HA Drug Formulary in 2013-14.

The table below sets out the estimated expenditure involved and estimated number of patients who will be benefited from each of the above-said new drugs to be incorporated into the HA Drug Formulary as Special drugs in 2013-14.

Drug Name and Therapeutic Use	**Estimated Expenditure Involved ($ Million)**	**Estimated Number of Patients to be Benefited**
(i) Cetuximab for squamous cell carcinoma of head and neck	3.6	40
(ii) Pemetrexed for malignant pleural mesothelioma	2.4	25

There is a mechanism in place to regularly appraise new drugs for listing in the HA Drug Formulary. Apart from the above two drugs, other new drugs will be incorporated into the HA Drug Formulary within the year as and when appropriate.

(c)

HA will expand the clinical applications of two therapeutic groups of drugs in 2013-14. HA is unable to provide the patient headcount prescribed with these drugs under the specific indications in 2010-11, 2011-12 and 2012-13 as some drugs in the therapeutic groups are used for more than one clinical indication. The current system does not capture the patient headcount prescribed for specific indications of drugs.

The table below sets out the estimated expenditure involved and estimated number of patients who will be benefited in each drug class in 2013-14.

Drug Name / Class and Therapeutic Use	**Estimated Expenditure Involved ($ Million)**	**Estimated Number of Patients to be Benefited**
(i) Capecitabine for metastatic breast cancer and advanced gastric cancer, and Oxaliplatin for metastatic colorectal cancer	16.4	1 310
(ii) Dopamine-receptor agonists for advanced Parkinson's disease	21.6	900

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)125

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0996

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) In 2012-13, the revised estimate for subvention to the Hospital Authority (HA) has increased by $1.55 billion as compared with the original estimate after deducting the one-off injection of $10 billion into the Samaritan Fund by the Government. Please list out the additional funding allocated to each cluster and explain the reasons.

(b) The estimated subvention to HA in 2013-14 has further increased by $2.36 billion as compared with the revised estimate for 2012-13 (after deducting the one-off injection of $10 billion into the Samaritan Fund by the Government). Please list out the increased funding allocated to each cluster and explain the reasons.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The increase of $1.55 billion in the 2012-13 revised estimate over the original estimate (excluding the one-off injection of $10 billion to the Samaritan Fund in 2012-13) is mainly due to an increase of $1.72 billion in the HA's recurrent subvention resulted from 2012 pay adjustment, offset by return of $0.12 billion for the Government's 50% share of the additional income arising from the obstetric package charges for non-eligible persons for 2011-12 and other minor adjustments of $0.05 billion.

(b)

The financial provision for the Hospital Authority (HA) for 2013-14 is $2.36 billion higher than the revised estimate for 2012-13 (excluding the one-off injection of $10 billion to the Samaritan Fund in 2012-13). The additional financial provision in 2013-14 mainly includes the following:

(1) $**1,200 million additional recurrent provision** to meet the growth in service demand arising from population growth and demographic changes, technology advancement as well as recurrent consequences of hospital projects. Major initiatives to be implemented in 2013-14 include:

(i) 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) 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) setting up planning teams for service and capital planning of future hospital redevelopment projects;

(iv) 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) 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) increasing service capacity to meet admission surge during high season of flu epidemic in winter and summer time;

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

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

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

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

(xi) 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) strengthening support service to provide better back-up for the growing and advancing healthcare services.

(2) $**800 million additional provision** for HA to implement various health initiatives, including:

(i) 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) 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) strengthening mental health services according to HA's Adult Mental Health Service Plan 2010-2015;

(iv) enhancing eye disease treatment for elderly patients;

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

(vi) enhancing nursing workforce in HA by recruiting additional nurses and strengthening

their staffing level in acute settings;

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

(viii) 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 episode quota;

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

(x) enhancing paediatric care services including prenatal screening to minimize congenital disability;

(xi) enhancing transplant services; and

(xii) 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.

(3) **$575 million additional provision** for HA to implement a number of new/ on-going initiatives, including:

(i) system development, enhancement and maintenance of the eHealth System and Primary Care Directory;

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

(iii) 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) 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) repair, maintenance and improvement of hospital and clinic buildings and facilities for delivery of public healthcare services;

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

(viii) 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.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)126

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0997

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out by cluster (including all clusters as a whole and a breakdown by cluster) the total population and persons aged 65 or above served/to be served under the Hospital Authority in 2012-13 and 2013-14 (Estimate). Please advise on the total provisions earmarked and the total number of doctors, nurses, allied health staff and general hospital beds, their respective percentages of the total as well as the ratio per 1 000 population and persons aged 65 or above.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the budget allocation in respect of each cluster of the Hospital Authority (HA) in 2012-13. Budget allocation to clusters for 2013-14 is not yet available.

Cluster	Budget Allocation in 2012-13 ($ billion)
HKEC	4.37
HKWC	4.51
KCC	5.45
KEC	4.10
KWC	8.96
NTEC	6.50
NTWC	5.18
Total	**39.07**

It should be noted that the yearly budget allocation to individual clusters largely depends on the level and complexity of 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, budget will also be allocated to relevant clusters having regard to their required expenditures for implementing new service programmes, and enhancing facilities and services. In light of the above, the budget allocation cannot be directly compared among clusters.

The table below sets out the population and the population aged 65 or above in respect of each cluster in 2012 and 2013.

Population in 2012 (as at mid-2012)

Cluster	Population	Population aged 65+
HKEC	825 400	132 200
HKWC	544 100	79 000
KCC	503 200	80 800
KEC	1 012 000	136 600
KWC	1 887 600	289 000
NTEC	1 321 300	150 100
NTWC	1 085 300	106 700
Whole Territory	**7 180 700**	**974 500**

Population in 2013 (as at mid-2013)

Cluster	Population	Population aged 65+
HKEC	827 300	138 600
HKWC	545 900	82 600
KCC	523 700	86 000
KEC	1 018 300	140 000
KWC	1 894 400	297 000
NTEC	1 334 900	157 700
NTWC	1 097 200	113 100
Whole Territory	**7 242 800**	**1 015 100**

The table below sets out the number of doctors, nurses and allied health staff in each cluster, their respective percentage of the HA total as well as their ratio per 1 000 population in 2012-13 (as at 31 December 2012). Relevant information for 2013-14 is not yet available.

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population											
	Doctors	% of HA Overall	Ratio to overall population	Ratio to people aged 65+	Nurses	% of HA Overall	Ratio to overall population	Ratio to people aged 65+	Allied Health Staff	% of HA Overall	Ratio to overall population	Ratio to people aged 65+
HKEC	572	10.8%	0.7	4.3	2 323	10.7%	2.8	17.6	714	11.5%	0.9	5.4
HKWC	597	11.3%	1.1	7.6	2 600	12.0%	4.8	32.9	824	13.2%	1.5	10.4
KCC	679	12.9%	1.3	8.4	3 058	14.1%	6.1	37.9	945	15.2%	1.9	11.7
KEC	617	11.7%	0.6	4.5	2 319	10.7%	2.3	17.0	643	10.3%	0.6	4.7
KWC	1 249	23.7%	0.7	4.3	5 090	23.4%	2.7	17.6	1 356	21.7%	0.7	4.7
NTEC	875	16.6%	0.7	5.8	3 528	16.2%	2.7	23.5	1 003	16.1%	0.8	6.7
NTWC	684	13.0%	0.6	6.4	2 832	13.0%	2.6	26.5	750	12.0%	0.7	7.0
HA overall	**5 271**	**100%**	**0.7**	**5.4**	**21 751**	**100%**	**3.0**	**22.3**	**6 236**	**100%**	**0.9**	**6.4**

The table below sets out the number and ratio of general beds in HA per 1 000 population by clusters.

Cluster	Number of general beds				Number of general beds per 1 000 population		Number of general beds per 1 000 population aged 65 or above	
	2012-13 (Revised Estimate)	% of HA overall	2013-14 (Estimate)	% of HA overall	2012-13 (Revised Estimate)	2013-14 (Estimate)	2012-13 (Revised Estimate)	2013-14 (Estimate)
HKEC	2 004	9.6%	2 004	9.5%	2.4	2.4	15.2	14.5
HKWC	2 853	13.7%	2 860	13.5%	5.2	5.2	36.1	34.6
KCC	3 004	14.4%	3 005	14.2%	6.0	5.7	37.2	34.9
KEC	2 175	10.4%	2 291	10.8%	2.1	2.2	15.9	16.4
KWC	5 179	24.8%	5 221	24.7%	2.7	2.8	17.9	17.6
NTEC	3 474	16.7%	3 477	16.5%	2.6	2.6	23.1	22.0
NTWC	2 156	10.3%	2 274	10.8%	2.0	2.1	20.2	20.1
Overall	**20 845**	**100%**	**21 132**	**100%**	**2.9**	**2.9**	**21.4**	**20.8**

It should be noted that the ratio of doctors, nurses and allied health staff per 1 000 population, and the ratio of general beds per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organization of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters, and the beds in these clusters are providing services for patients throughout the territory.

It should also be noted that the above bed information refers only to the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds have not been included.

The manpower figures 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.

Population figures are based on the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population in the total.

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:	25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)127

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0998

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list by specialty and cluster (including cluster as a whole and a breakdown by type) the number of general inpatient beds, bed occupancy rate, number of attendances, number of patient days, average length of stay, cost per inpatient discharged and cost per patient day of services under the Hospital Authority in 2011-12, 2012-13 and 2013-14 (Estimate).

Asked by: Hon. LEUNG Ka-lau

Reply:

The tables below set out by specialties and clusters the number of general inpatient beds, bed occupancy rate, number of inpatient discharges and deaths (IP D&D), inpatient bed day occupied (IP BDO) and inpatient average length of stay (IP ALOS) under the Hospital Authority (HA) in 2011-12, 2012-13 (up to 31 December 2012). For 2013-14 (Estimate), the relevant information for all general specialties is also provided below but the figures by specialty are not yet available.

2011-12

	Cluster							**All clusters**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
All General (acute & convalescence) Specialties								
Number of hospital beds[#]	2 002	2 853	3 002	2 135	5 174	3 473	2 115	20 754
IP bed occupancy rate	81%	73%	86%	86%	82%	86%	94%	84%
IP D&D	108 252	108 868	122 873	120 153	244 021	157 965	122 363	984 495
IP BDO	517 509	633 345	857 459	588 404	1 305 146	948 693	641 602	5 492 158
IP ALOS (days)	4.8	5.8	6.9	4.9	5.3	6.0	5.3	5.6
Gynaecology								
Number of hospital beds[#]	40	78	29	64	139	64	49	463
IP bed occupancy rate	89%	59%	85%	70%	82%	66%	92%	75%
IP D&D	3 496	4 464	3 561	5 354	10 556	5 142	5 125	37 698
IP BDO	8 111	11 908	9 039	13 650	20 426	10 151	9 804	83 089
IP ALOS (days)	2.3	2.5	2.5	2.5	1.9	2.0	1.9	2.2

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
Number of hospital beds#	863	958	1 117	1 020	2 245	1 328	943	8 474
IP bed occupancy rate	83%	76%	95%	91%	91%	97%	98%	91%
IP D&D	46 745	42 663	44 124	56 708	99 999	64 315	44 418	398 972
IP BDO	239 080	234 545	344 980	303 464	650 576	436 788	310 424	2 519 857
IP ALOS (days)	4.7	5.3	7.6	5.1	6.2	6.6	6.7	6.0
Obstetrics								
Number of hospital beds#	67	89	130	82	226	145	70	809
IP bed occupancy rate	77%	68%	69%	73%	70%	65%	93%	72%
IP D&D	5 271	6 298	7 709	6 817	15 449	9 358	8 137	59 039
IP BDO	14 706	18 176	24 635	19 981	43 468	26 103	23 781	170 850
IP ALOS (days)	2.8	2.9	3.2	2.9	2.8	2.8	2.9	2.9
Orthopaedics & Traumatology								
Number of hospital beds#	184	334	298	231	505	456	270	2 278
IP bed occupancy rate	82%	70%	91%	102%	86%	88%	97%	88%
IP D&D	8 365	8 741	8 288	10 509	19 040	15 825	8 899	79 667
IP BDO	49 725	72 186	94 874	77 810	140 537	146 134	90 554	671 820
IP ALOS (days)	5.8	8.0	11.2	6.8	7.1	9.1	9.7	8.1
Paediatrics and Adolescent Medicine								
Number of hospital beds#	54	177	124	112	361	165	84	1 077
IP bed occupancy rate	88%	69%	69%	72%	60%	87%	79%	72%
IP D&D	4 599	5 300	5 694	10 500	17 884	12 000	7 656	63 633
IP BDO	15 792	31 291	27 630	27 573	57 293	45 859	24 375	229 813
IP ALOS (days)	3.2	5.0	4.6	2.5	3.3	3.8	3.9	3.6
Surgery								
Number of hospital beds#	258	584	288	334	726	466	282	2 938
IP bed occupancy rate	69%	83%	86%	79%	71%	86%	93%	79%
IP D&D	13 738	19 645	14 388	20 424	38 967	20 657	16 729	144 548
IP BDO	54 010	131 075	75 479	85 536	165 725	116 054	69 405	697 284
IP ALOS (days)	3.6	6.0	5.0	3.9	4.0	5.4	3.9	4.5

Number of hospital beds as at 31 March 2012

2012-13 (up to 31 December 2012)

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescence) Specialties								
Number of hospital beds*	2 004	2 853	3 004	2 175	5 179	3 474	2 156	20 845
IP bed occupancy rate	83%	74%	87%	86%	84%	87%	95%	85%
IP D&D	83 550	82 263	92 664	90 724	191 635	123 147	93 996	757 979
IP BDO	399 278	476 256	649 044	445 515	1 002 809	729 058	490 350	4 192 310
IP ALOS (days)	4.8	5.8	7.0	4.9	5.2	5.9	5.2	5.5
Gynaecology								
Number of hospital beds^	40	78	29	79	139	64	49	478
IP bed occupancy rate	89%	54%	89%	70%	85%	71%	100%	77%
IP D&D	2 780	2 993	2 713	4 220	8 164	3 371	4 132	28 373
IP BDO	6 121	8 319	7 095	10 482	15 888	6 592	7 993	62 490
IP ALOS (days)	2.2	2.6	2.6	2.5	1.9	1.9	1.9	2.2
Medicine								
Number of hospital beds^	866	950	1 116	1 020	2 239	1 330	968	8 489
IP bed occupancy rate	86%	81%	97%	93%	95%	99%	97%	93%
IP D&D	36 552	32 703	32 595	41 548	78 629	50 345	34 614	306 986
IP BDO	186 369	182 160	261 243	232 165	500 972	337 736	230 677	1 931 322
IP ALOS (days)	4.6	5.5	7.7	5.2	6.1	6.5	6.4	6.0
Obstetrics								
Number of hospital beds^	67	89	130	82	226	145	70	809
IP bed occupancy rate	80%	69%	73%	69%	74%	64%	101%	74%
IP D&D	4 034	4 708	5 865	5 042	12 235	7 345	6 512	45 741
IP BDO	11 474	13 743	19 478	14 300	34 466	20 271	19 415	133 147
IP ALOS (days)	2.8	2.9	3.3	2.8	2.8	2.7	3.0	2.9
Orthopaedics & Traumatology								
Number of hospital beds^	181	334	298	256	505	456	280	2 310
IP bed occupancy rate	84%	68%	90%	90%	85%	88%	93%	85%
IP D&D	6 687	6 645	6 371	8 268	15 330	12 416	6 921	62 638
IP BDO	38 147	53 112	70 134	55 624	105 873	109 141	66 026	498 057
IP ALOS (days)	5.4	7.7	10.5	6.3	6.6	8.5	9.0	7.6
Paediatrics and Adolescent Medicine								
Number of hospital beds^	54	177	124	112	361	166	84	1 078
IP bed occupancy rate	85%	68%	69%	77%	63%	82%	86%	72%
IP D&D	3 507	4 180	4 523	8 353	14 794	9 159	5 897	50 413
IP BDO	11 386	23 012	20 837	21 961	45 284	32 898	19 783	175 161
IP ALOS (days)	3.3	4.4	4.1	2.5	3.0	3.8	3.1	3.3

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Surgery								
Number of hospital beds^	258	596	288	334	726	463	275	2 940
IP bed occupancy rate	76%	77%	89%	80%	72%	94%	98%	82%
IP D&D	11 564	14 871	11 187	15 788	30 884	16 723	13 188	114 205
IP BDO	44 510	96 097	58 441	65 840	126 666	94 134	56 899	542 587
IP ALOS (days)	3.5	5.7	4.8	3.9	3.9	5.4	4.0	4.4

* Number of hospital beds as at 31 March 2013

^ Number of hospital beds as at 31 December 2012

2013-14 (Estimate)

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescence) Specialties								
Number of hospital beds$^{\Delta}$	2 004	2 860	3 005	2 291	5 221	3 477	2 274	21 132
IP bed occupancy rate	83%	73%	88%	87%	82%	84%	91%	84%
IP D&D	107 560	112 040	125 990	124 440	247 190	160 490	125 890	1 003 600
IP BDO	538 800	642 300	876 500	616 200	1 317 400	951 400	642 400	5 585 000
IP ALOS (days)	5.1	5.7	7.0	4.9	5.4	6.2	5.2	5.6

Δ Number of hospital beds as at 31 March 2014

It should be noted that ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. Both bed occupancy rate and ALOS also vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including hospital bed complement and specialisation of the specialties in the cluster. Therefore the figures cannot be directly compared among different clusters or specialties.

The table below sets out the average cost per general patient day and average cost per general inpatient discharged for each major specialty by hospital clusters for 2011-12.

Specialty	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Average cost per general patient day ($)								
Medicine	3,560	4,100	3,530	3,490	3,350	3,510	3,400	3,530
Surgery	6,160	5,260	6,140	4,740	5,190	5,750	4,980	5,400
Obstetrics & Gynaecology	5,690	5,090	5,120	5,590	4,990	6,390	4,560	5,290
Paediatrics and Adolescent Medicine	4,330	6,150	4,820	4,710	4,630	4,520	4,870	4,840

Specialty	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Average cost per general patient day ($)								
Orthopaedics & Traumatology	4,830	4,370	4,320	3,740	4,670	4,520	4,370	4,410
Overall average cost per general patient day	4,120	4,590	3,730	3,920	3,840	3,900	3,780	3,950
Average cost per general inpatient discharged ($)								
Medicine	14,590	17,700	19,540	12,440	16,550	16,350	16,090	16,120
Surgery	18,060	30,890	26,580	18,480	18,650	22,720	15,170	21,440
Obstetrics & Gynaecology	13,120	11,510	11,270	14,220	9,990	13,100	8,290	11,270
Paediatrics and Adolescent Medicine	13,370	31,520	24,090	15,210	16,670	19,750	18,140	19,170
Orthopaedics & Traumatology	24,150	31,020	38,120	26,430	27,890	29,420	32,330	29,450
Overall average cost per general inpatient discharged	17,450	23,800	23,700	17,680	18,910	21,400	17,750	20,010

The table below sets out the projected average cost per general patient day and average cost per general inpatient discharged by hospital clusters in 2012-13. The relevant information for each major specialty is not yet available.

2012-13 (Revised Estimate)	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Projected average cost per general patient day ($)	4,510	4,910	3,940	4,380	4,190	4,290	4,230	4,310
Projected average cost per general inpatient discharged ($)	20,300	25,000	25,050	19,750	20,700	23,900	19,550	21,950

The estimated average cost per general patient day and average cost per general inpatient discharged for 2013-14 are $4,480 and $22,650 respectively. The breakdown of the information by hospital clusters and specialties is not yet available.

It should be noted that the average cost per general patient day and average cost per general inpatient discharged vary among different cases and different specialties owing to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. The costs also vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including

specialisation of the specialties in the cluster. Thus clusters with greater number of patients with more complex conditions or requiring more costly treatment would incur a higher average cost. Therefore the costs cannot be directly compared among clusters or specialties.

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: 18.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)128

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0999

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list by cluster (including all clusters as a whole and a breakdown by cluster) the number of new and follow-up attendances of the specialist outpatient services under the Hospital Authority (including specialist services as a whole and a breakdown by type) in 2011-12, 2012-13 and 2013-14 (Estimate) as well as the average cost per specialist outpatient attendance.

Asked by: Hon. LEUNG Ka-lau

Reply:

The tables below set out the number of new and follow-up attendances of the specialist outpatient (SOP) services by clusters under the Hospital Authority (HA), by major specialties and their respective total in 2011-12, 2012-13 (from April to December 2012) and 2013-14 (Estimate). Breakdown of estimated attendance by specialty in 2013-14 is not yet available.

2011-12

	Cluster / Major Specialty	**ENT**	**GYN**	**MED**	**OBS**	**OPH**	**ORT**	**PAE**	**PSY**	**SUR**	**All specialties**
SOP 1st attendances	HKEC	6 445	3 926	9 430	4 911	10 058	6 748	1 177	2 426	9 420	**61 501**
	HKWC	4 939	5 412	8 656	10 280	10 044	7 981	3 326	2 590	10 076	**75 038**
	KCC	11 776	3 765	8 711	11 629	20 877	5 783	1 625	2 404	12 427	**93 988**
	KEC	7 310	4 947	14 022	7 457	14 028	9 986	3 239	4 684	13 759	**93 315**
	KWC	13 168	9 373	21 323	15 783	16 948	13 975	5 836	8 870	25 745	**143 327**
	NTEC	10 549	6 902	13 380	10 937	15 664	14 414	3 453	6 028	15 491	**112 888**
	NTWC	9 922	4 451	7 843	3 070	16 089	8 247	1 884	4 848	13 951	**77 369**
	Overall	**64 109**	**38 776**	**83 365**	**64 067**	**103 708**	**67 134**	**20 540**	**31 850**	**100 869**	**657 426**

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP Follow-up attendances	HKEC	30 097	23 908	229 893	19 798	124 597	49 154	15 779	74 303	62 782	**702 203**
	HKWC	24 248	39 153	209 145	29 642	75 697	54 183	33 899	53 652	114 477	**715 326**
	KCC	52 577	24 312	202 980	46 672	207 906	53 729	32 836	66 015	81 509	**902 837**
	KEC	22 900	30 872	157 537	28 802	103 303	64 550	36 318	85 887	65 304	**633 277**
	KWC	54 487	49 680	521 546	67 272	132 649	105 356	50 909	200 900	153 197	**1 429 225**
	NTEC	36 453	41 078	259 168	29 694	130 527	92 577	35 378	112 473	74 236	**919 836**
	NTWC	31 188	23 757	183 142	47 117	126 252	56 071	24 859	130 665	58 910	**771 025**
	Overall	**251 950**	**232 760**	**1 763 411**	**268 997**	**900 931**	**475 620**	**229 978**	**723 895**	**610 415**	**6 073 729**
SOP Total attendances	HKEC	36 542	27 834	239 323	24 709	134 655	55 902	16 956	76 729	72 202	**763 704**
	HKWC	29 187	44 565	217 801	39 922	85 741	62 164	37 225	56 242	124 553	**790 364**
	KCC	64 353	28 077	211 691	58 301	228 783	59 512	34 461	68 419	93 936	**996 825**
	KEC	30 210	35 819	171 559	36 259	117 331	74 536	39 557	90 571	79 063	**726 592**
	KWC	67 655	59 053	542 869	83 055	149 597	119 331	56 745	209 770	178 942	**1 572 552**
	NTEC	47 002	47 980	272 548	40 631	146 191	106 991	38 831	118 501	89 727	**1 032 724**
	NTWC	41 110	28 208	190 985	50 187	142 341	64 318	26 743	135 513	72 861	**848 394**
	Overall	**316 059**	**271 536**	**1 846 776**	**333 064**	**1 004 639**	**542 754**	**250 518**	**755 745**	**711 284**	**6 731 155**

2012-13 (April to December 2012) [Provisional Figures]

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP 1st attendances	HKEC	5 125	3 128	7 558	3 061	8 560	5 226	926	1 951	7 742	**49 112**
	HKWC	4 118	4 243	6 952	6 397	7 404	6 116	1 403	2 040	7 806	**57 005**
	KCC	9 351	3 355	6 772	8 406	16 361	4 256	1 312	1 651	9 280	**72 632**
	KEC	5 505	3 994	9 469	2 688	11 977	7 913	2 486	3 641	12 810	**72 581**
	KWC	10 689	7 386	16 445	13 778	12 515	11 033	4 694	6 574	20 328	**113 924**
	NTEC	9 060	5 511	10 629	10 206	12 395	10 926	2 396	5 086	12 726	**92 618**
	NTWC	8 059	3 726	6 128	2 441	12 793	6 241	1 390	3 727	10 551	**61 316**
	Overall	**51 907**	**31 343**	**63 953**	**46 977**	**82 005**	**51 711**	**14 607**	**24 670**	**81 243**	**519 188**
SOP Follow-up attendances	HKEC	22 712	17 455	175 301	17 537	89 855	38 926	11 179	55 565	49 865	**534 654**
	HKWC	19 252	29 598	160 731	22 815	56 833	42 267	23 293	41 433	87 472	**551 177**
	KCC	38 865	19 083	153 891	40 067	154 418	41 428	23 887	48 198	62 545	**689 022**
	KEC	16 462	24 408	119 998	22 928	85 790	46 752	27 068	64 853	51 177	**490 251**
	KWC	42 805	38 371	399 945	53 454	97 203	83 668	38 001	156 556	117 299	**1 103 682**
	NTEC	28 209	30 738	200 220	22 047	102 327	71 889	26 720	86 807	57 109	**712 903**
	NTWC	22 539	17 110	138 571	33 711	100 765	41 852	18 295	101 011	47 017	**589 761**
	Overall	**190 844**	**176 763**	**1 348 657**	**212 559**	**687 191**	**366 782**	**168 443**	**554 423**	**472 484**	**4 671 450**

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP Total attendances	HKEC	27 837	20 583	182 859	20 598	98 415	44 152	12 105	57 516	57 607	**583 766**
	HKWC	23 370	33 841	167 683	29 212	64 237	48 383	24 696	43 473	95 278	**608 182**
	KCC	48 216	22 438	160 663	48 473	170 779	45 684	25 199	49 849	71 825	**761 654**
	KEC	21 967	28 402	129 467	25 616	97 767	54 665	29 554	68 494	63 987	**562 832**
	KWC	53 494	45 757	416 390	67 232	109 718	94 701	42 695	163 130	137 627	**1 217 606**
	NTEC	37 269	36 249	210 849	32 253	114 722	82 815	29 116	91 893	69 835	**805 521**
	NTWC	30 598	20 836	144 699	36 152	113 558	48 093	19 685	104 738	57 568	**651 077**
	Overall	**242 751**	**208 106**	**1 412 610**	**259 536**	**769 196**	**418 493**	**183 050**	**579 093**	**553 727**	**5 190 638**

2013-14 (Estimate)

	Cluster	All specialties
SOP 1st attendances	HKEC	64 600
	HKWC	77 200
	KCC	97 500
	KEC	103 300
	KWC	147 200
	NTEC	115 200
	NTWC	79 000
	Overall	**684 000**
SOP Follow-up attendances	HKEC	703 500
	HKWC	732 100
	KCC	918 300
	KEC	646 700
	KWC	1 435 500
	NTEC	922 300
	NTWC	759 600
	Overall	**6 118 000**
SOP Total attendances	HKEC	768 100
	HKWC	809 300
	KCC	1 015 800
	KEC	750 000
	KWC	1 582 700
	NTEC	1 037 500
	NTWC	838 600
	Overall	**6 802 000**

The table below sets out the average cost per SOP attendance for major specialties by hospital clusters for 2011-12.

2011-12	**Average cost per SOP attendance ($)**									
Cluster/ Major Specialty	**ENT**	**GYN**	**MED**	**OBS**	**OPH**	**ORT**	**PAE**	**SUR**	**PSY**	**Overall average cost per SOP attendance**
HKEC	755	975	1,580	975	475	900	1,160	1,250	970	990
HKWC	755	1,040	1,810	1,040	395	925	1,690	1,660	1,270	1,220
KCC	735	785	1,890	785	500	695	1,200	1,030	995	910
KEC	760	695	1,740	695	475	710	875	1,260	995	855
KWC	550	645	1,490	645	415	755	1,150	1,130	1,040	960
NTEC	955	670	1,870	670	510	955	1,150	1,150	1,070	1,040
NTWC	715	685	1,790	685	460	920	970	1,230	1,190	965
Overall	730	760	1,700	760	470	835	1,170	1,250	1,070	985

The table below sets out the projected average cost per SOP attendance by hospital clusters in 2012-13. The breakdown by different specialties is not yet available.

2012-13	**Average cost per SOP ($)**							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Projected overall average cost per SOP attendance	1,080	1,260	975	945	1,060	1,160	1,090	1,080

The estimated average cost per SOP attendance in 2013-14 is $1,110. The breakdown by hospital clusters and specialties is not yet available.

It should be noted that the cost of SOP attendance varies among different cases and different specialties owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. The cost also varies among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including specialization of the specialties in the cluster. Hence clusters with greater number of patients with more complex conditions or requiring more costly treatment

will incur a higher average cost. Therefore the average cost per SOP attendance cannot be directly compared among different clusters or specialties.

Abbreviations

ENT - Eye, Nose & Throat
GYN – Gynaecology
MED – Medicine
OBS – Obstetrics
OPH – Ophthalmology
ORT – Orthopaedics
PAE – Paediatrics
SUR – Surgery
PSY – Psychiatry
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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)129

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1000

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate in the format below the cross-district attendance rate of the Hospital Authority in 2011-12 to 2012-13 and 2013-14 (Estimate):

(a) number of specialist outpatient attendance

(b) number of general outpatient attendance

(c) number of accident and emergency attendance

(d) number of patients for general inpatient services

(e) number of patient days for general inpatient services

	List by hospital clusters
List by hospital clusters of the districts where the patients are residing	

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) provides different kinds of public healthcare services throughout the territory to enable patients to have convenient access to the services according to their needs. HA encourages patients to seek medical treatment from hospital in the cluster of their residence to facilitate follow-up of their chronic conditions and the provision of community support. Nevertheless, individual patients may have other considerations when they choose a medical facility for medical treatment. For instance, they may choose to receive medical treatment at a specialist or general out-patient clinic in a certain district for the convenience of travelling to and from their work place. Under emergency circumstances, they may also be transferred to an acute hospital in the proximity of the pick-up location having regard to the ambulance route, etc.

Statistical figures pertaining to the specialist out-patient, general out-patient, accident and emergency as well as inpatient services provided by HA, by hospital cluster for 2011-12 and 2012-13 (up to 31 December 2012) are set out in the following tables. Corresponding figures for 2013-14 are not yet available.

a)

Number of attendances of Specialist Out-patient Service provided by HA in 2011-12 and 2012-13 (up to 31 December 2012).

2011-12

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
HKEC	648 157	127 812	17 348	5 960	16 255	8 821	2 536	**826 889**
HKWC	37 662	497 683	9 811	2 699	7 457	5 514	1 843	**562 669**
KCC	7 550	17 030	325 449	8 369	69 915	12 380	2 505	**443 198**
KEC	29 857	35 366	156 035	625 517	61 411	26 716	4 706	**939 608**
KWC	21 768	59 767	392 043	44 925	1 324 262	53 414	20 612	**1 916 791**
NTEC	11 250	25 779	64 558	33 839	49 349	887 521	12 303	**1 084 599**
NTWC	7 228	22 772	29 095	5 163	43 095	35 403	801 896	**944 652**
Others (eg. Macau, Mainland China, etc.)	232	4 155	2 486	120	808	2 955	1 993	**12 749**
Overall	**763 704**	**790 364**	**996 825**	**726 592**	**1 572 552**	**1 032 724**	**848 394**	**6 731 155**

2012-13 (up to 31 December 2012) [Provisional Figures]

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
HKEC	496 955	98 809	12 243	4 510	12 260	6 756	1 655	**633 188**
HKWC	28 743	384 183	6 865	1 746	5 594	4 208	1 295	**432 634**
KCC	5 573	13 403	251 607	5 987	53 281	9 216	1 962	**341 029**
KEC	21 674	27 498	119 981	488 172	45 932	20 202	3 392	**726 851**
KWC	16 561	45 709	297 181	32 929	1 030 982	40 333	14 737	**1 478 432**
NTEC	8 541	19 929	49 284	25 723	36 657	696 245	8 713	**845 092**
NTWC	5 536	17 864	22 334	3 662	32 320	26 227	618 715	**726 658**
Others (eg. Macau, Mainland China, etc.)	183	3 606	2 159	103	580	2 334	608	**9 573**
Overall	**583 766**	**611 001**	**761 654**	**562 832**	**1 217 606**	**805 521**	**651 077**	**5 193 457**

b)

Number of attendances of General Out-patient Service provided by HA in 2011-12 and 2012-13 (up to 31 December 2012).

2011-12

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
HKEC	451 401	17 277	3 509	4 172	32 367	2 287	1 164	**512 177**
HKWC	30 980	298 652	2 287	1 768	4 092	1 367	949	**340 095**
KCC	4 053	2 342	290 942	5 605	40 176	2 941	1 312	**347 371**
KEC	14 735	6 855	40 365	709 196	53 466	7 254	2 433	**834 304**
KWC	12 783	9 527	150 515	35 829	1 326 235	14 481	9 941	**1 559 311**
NTEC	6 130	4 049	24 233	56 899	36 820	822 530	6 624	**957 285**
NTWC	3 737	2 917	6 926	2 903	22 908	12 699	706 653	**758 743**
Others (eg. Macau, Mainland China, etc.)	437	124	326	182	772	1 392	500	**7 200** *
Overall	**524 256**	**341 743**	**519 103**	**816 554**	**1 516 836**	**864 951**	**729 576**	**5 316 486***

2012-13 (up to 31 December 2012) [Provisional Figures]

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
HKEC	366 513	13 081	2 823	3 078	24 893	1 738	908	**413 034**
HKWC	27 409	238 943	1 811	1 357	3 281	1 046	747	**274 594**
KCC	3 408	1 730	238 213	4 223	32 203	2 262	1 045	**283 084**
KEC	12 884	5 340	32 046	572 382	43 345	5 646	1 892	**673 535**
KWC	10 509	7 523	123 251	28 298	1 045 996	11 743	7 875	**1 235 195**
NTEC	5 187	3 120	19 159	43 233	28 204	644 535	4 974	**748 412**
NTWC	3 079	2 380	5 643	2 344	17 710	9 357	558 955	**599 468**
Others (eg. Macau, Mainland China, etc.)	331	77	343	125	521	996	368	**4 306** *
Overall	**429 320**	**272 194**	**423 289**	**655 040**	**1 196 153**	**677 323**	**576 764**	**4 231 628***

* The number of General Out-patient Service attendance at the mobile clinics are 3467 and 1545 in 2011-12 and 2012-13 (up to 31 December 2012) respectively, which are included under "Others" and in the HA overall for patients' district of residence.

c)

Number of attendances of Accident and Emergency Service provided by HA in 2011-12 and 2012-13 (up to 31 December 2012).

2011-12

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
HKEC	200 236	10 745	2 668	2 521	5 846	2 600	1 143	**225 759**
HKWC	19 347	105 170	1 613	1 056	2 418	1 582	893	**132 079**
KCC	2 995	1 512	90 130	2 819	31 307	2 745	1 306	**132 814**
KEC	8 459	2 771	16 757	263 995	19 142	6 660	2 216	**320 000**
KWC	9 009	5 299	85 483	22 404	477 474	14 980	7 833	**622 482**
NTEC	4 726	2 316	8 180	16 553	16 473	357 913	4 943	**411 104**
NTWC	3 095	2 049	4 474	2 376	17 065	12 483	342 359	**383 901**
Others (eg. Macau, Mainland China, etc.)	1 363	1 267	2 261	685	3 336	3 081	1 044	**13 037**
Overall	**249 230**	**131 129**	**211 566**	**312 409**	**573 061**	**402 044**	**361 737**	**2 241 176**

2012-13 (up to 31 December 2012) [Provisional Figures]

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
HKEC	151 275	8 163	1 985	2 046	4 669	1 980	913	**171 031**
HKWC	14 556	80 413	1 185	804	1 979	1 096	635	**100 668**
KCC	2 325	1 251	65 723	2 071	23 277	2 115	879	**97 641**
KEC	6 545	2 128	12 355	201 462	14 125	5 207	1 625	**243 447**
KWC	6 916	3 969	63 643	17 025	366 681	11 016	6 193	**475 443**
NTEC	3 435	1 642	6 049	12 552	12 266	277 325	3 621	**316 890**
NTWC	2 517	1 651	3 478	1 712	12 692	9 293	256 824	**288 167**
Others (eg. Macau, Mainland China, etc.)	1 012	877	1 964	480	2 696	2 458	926	**10 413**
Overall	**188 581**	**100 094**	**156 382**	**238 152**	**438 385**	**310 490**	**271 616**	**1 703 700**

d)

Number of inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2011-12 and 2012-13 (up to 31 December 2012).

2011-12

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
HKEC	93 489	14 027	1 196	788	2 442	1 021	344	**113 307**
HKWC	5 807	74 879	736	317	868	547	311	**83 465**
KCC	940	1 945	46 018	1 368	13 627	1 460	368	**65 726**
KEC	3 013	3 581	14 054	101 494	6 904	2 742	620	**132 408**
KWC	2 434	7 214	53 196	8 158	208 860	6 252	2 461	**288 575**
NTEC	1 307	2 874	4 278	6 937	5 330	140 417	1 243	**162 386**
NTWC	1 011	3 195	2 613	974	5 093	4 416	116 644	**133 946**
Others (eg. Macau, Mainland China, etc.)	251	1 153	782	117	897	1 110	372	**4 682**
Overall	**108 252**	**108 868**	**122 873**	**120 153**	**244 021**	**157 965**	**122 363**	**984 495**

2012-13 (up to 31 December 2012) [Provisional Figures]

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
HKEC	72 114	10 527	780	571	1 950	731	250	**86 923**
HKWC	4 604	57 614	461	274	653	443	202	**64 251**
KCC	677	1 340	34 738	881	10 398	976	289	**49 299**
KEC	2 299	2 564	10 930	77 300	5 199	1 983	458	**100 733**
KWC	1 821	5 122	39 850	5 943	164 751	4 295	1 804	**223 586**
NTEC	1 013	1 966	3 148	5 092	4 097	110 482	1 036	**126 834**
NTWC	833	2 236	2 118	562	3 823	3 375	89 687	**102 634**
Others (eg. Macau, Mainland China, etc.)	189	894	639	101	764	862	270	**3 719**
Overall	**83 550**	**82 263**	**92 664**	**90 724**	**191 635**	**123 147**	**93 996**	**757 979**

e)

Number of patient days for all general specialties of inpatient service provided by HA in 2011-12 and 2012-13 (up to 31 December 2012).

2011-12

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
HKEC	452 734	86 903	8 822	4 618	13 498	6 337	1 832	**574 744**
HKWC	30 172	406 643	5 452	1 500	5 090	4 008	1 745	**454 610**
KCC	4 038	14 892	294 767	8 613	86 145	9 637	2 342	**420 434**
KEC	11 217	23 553	136 993	491 311	34 373	19 922	3 786	**721 155**
KWC	9 599	51 970	365 972	39 868	1 108 976	43 114	15 182	**1 634 681**
NTEC	5 168	18 848	24 367	36 838	27 559	825 085	5 803	**943 668**
NTWC	3 856	21 046	15 849	5 074	24 785	31 689	607 968	**710 267**
Others (eg. Macau, Mainland China, etc.)	725	9 490	5 237	582	4 720	8 901	2 944	**32 599**
Overall	**517 509**	**633 345**	**857 459**	**588 404**	**1 305 146**	**948 693**	**641 602**	**5 492 158**

2012-13 (up to 31 December 2012) [Provisional Figures]

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
HKEC	348 565	63 461	4 981	2 869	10 516	4 658	1 275	**436 325**
HKWC	23 632	312 237	3 380	1 064	3 815	3 081	938	**348 147**
KCC	3 166	10 624	225 240	5 572	62 231	6 023	1 635	**314 491**
KEC	8 950	17 782	106 643	376 513	26 559	13 865	2 925	**553 237**
KWC	7 302	37 712	274 378	28 925	855 703	29 251	10 799	**1 244 070**
NTEC	3 878	13 723	16 898	26 861	20 948	644 028	5 314	**731 650**
NTWC	2 951	14 131	13 044	3 031	18 579	21 727	465 329	**538 792**
Others (eg. Macau, Mainland China, etc.)	834	6 586	4 480	680	4 458	6 425	2 135	**25 598**
Overall	**399 278**	**476 256**	**649 044**	**445 515**	**1 002 809**	**729 058**	**490 350**	**4 192 310**

Notes:

"Others" includes cases where patients provided a non-Hong Kong address or failed to provide residential information.

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: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)130

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1001

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide details on the number of specialist outpatient new cases triaged as Priority 1, Priority 2 and Routine, their respective percentages in the total number of specialist outpatient new cases, and their respective average, median, 10th percentile, 25th percentile, 75th percentile, 90th percentile and 99th percentile waiting time by specialty and hospital cluster for 2012-13.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine; their respective percentages in the total number of specialist outpatient new cases; and their respective lower quartile (25^{th} percentile), median (50^{th} percentile), upper quartile (75^{th} percentile) and the longest (90^{th} percentile) waiting time in each hospital cluster for 2012-13 (up to 31 December 2012).

2012-13 (up to 31 December 2012) [Provisional figures]

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKE	ENT	1 073	18%	<1	<1	<1	<1	1 928	32%	1	3	7	8	3 078	51%	21	22	27	33
	MED	1 811	21%	<1	1	1	2	2 638	30%	2	4	7	7	4 229	49%	7	14	38	50
	GYN	560	13%	<1	<1	<1	1	671	16%	2	3	5	6	2 931	70%	11	16	23	25
	OPH	4 230	47%	<1	<1	1	1	1 402	16%	5	7	8	8	3 345	37%	12	25	30	33
	ORT	1 455	21%	<1	1	1	1	1 737	25%	3	6	7	7	3 891	55%	13	31	49	50
	PAE	177	16%	<1	1	1	2	746	68%	3	5	7	7	172	16%	7	9	11	16
	PSY	467	18%	<1	1	1	2	499	19%	2	3	4	7	1 602	62%	4	9	19	29
	SUR	1 624	16%	<1	1	1	2	3 005	30%	5	7	7	8	5 284	53%	11	20	43	67
HKW	ENT	493	10%	<1	<1	1	1	1 593	33%	3	5	6	8	2 727	57%	4	16	31	35
	MED	1 072	12%	<1	<1	1	1	1 287	14%	3	3	5	6	6 704	74%	10	25	30	46
	GYN	851	15%	<1	<1	1	2	791	14%	3	5	6	7	3 354	61%	10	15	17	27
	OPH	2 988	37%	<1	<1	1	1	1 352	17%	3	4	5	7	3 793	47%	14	16	18	33
	ORT	586	7%	<1	<1	1	1	1 007	13%	2	3	5	6	6 213	79%	8	16	27	48
	PAE	268	15%	<1	<1	1	1	596	34%	3	5	6	8	888	51%	14	18	19	20
	PSY	223	7%	<1	1	1	2	317	10%	2	3	4	5	2 476	82%	3	7	18	58
	SUR	1 579	15%	<1	<1	1	2	1 844	18%	3	5	7	8	6 981	67%	4	20	48	83
KC	ENT	955	9%	<1	<1	<1	<1	1 007	9%	<1	<1	1	2	8 896	82%	2	8	10	11
	MED	1 347	15%	<1	1	1	1	1 037	12%	4	5	6	7	6 423	72%	13	24	31	64
	GYN	266	7%	<1	<1	1	1	1 474	37%	2	4	5	6	2 235	56%	8	11	23	38
	OPH	6 383	34%	<1	<1	<1	1	3 937	21%	1	3	5	6	7 401	40%	40	53	60	66
	ORT	578	9%	<1	<1	<1	1	535	8%	2	4	5	7	5 299	83%	19	42	54	65
	PAE	317	20%	<1	<1	1	1	220	14%	2	4	5	7	1 076	67%	4	8	13	17
	PSY	390	19%	<1	<1	1	1	706	34%	2	4	6	7	986	47%	3	11	17	108
	SUR	1 692	13%	<1	1	1	1	2 172	17%	2	3	5	7	9 120	70%	16	19	41	72
KE	ENT	1 318	17%	<1	<1	<1	1	1 806	24%	3	5	7	7	4 436	59%	23	41	44	158
	MED	1 383	10%	<1	1	1	2	3 111	22%	4	7	7	8	9 458	68%	13	40	49	69
	GYN	1 216	19%	<1	1	1	1	808	13%	3	6	7	7	4 245	68%	16	42	66	80
	OPH	3 877	28%	<1	<1	<1	1	2 014	15%	1	4	7	7	7 836	57%	11	23	70	72
	ORT	2 815	23%	<1	<1	1	1	2 457	20%	5	6	7	8	6 820	56%	26	106	116	138
	PAE	815	25%	<1	<1	<1	1	509	16%	3	5	7	7	1 934	59%	15	20	33	35
	PSY	437	8%	<1	1	1	2	1 426	26%	3	5	7	8	3 463	63%	9	29	57	78
	SUR	1 218	6%	<1	1	1	1	5 136	26%	6	7	7	8	13 074	67%	16	96	112	138

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						Percentile			
KW	ENT	2 834	23%	<1	<1	1	1	3 298	27%	4	5	7	8	6 214	50%	13	20	30	35
	MED	2 145	9%	<1	<1	1	2	4 938	22%	4	5	7	7	15 213	67%	22	35	61	70
	GYN	772	8%	<1	<1	1	2	2 419	24%	3	4	6	7	6 694	67%	10	14	42	53
	OPH	4 568	32%	<1	<1	<1	<1	4 828	34%	2	4	5	6	5 001	35%	6	34	36	38
	ORT	3 283	21%	<1	<1	1	1	3 673	24%	3	5	6	7	8 309	54%	37	52	95	102
	PAE	1 933	34%	<1	<1	1	1	781	14%	4	5	7	7	2 868	50%	5	9	13	15
	PSY	321	3%	<1	<1	1	1	726	6%	<1	3	6	8	10 478	91%	1	17	44	72
	SUR	3 628	13%	<1	1	1	2	7 040	25%	4	5	7	7	17 772	62%	14	31	77	118
NTE	ENT	3 175	29%	<1	<1	1	2	1 997	18%	2	3	5	7	5 714	52%	16	32	55	61
	MED	2 335	16%	<1	<1	1	1	1 949	13%	4	5	7	8	10 377	69%	24	52	62	71
	GYN	845	10%	<1	<1	1	2	658	8%	3	6	8	8	6 059	70%	24	49	80	124
	OPH	5 618	36%	<1	<1	<1	1	2 364	15%	3	4	7	8	7 746	49%	17	112	136	153
	ORT	4 569	28%	<1	<1	<1	1	2 060	12%	4	5	7	8	9 899	60%	65	88	96	112
	PAE	517	16%	<1	<1	1	2	620	19%	3	5	7	8	2 131	65%	11	23	35	49
	PSY	1 127	17%	<1	1	1	2	1 492	22%	2	4	6	8	3 846	57%	7	24	50	81
	SUR	2 047	11%	<1	<1	1	2	2 964	16%	3	5	7	8	12 975	72%	16	32	65	103
NTW	ENT	2 172	23%	<1	<1	<1	1	1 171	13%	3	4	5	7	6 023	64%	13	20	30	34
	MED	893	12%	1	1	1	2	1 397	19%	6	6	7	7	4 883	68%	15	36	39	53
	GYN	710	14%	1	1	2	2	505	10%	3	5	6	7	3 895	76%	11	15	24	41
	OPH	4 621	29%	<1	<1	<1	<1	1 667	11%	1	3	5	6	9 401	60%	4	31	48	53
	ORT	980	10%	<1	1	1	1	934	10%	2	4	6	7	7 866	80%	25	61	67	72
	PAE	64	3%	<1	1	2	2	362	20%	4	5	6	7	1 404	77%	14	15	17	17
	PSY	397	8%	<1	1	1	2	1 340	27%	2	5	6	7	3 083	63%	6	13	22	30
	SUR	994	6%	<1	1	1	4	1 842	11%	3	5	7	10	13 300	82%	16	36	42	45
Overall HA	ENT	12 020	19%	<1	<1	1	1	12 800	21%	2	4	6	7	37 088	60%	9	18	31	43
	MED	10 986	13%	<1	<1	1	2	16 357	19%	3	5	7	7	57 287	67%	15	34	54	68
	GYN	5 220	12%	<1	1	1	2	7 326	17%	3	4	6	7	29 413	67%	11	17	44	70
	OPH	32 285	34%	<1	<1	<1	1	17 564	18%	2	4	6	7	44 523	47%	12	33	54	76
	ORT	14 266	19%	<1	<1	1	1	12 403	17%	3	5	7	7	48 297	64%	18	51	87	106
	PAE	4 091	22%	<1	<1	1	1	3 834	21%	3	5	7	7	10 473	56%	8	14	20	34
	PSY	3 362	9%	<1	1	1	2	6 506	18%	2	4	6	7	25 934	71%	3	15	40	70
	SUR	12 782	11%	<1	1	1	2	24 003	21%	4	6	7	8	78 506	68%	14	30	64	111

Abbreviations

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

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

Name in block letters: Richard YUEN

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

Date: 14.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)131

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1002

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the total number and total annual remuneration packages (basic salary, allowances, provident fund and other benefits) for Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority for the period of 2011-12 and 2012-13.

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 2011-12. The actual expenditure for 2012-13 will only be available after the close of the current financial year.

Rank	**Number**	**2011-12**
Chief Executive	1	$4.6 million
Cluster Chief Executives / Directors / Deputy Directors / Division Heads	14	$48.9 million
Hospital Chief Executives	21	$59.3 million

Name in block letters: Richard YUEN

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

Date: 19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)132

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1003

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the annual turnover of medical officers in hospitals of the Hospital Authority in 2011-12 and 2012-13 by post (including Consultant, Associate Consultant/Senior Doctor, Specialist and Specialist Trainee) and by department upon the officers' departure, including the number of departures, turnover rate and lengths of service upon departure. Please also indicate whether all the arising vacancies have been filled, the time required as well as the expenditure involved for filling the posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

Tables 1 to 3 provide the attrition figures, the attrition rates and years of service of doctors by major departments and by ranks in each hospital cluster of the Hospital Authority (HA) in 2011-12 and 2012-13 (rolling 12 months from 1 Jan 2012 to 31 Dec 2012).

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.

In both 2011-12 and 2012-13, HA has recruited new doctors to fill vacancies as well as to strengthen its manpower support. As at 31 December 2012, there were 5 284 doctors working in HA, representing an increase of 2.3% from 5 165 in 2011-12, and 4.6% from 5 052 in 2010-11. The total additional expenditure incurred in the recruitment and promotion of doctors exceeds the savings from staff wastage by around $274 million and $328 million for 2011-12 and 2012-13 respectively.

Table 1: Attrition figures of doctors by department and by rank in each hospital cluster in 2011-12 and 2012-13 (rolling 12 months from 1 Jan 2012 to 31 Dec 2012)

Cluster	Department	2011-12				2012-13 (Rolling 12 months from 1 Jan 2012 to 31 Dec 12)			
		Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total
Hong Kong East	Accident & Emergency	0	0	1	**1**	0	0	1	**1**
	Anaesthesia	0	1	0	**1**	0	0	1	**1**
	Cardio-thoracic Surgery	0	0	0	**0**	0	0	0	**0**
	Family Medicine	0	0	2	**2**	0	0	1	**1**
	Medicine	1	1	1	**3**	4	0	2	**6**
	Neurosurgery	0	0	0	**0**	0	0	1	**1**
	Obstetrics & Gynaecology	1	1	0	**2**	0	0	0	**0**
	Ophthalmology	0	2	0	**2**	0	3	0	**3**
	Orthopaedics & Traumatology	1	0	1	**2**	0	1	0	**1**
	Paediatrics	1	1	2	**4**	1	0	5	**6**
	Pathology	0	0	0	**0**	0	0	0	**0**
	Psychiatry	0	0	0	**0**	0	1	1	**2**
	Radiology	1	2	0	**3**	0	1	0	**1**
	Surgery	2	2	1	**5**	4	1	1	**6**
	Others	1	0	1	**2**	3	0	0	**3**
	Total	**8**	**10**	**9**	**27**	**12**	**7**	**13**	**32**
Hong Kong West	Accident & Emergency	0	0	0	**0**	0	0	0	**0**
	Anaesthesia	2	1	2	**5**	3	0	1	**4**
	Cardio-thoracic Surgery	1	0	0	**1**	1	0	0	**1**
	Family Medicine	0	0	1	**1**	0	0	0	**0**
	Medicine	2	2	5	**9**	3	1	6	**10**
	Neurosurgery	0	0	0	**0**	0	0	0	**0**
	Obstetrics & Gynaecology	1	0	0	**1**	1	1	0	**2**
	Ophthalmology	0	0	0	**0**	0	0	0	**0**
	Orthopaedics & Traumatology	1	1	1	**3**	1	0	1	**2**
	Paediatrics	0	1	1	**2**	0	0	2	**2**
	Pathology	0	0	0	**0**	0	1	0	**1**
	Psychiatry	0	1	3	**4**	0	0	2	**2**
	Radiology	1	2	0	**3**	1	0	0	**1**
	Surgery	3	0	4	**7**	3	3	2	**8**
	Others	1	0	1	**2**	0	0	0	**0**
	Total	**12**	**8**	**18**	**38**	**13**	**6**	**14**	**33**
Kowloon Central	Accident & Emergency	0	0	1	**1**	0	2	1	**3**
	Anaesthesia	0	0	0	**0**	0	0	0	**0**
	Cardio-thoracic Surgery	0	0	0	**0**	0	0	0	**0**
	Family Medicine	0	1	2	**3**	0	0	3	**3**
	Medicine	0	2	1	**3**	1	2	3	**6**
	Neurosurgery	0	0	0	**0**	1	0	0	**1**
	Obstetrics & Gynaecology	0	0	0	**0**	0	1	0	**1**
	Ophthalmology	0	1	0	**1**	0	0	0	**0**
	Orthopaedics & Traumatology	0	0	0	**0**	1	0	0	**1**
	Paediatrics	2	0	2	**4**	0	1	0	**1**
	Pathology	0	0	0	**0**	0	1	1	**2**
	Psychiatry	0	0	2	**2**	0	0	1	**1**
	Radiology	1	0	0	**1**	0	0	0	**0**
	Surgery	0	1	2	**3**	0	1	1	**2**
	Others	0	1	2	**3**	2	0	2	**4**
	Total	**3**	**6**	**12**	**21**	**5**	**8**	**12**	**25**

Cluster	Department	2011-12				2012-13 (Rolling 12 months from 1 Jan 2012 to 31 Dec 12)			
		Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total
Kowloon East	Accident & Emergency	0	1	6	**7**	0	0	3	**3**
	Anaesthesia	1	1	0	**2**	1	1	2	**4**
	Cardio-thoracic Surgery	0	0	0	**0**	0	0	0	**0**
	Family Medicine	0	0	4	**4**	0	0	3	**3**
	Medicine	0	1	1	**2**	2	2	7	**11**
	Neurosurgery	0	0	0	**0**	0	0	0	**0**
	Obstetrics & Gynaecology	0	2	0	**2**	0	3	0	**3**
	Ophthalmology	0	0	0	**0**	0	2	1	**3**
	Orthopaedics & Traumatology	0	2	1	**3**	0	0	2	**2**
	Paediatrics	0	2	3	**5**	0	0	2	**2**
	Pathology	0	0	0	**0**	0	0	0	**0**
	Psychiatry	0	0	0	**0**	0	1	0	**1**
	Radiology	0	0	1	**1**	1	0	0	**1**
	Surgery	1	2	0	**3**	1	1	1	**3**
	Others	0	1	2	**3**	0	0	3	**3**
	Total	**2**	**12**	**18**	**32**	**5**	**10**	**24**	**39**
Kowloon West	Accident & Emergency	1	0	4	**5**	1	0	8	**9**
	Anaesthesia	1	3	1	**5**	0	5	2	**7**
	Cardio-thoracic Surgery	0	0	0	**0**	0	0	0	**0**
	Family Medicine	0	1	8	**9**	0	0	13	**13**
	Medicine	3	2	8	**13**	3	3	2	**8**
	Neurosurgery	2	1	1	**4**	2	1	1	**4**
	Obstetrics & Gynaecology	0	0	0	**0**	1	0	0	**1**
	Ophthalmology	1	1	3	**5**	0	0	0	**0**
	Orthopaedics & Traumatology	2	1	0	**3**	0	2	1	**3**
	Paediatrics	1	1	4	**6**	2	0	2	**4**
	Pathology	0	0	2	**2**	0	0	3	**3**
	Psychiatry	0	1	0	**1**	0	4	0	**4**
	Radiology	0	1	1	**2**	1	1	0	**2**
	Surgery	1	1	0	**2**	1	6	0	**7**
	Others	0	0	2	**2**	0	0	2	**2**
	Total	**12**	**13**	**34**	**59**	**11**	**22**	**34**	**67**
New Territories East	Accident & Emergency	0	2	6	**8**	0	0	2	**2**
	Anaesthesia	0	2	1	**3**	0	0	1	**1**
	Cardio-thoracic Surgery	0	0	0	**0**	0	0	0	**0**
	Family Medicine	0	0	2	**2**	0	0	5	**5**
	Medicine	1	3	10	**14**	2	2	6	**10**
	Neurosurgery	0	0	0	**0**	1	0	0	**1**
	Obstetrics & Gynaecology	0	1	1	**2**	0	0	0	**0**
	Ophthalmology	1	2	1	**4**	2	3	0	**5**
	Orthopaedics & Traumatology	0	0	2	**2**	0	0	3	**3**
	Paediatrics	0	0	2	**2**	0	0	3	**3**
	Pathology	0	0	0	**0**	0	0	0	**0**
	Psychiatry	0	0	1	**1**	0	2	1	**3**
	Radiology	0	0	0	**0**	0	1	0	**1**
	Surgery	0	2	1	**3**	0	0	0	**0**
	Others	1	0	1	**2**	0	1	2	**3**
	Total	**3**	**12**	**28**	**43**	**5**	**9**	**23**	**37**

Cluster	Department	2011-12				2012-13 (Rolling 12 months from 1 Jan 2012 to 31 Dec 12)			
		Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total
New Territories West	Accident & Emergency	0	0	2	**2**	0	4	1	**5**
	Anaesthesia	2	2	1	**5**	1	0	1	**2**
	Cardio-thoracic Surgery	0	0	0	**0**	0	0	0	**0**
	Family Medicine	0	0	4	**4**	0	1	1	**2**
	Medicine	1	1	4	**6**	0	1	6	**7**
	Neurosurgery	0	0	0	**0**	0	0	0	**0**
	Obstetrics & Gynaecology	1	0	0	**1**	1	0	0	**1**
	Ophthalmology	0	0	0	**0**	0	1	0	**1**
	Orthopaedics & Traumatology	1	0	0	**1**	1	1	1	**3**
	Paediatrics	0	1	1	**2**	0	0	3	**3**
	Pathology	0	0	0	**0**	0	0	0	**0**
	Psychiatry	1	0	1	**2**	2	1	2	**5**
	Radiology	0	1	0	**1**	0	1	0	**1**
	Surgery	0	1	1	**2**	1	3	1	**5**
	Others	0	1	2	**3**	0	0	2	**2**
	Total	**6**	**7**	**16**	**29**	**6**	**13**	**18**	**37**

Table 2: Attrition rates of doctors by major department and by rank in 2011-12 and 2012-13 (rolling 12 months from 1 Jan 2012 to 31 Dec 2012)

Department	2011-12				2012-13 (Rolling 12 months from 1 Jan 2012 to 31 Dec 12)			
	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total	Consultant	Senior Medical Officer / Associate Consultant	Medical Officer / Resident	Grand Total
Accident & Emergency	3.1%	2.3%	8.1%	**5.9%**	3.0%	4.1%	6.9%	**5.6%**
Anaesthesia	11.0%	7.4%	2.9%	**5.8%**	8.9%	4.3%	4.7%	**5.2%**
Cardio-thoracic Surgery	16.9%	0.0%	0.0%	**3.4%**	19.4%	0.0%	0.0%	**3.2%**
Family Medicine	0.0%	2.8%	5.1%	**4.8%**	0.0%	1.3%	5.7%	**5.0%**
Medicine	6.1%	4.1%	4.2%	**4.4%**	10.3%	3.1%	4.8%	**5.0%**
Neurosurgery	14.1%	4.0%	2.1%	**4.5%**	25.8%	4.1%	4.3%	**8.1%**
Obstetrics & Gynaecology	7.0%	8.6%	0.8%	**3.7%**	6.3%	9.8%	0.0%	**3.6%**
Ophthalmology	11.5%	13.8%	4.4%	**7.9%**	10.3%	17.7%	1.1%	**7.4%**
Orthopaedics & Traumatology	10.4%	5.2%	2.7%	**4.5%**	5.5%	4.4%	4.8%	**4.8%**
Paediatrics	8.5%	7.4%	8.3%	**8.1%**	5.3%	1.0%	10.7%	**6.7%**
Pathology	0.0%	0.0%	2.7%	**1.0%**	0.0%	2.6%	5.7%	**3.1%**
Psychiatry	3.2%	2.0%	3.4%	**3.0%**	5.8%	8.2%	3.5%	**5.3%**
Radiology	4.5%	8.1%	1.7%	**4.2%**	4.2%	5.0%	0.0%	**2.6%**
Surgery	8.7%	7.5%	3.0%	**5.0%**	11.2%	11.5%	2.1%	**6.1%**
Others	5.3%	2.6%	5.7%	**4.7%**	8.3%	0.8%	5.6%	**4.5%**
Overall	**6.7%**	**4.9%**	**4.3%**	**4.8%**	**7.6%**	**4.8%**	**4.6%**	**5.1%**

Note: Rolling Attrition Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

Table 3: Years of service in HA of departed doctors by department in each hospital cluster in 2011-12 and 2012-13 (rolling 12 months from 1 Jan 2012 to 31 Dec 2012)

2011-12

Cluster	Department	2011-12						
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 Years & above	Total
Hong Kong East	Accident & Emergency	0	1	0	0	0	0	**1**
	Anaesthesia	0	0	0	1	0	0	**1**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	0	1	1	0	0	0	**2**
	Medicine	0	0	0	1	2	0	**3**
	Neurosurgery	0	0	0	0	0	0	**0**
	Obstetrics & Gynaecology	0	0	1	0	1	0	**2**
	Ophthalmology	0	0	0	0	2	0	**2**
	Orthopaedics & Traumatology	0	0	1	0	1	0	**2**
	Paediatrics	0	0	3	0	1	0	**4**
	Pathology	0	0	0	0	0	0	**0**
	Psychiatry	0	0	0	0	0	0	**0**
	Radiology	0	0	0	1	2	0	**3**
	Surgery	1	0	2	1	1	0	**5**
	Others	0	1	0	0	1	0	**2**
	Total	**1**	**3**	**8**	**4**	**11**	**0**	**27**
Hong Kong West	Accident & Emergency	0	0	0	0	0	0	**0**
	Anaesthesia	0	1	2	0	2	0	**5**
	Cardio-thoracic Surgery	0	0	0	0	1	0	**1**
	Family Medicine	0	0	1	0	0	0	**1**
	Medicine	2	4	0	1	1	1	**9**
	Neurosurgery	0	0	0	0	0	0	**0**
	Obstetrics & Gynaecology	0	0	0	0	1	0	**1**
	Ophthalmology	0	0	0	0	0	0	**0**
	Orthopaedics & Traumatology	0	0	0	0	3	0	**3**
	Paediatrics	0	1	0	1	0	0	**2**
	Pathology	0	0	0	0	0	0	**0**
	Psychiatry	1	1	0	1	1	0	**4**
	Radiology	1	0	1	1	0	0	**3**
	Surgery	1	1	0	1	4	0	**7**
	Others	1	0	0	0	0	1	**2**
	Total	**6**	**8**	**4**	**5**	**13**	**2**	**38**
Kowloon Central	Accident & Emergency	0	0	0	1	0	0	**1**
	Anaesthesia	0	0	0	0	0	0	**0**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	0	2	1	0	0	0	**3**
	Medicine	0	0	0	0	0	0	**0**
	Neurosurgery	1	0	0	0	2	0	**3**
	Obstetrics & Gynaecology	0	0	0	0	0	0	**0**
	Ophthalmology	0	0	0	1	0	0	**1**
	Orthopaedics & Traumatology	0	0	0	0	0	0	**0**
	Paediatrics	0	0	0	0	4	0	**4**
	Pathology	0	0	0	0	0	0	**0**
	Psychiatry	0	0	2	0	0	0	**2**
	Radiology	0	0	0	0	1	0	**1**
	Surgery	0	0	0	3	0	0	**3**
	Others	0	1	0	1	0	1	**3**
	Total	**1**	**3**	**3**	**6**	**7**	**1**	**21**

Cluster	Department	2011-12						
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 Years & above	Total
Kowloon East	Accident & Emergency	2	1	1	2	1	0	**7**
	Anaesthesia	0	0	1	0	1	0	**2**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	0	1	2	1	0	0	**4**
	Medicine	0	0	0	0	2	0	**2**
	Neurosurgery	0	0	0	0	0	0	**0**
	Obstetrics & Gynaecology	1	0	0	0	1	0	**2**
	Ophthalmology	0	0	0	0	0	0	**0**
	Orthopaedics & Traumatology	0	0	0	1	2	0	**3**
	Paediatrics	1	1	0	1	2	0	**5**
	Pathology	0	0	0	0	0	0	**0**
	Psychiatry	0	0	0	0	0	0	**0**
	Radiology	0	1	0	0	0	0	**1**
	Surgery	0	0	0	1	2	0	**3**
	Others	0	1	1	1	0	0	**3**
	Total	**4**	**5**	**5**	**7**	**11**	**0**	**32**
Kowloon West	Accident & Emergency	1	2	1	0	1	0	**5**
	Anaesthesia	0	0	1	1	3	0	**5**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	0	2	6	1	0	0	**9**
	Medicine	1	3	1	2	6	0	**13**
	Neurosurgery	0	1	0	1	2	0	**4**
	Obstetrics & Gynaecology	0	0	0	0	0	0	**0**
	Ophthalmology	0	1	1	2	1	0	**5**
	Orthopaedics & Traumatology	0	0	0	1	2	0	**3**
	Paediatrics	0	1	2	0	3	0	**6**
	Pathology	0	2	0	0	0	0	**2**
	Psychiatry	0	0	0	0	1	0	**1**
	Radiology	0	0	1	0	1	0	**2**
	Surgery	0	0	0	0	2	0	**2**
	Others	0	2	0	0	0	0	**2**
	Total	**2**	**14**	**13**	**8**	**22**	**0**	**59**
New Territories East	Accident & Emergency	4	0	1	2	0	1	**8**
	Anaesthesia	2	0	1	0	0	0	**3**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	0	0	0	0	2	0	**2**
	Medicine	1	4	4	2	3	0	**14**
	Neurosurgery	0	0	0	0	0	0	**0**
	Obstetrics & Gynaecology	0	0	1	1	0	0	**2**
	Ophthalmology	2	0	1	1	0	0	**4**
	Orthopaedics & Traumatology	0	1	0	1	0	0	**2**
	Paediatrics	0	0	2	0	0	0	**2**
	Pathology	0	0	0	0	0	0	**0**
	Psychiatry	1	0	0	0	0	0	**1**
	Radiology	0	0	0	0	0	0	**0**
	Surgery	0	0	1	2	0	0	**3**
	Others	0	1	0	1	0	0	**2**
	Total	**10**	**6**	**11**	**10**	**5**	**1**	**43**

Cluster	Department	2011-12						
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 Years & above	Total
New Territories West	Accident & Emergency	1	1	0	0	0	0	**2**
	Anaesthesia	1	1	1	2	0	0	**5**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	0	1	2	0	1	0	**4**
	Medicine	0	1	2	1	2	0	**6**
	Neurosurgery	0	0	0	0	0	0	**0**
	Obstetrics & Gynaecology	0	0	0	0	1	0	**1**
	Ophthalmology	0	0	0	0	0	0	**0**
	Orthopaedics & Traumatology	0	0	0	1	0	0	**1**
	Paediatrics	0	0	1	0	1	0	**2**
	Pathology	0	0	0	0	0	0	**0**
	Psychiatry	0	0	1	0	1	0	**2**
	Radiology	0	0	1	0	0	0	**1**
	Surgery	0	0	1	1	0	0	**2**
	Others	0	1	0	0	1	1	**3**
	Total	**2**	**5**	**9**	**5**	**7**	**1**	**29**

2012-13 (Rolling 12 months from 1 Jan 2012 to 31 Dec 12)

Cluster	Department	2012-13 (Rolling 12 months from 1 Jan 2012 to 31 Dec 12)						
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 Years & above	Total
Hong Kong East	Accident & Emergency	0	1	0	0	0	0	**1**
	Anaesthesia	0	0	0	0	1	0	**1**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	0	1	0	0	0	0	**1**
	Medicine	2	0	2	0	2	0	**6**
	Neurosurgery	0	1	0	0	0	0	**1**
	Obstetrics & Gynaecology	0	0	0	0	0	0	**0**
	Ophthalmology	0	0	0	0	3	0	**3**
	Orthopaedics & Traumatology	0	0	0	0	1	0	**1**
	Paediatrics	1	0	3	1	1	0	**6**
	Pathology	0	0	0	0	0	0	**0**
	Psychiatry	1	0	0	1	0	0	**2**
	Radiology	0	0	0	0	1	0	**1**
	Surgery	1	0	1	1	3	0	**6**
	Others	1	0	0	0	2	0	**3**
	Total	**6**	**3**	**6**	**3**	**14**	**0**	**32**
Hong Kong West	Accident & Emergency	0	0	0	0	0	0	**0**
	Anaesthesia	1	1	0	0	2	0	**4**
	Cardio-thoracic Surgery	0	0	0	0	1	0	**1**
	Family Medicine	0	0	0	0	0	0	**0**
	Medicine	1	3	3	1	2	0	**10**
	Neurosurgery	0	0	0	0	0	0	**0**
	Obstetrics & Gynaecology	0	1	0	0	1	0	**2**
	Ophthalmology	0	0	0	0	0	0	**0**
	Orthopaedics & Traumatology	0	1	0	0	1	0	**2**
	Paediatrics	0	0	2	0	0	0	**2**
	Pathology	0	0	0	0	1	0	**1**
	Psychiatry	0	1	0	1	0	0	**2**
	Radiology	0	0	0	0	1	0	**1**
	Surgery	2	0	2	2	2	0	**8**
	Others	0	0	0	0	0	0	**0**
	Total	**4**	**7**	**7**	**4**	**11**	**0**	**33**

Cluster	Department	2012-13 (Rolling 12 months from 1 Jan 2012 to 31 Dec 12)						
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 Years & above	Total
Kowloon Central	Accident & Emergency	0	1	0	0	2	0	**3**
	Anaesthesia	0	0	0	0	0	0	**0**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	0	3	0	0	0	0	**3**
	Medicine	1	1	0	2	2	0	**6**
	Neurosurgery	0	0	0	0	1	0	**1**
	Obstetrics & Gynaecology	0	0	0	1	0	0	**1**
	Ophthalmology	0	0	0	0	0	0	**0**
	Orthopaedics & Traumatology	0	0	0	0	1	0	**1**
	Paediatrics	0	0	0	0	1	0	**1**
	Pathology	0	1	0	0	1	0	**2**
	Psychiatry	0	0	1	0	0	0	**1**
	Radiology	0	0	0	0	0	0	**0**
	Surgery	0	0	0	1	1	0	**2**
	Others	1	1	0	1	1	0	**4**
	Total	**2**	**7**	**1**	**5**	**10**	**0**	**25**
Kowloon East	Accident & Emergency	2	1	0	0	0	0	**3**
	Anaesthesia	1	1	0	1	1	0	**4**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	0	0	2	0	1	0	**3**
	Medicine	2	4	1	0	4	0	**11**
	Neurosurgery	0	0	0	0	0	0	**0**
	Obstetrics & Gynaecology	1	0	1	1	0	0	**3**
	Ophthalmology	0	1	1	1	0	0	**3**
	Orthopaedics & Traumatology	0	1	0	0	1	0	**2**
	Paediatrics	0	2	0	0	0	0	**2**
	Pathology	0	0	0	0	0	0	**0**
	Psychiatry	0	0	0	0	1	0	**1**
	Radiology	0	0	0	0	1	0	**1**
	Surgery	0	1	0	2	0	0	**3**
	Others	2	0	1	0	0	0	**3**
	Total	**8**	**11**	**6**	**5**	**9**	**0**	**39**
Kowloon West	Accident & Emergency	0	3	3	1	2	0	**9**
	Anaesthesia	0	2	2	0	3	0	**7**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	0	8	5	0	0	0	**13**
	Medicine	1	1	1	0	5	0	**8**
	Neurosurgery	0	1	0	1	2	0	**4**
	Obstetrics & Gynaecology	1	0	0	0	0	0	**1**
	Ophthalmology	0	0	0	0	0	0	**0**
	Orthopaedics & Traumatology	2	0	0	1	0	0	**3**
	Paediatrics	0	1	0	1	2	0	**4**
	Pathology	0	2	1	0	0	0	**3**
	Psychiatry	0	0	2	0	2	0	**4**
	Radiology	0	0	0	0	2	0	**2**
	Surgery	0	0	0	1	5	1	**7**
	Others	0	1	0	1	0	0	**2**
	Total	**4**	**19**	**14**	**6**	**23**	**1**	**67**

Cluster	Department	2012-13 (Rolling 12 months from 1 Jan 2012 to 31 Dec 12)						
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 Years & above	Total
New Territories East	Accident & Emergency	0	1	1	0	0	0	**2**
	Anaesthesia	1	0	0	0	0	0	**1**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	1	3	0	0	1	0	**5**
	Medicine	2	3	2	1	2	0	**10**
	Neurosurgery	0	0	0	0	1	0	**1**
	Obstetrics & Gynaecology	0	0	0	0	0	0	**0**
	Ophthalmology	5	0	0	0	0	0	**5**
	Orthopaedics & Traumatology	0	1	0	2	0	0	**3**
	Paediatrics	0	1	2	0	0	0	**3**
	Pathology	0	0	0	0	0	0	**0**
	Psychiatry	1	0	0	1	0	1	**3**
	Radiology	0	0	0	0	1	0	**1**
	Surgery	0	0	0	0	0	0	**0**
	Others	0	1	1	1	0	0	**3**
	Total	**10**	**10**	**6**	**5**	**5**	**1**	**37**
New Territories West	Accident & Emergency	2	1	0	1	1	0	**5**
	Anaesthesia	2	0	0	0	0	0	**2**
	Cardio-thoracic Surgery	0	0	0	0	0	0	**0**
	Family Medicine	1	0	0	1	0	0	**2**
	Medicine	0	0	6	0	1	0	**7**
	Neurosurgery	0	0	0	0	0	0	**0**
	Obstetrics & Gynaecology	0	0	0	0	1	0	**1**
	Ophthalmology	0	0	0	1	0	0	**1**
	Orthopaedics & Traumatology	0	0	0	2	1	0	**3**
	Paediatrics	0	1	2	0	0	0	**3**
	Pathology	0	0	0	0	0	0	**0**
	Psychiatry	1	0	1	0	3	0	**5**
	Radiology	0	0	1	0	0	0	**1**
	Surgery	2	1	0	0	2	0	**5**
	Others	0	0	0	0	1	1	**2**
	Total	**8**	**3**	**10**	**5**	**10**	**1**	**37**

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB (H)133

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1004

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

a) Please advise the number of "management personnel", "professionals/administrator" and "supporting staff" (as defined in the Hospital Authority Annual Report) in the areas of "medical", "nursing", "allied health professionals" and "care support" in the Hospital Authority Head Office and each cluster, their total salary, mid-point monthly salary as well as their median and the 90th, 75th, 25th and 10th percentile monthly salaries in 2011-12 and 2012-13;

b) Please advise the number of staff receiving overtime allowance/payment and the amount involved in respect of the above staff categories in 2010-11, 2011-12 and 2012-13;

c) Please list by specialty and cluster the number of HA doctors involved in part time service and the total amount of remuneration received by them in 2010-11, 2011-12 and 2012-13;

d) Please list by specialty and cluster the number of non-HA doctors involved in part time service and the total amount of remuneration received by them in 2010-11, 2011-12 and 2012-13.

Asked by: Hon. LEUNG Ka-lau

Reply:

a)

The tables below provide the number of "medical", "nursing", "allied health" (AH), "care-related support staff", "management personnel", "professionals/administrator" and "other support staff" of the Hospital Authority (HA) Head Office and each cluster, their total salary; mid-point monthly salary as well as their median and the 90th, 75th, 25th and 10th percentile monthly salaries in 2011-12 and 2012-13 (full year projection) :

2011-12

Cluster	Staff Group	No. of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
HO	Medical	14	124	86,055	85,945	103,299	93,183	77,069	66,143
	Nursing	42	86	51,160	44,015	65,011	53,060	35,785	34,377
	AH	65	73	62,563	45,020	89,075	77,295	38,781	25,291
	Care-related Support Staff	1	-	12,500	12,500	12,500	12,500	12,500	12,500
	Management Personnel	33	85	172,423	121,975	159,600	139,573	110,190	106,600
	Professionals/ Administrator	979	671	63,993	43,010	80,080	53,060	24,540	22,240
	Other Support Staff	492	149	24,485	16,855	29,795	22,240	13,651	9,699
HKE	Medical	574	880	95,155	82,975	106,600	95,595	56,975	47,135
	Nursing	2 199	1,166	37,870	34,220	47,135	35,785	24,540	14,010
	AH	660	416	54,370	35,785	53,060	51,670	26,710	21,175
	Care-related Support Staff	1 144	193	11,418	11,607	14,010	14,010	9,749	9,700
	Management Personnel	11	25	120,938	87,510	165,055	99,188	80,135	65,300
	Professionals/ Administrator	97	57	48,468	39,220	55,965	51,670	21,175	20,160
	Other Support Staff	2 114	440	30,480	11,315	22,240	15,900	9,144	8,019
HKW	Medical	643	900	89,605	74,110	113,100	95,595	51,670	45,020
	Nursing	2 498	1,329	37,870	35,785	49,355	35,785	26,710	14,010
	AH	777	511	54,370	35,785	58,053	51,670	28,380	21,175
	Care-related Support Staff	1 108	181	12,177	11,658	14,010	13,949	9,749	9,700
	Management Personnel	12	26	122,343	89,075	130,405	127,165	71,050	68,404
	Professionals/ Administrator	83	56	48,988	42,040	59,131	51,670	24,540	22,240
	Other Support Staff	1 921	399	33,785	11,315	22,240	15,900	8,872	7,979
KC	Medical	700	1,047	97,705	82,975	113,100	95,595	54,450	47,135
	Nursing	2 949	1,612	38,578	35,785	49,355	35,785	24,540	11,855
	AH	876	555	54,370	34,220	53,060	51,670	25,750	21,175
	Care-related Support Staff	1 433	216	11,966	11,500	14,010	12,937	9,700	9,600
	Management Personnel	15	29	118,123	85,945	125,389	95,595	80,080	72,274
	Professionals/ Administrator	119	66	46,613	39,220	53,060	51,670	22,240	20,160
	Other Support Staff	2 363	466	33,785	11,315	22,240	15,900	9,100	7,900

Cluster	Staff Group	No. of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
KE	Medical	628	912	99,968	80,080	106,600	95,595	54,450	47,135
	Nursing	2 209	1,176	37,870	35,785	45,020	35,785	25,750	22,240
	AH	606	353	49,545	34,220	53,060	51,670	24,540	21,175
	Care-related Support Staff	1 010	169	12,046	12,500	14,010	14,010	10,076	9,700
	Management Personnel	11	23	104,388	95,595	154,325	132,094	87,528	61,614
	Professionals/ Administrator	74	50	50,120	41,070	59,670	51,670	22,800	21,175
	Other Support Staff	1 675	330	29,785	11,456	22,240	14,935	9,100	7,940
KW	Medical	1 267	1,906	97,705	85,945	106,600	95,595	56,975	47,135
	Nursing	4 884	2,765	37,870	35,785	51,670	37,465	29,795	22,240
	AH	1 294	819	54,370	34,220	53,060	51,670	25,750	21,175
	Care-related Support Staff	2 184	378	12,093	12,500	14,010	14,010	9,797	9,700
	Management Personnel	18	41	120,938	85,945	165,055	147,958	81,546	74,540
	Professionals/ Administrator	159	104	49,545	41,070	62,699	51,670	23,360	20,160
	Other Support Staff	3 647	771	33,785	11,315	22,240	15,900	8,560	7,940
NTE	Medical	927	1,293	95,155	77,295	109,700	95,595	54,450	45,020
	Nursing	3 388	1,870	37,870	35,785	49,355	35,785	28,380	22,240
	AH	962	618	54,370	34,220	59,670	51,670	27,030	21,175
	Care-related Support Staff	1 795	294	11,533	11,600	14,010	14,010	9,797	9,700
	Management Personnel	15	34	124,895	85,945	152,271	95,595	75,565	68,110
	Professionals/ Administrator	109	78	52,488	43,010	65,300	51,670	23,360	20,160
	Other Support Staff	2 485	534	33,785	11,315	22,240	16,616	9,100	8,019
NTW	Medical	694	1,025	97,705	77,295	113,100	95,595	54,450	47,135
	Nursing	2 731	1,512	37,870	34,220	51,670	37,465	25,750	20,465
	AH	704	424	54,370	34,220	53,060	51,670	23,360	21,175
	Care-related Support Staff	1 715	271	11,446	11,358	14,010	13,260	9,749	9,700
	Management Personnel	9	18	125,343	95,595	150,616	123,271	83,783	76,340
	Professionals/ Administrator	126	72	47,508	39,220	54,450	51,670	22,240	20,160
	Other Support Staff	1 982	394	31,175	11,315	22,240	15,900	9,100	7,979

2012-13 (Full-year projection)

Cluster	Staff Group	No. of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
HO	Medical	14	126	92,093	90,465	111,003	98,085	76,429	69,623
	Nursing	43	147	54,503	49,870	68,735	55,850	39,640	37,860
	AH	63	91	67,888	47,630	94,562	84,290	37,860	33,331
	Care-related Support Staff	1	-	13,225	13,225	13,225	13,225	13,225	13,225
	Management Personnel	33	92	181,488	124,065	172,606	141,980	115,985	112,200
	Professionals/ Administrator	1 113	837	67,888	44,478	84,290	55,850	27,245	23,530
	Other Support Staff	522	150	25,904	15,969	31,525	23,530	14,852	9,628
HKE	Medical	594	954	100,233	87,340	115,450	100,625	59,970	49,870
	Nursing	2 323	1,278	39,893	36,205	49,870	37,860	25,965	23,530
	AH	714	459	56,193	36,205	55,850	54,665	25,965	21,330
	Care-related Support Staff	1 212	212	12,275	12,304	14,825	14,825	10,520	10,157
	Management Personnel	12	26	127,300	93,760	167,960	110,135	86,578	72,955
	Professionals/ Administrator	110	67	50,558	34,613	57,315	54,665	21,330	21,330
	Other Support Staff	2 201	471	32,837	11,975	23,530	16,825	9,628	8,611
HKW	Medical	650	968	92,083	81,360	119,050	100,625	57,315	47,630
	Nursing	2 600	1,417	40,640	37,860	49,870	37,860	24,715	14,825
	AH	824	556	56,193	37,860	59,970	54,665	25,965	21,330
	Care-related Support Staff	1 147	205	13,098	12,580	14,825	14,825	10,573	10,263
	Management Personnel	13	27	131,945	87,560	137,265	132,715	74,785	74,785
	Professionals/ Administrator	93	60	52,203	43,450	62,242	54,665	27,245	21,545
	Other Support Staff	2 000	429	35,584	11,975	23,530	16,825	9,628	8,611
KC	Medical	714	1,119	102,908	90,465	119,050	100,625	59,970	49,870
	Nursing	3 058	1,754	40,640	37,860	52,220	37,860	25,965	14,825
	AH	945	614	56,193	36,205	55,850	54,665	24,715	22,405
	Care-related Support Staff	1 521	250	12,869	12,167	14,825	13,838	10,520	10,157
	Management Personnel	14	28	125,780	90,465	133,305	100,625	84,290	76,758
	Professionals/ Administrator	135	76	49,100	39,640	55,850	54,665	23,530	21,330
	Other Support Staff	2 477	514	35,584	11,975	23,530	16,825	9,628	8,568

Cluster	Staff Group	No. of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
KE	Medical	643	991	105,290	84,290	112,200	100,625	59,306	49,870
	Nursing	2 319	1,286	40,640	37,860	47,630	37,860	25,965	23,530
	AH	643	390	52,760	36,205	55,850	54,665	24,715	22,405
	Care-related Support Staff	1 057	193	12,957	12,813	14,825	14,825	10,927	10,263
	Management Personnel	9	23	111,923	90,465	162,996	139,044	71,106	59,558
	Professionals/ Administrator	85	59	49,100	43,450	65,695	54,665	24,715	21,330
	Other Support Staff	1 703	363	31,512	12,260	23,530	15,805	9,628	8,652
KW	Medical	1 308	2,038	102,908	90,465	115,450	100,625	59,970	49,870
	Nursing	5 090	2,979	40,640	37,860	54,665	39,640	31,525	23,530
	AH	1 356	897	56,193	36,205	55,850	54,665	27,245	22,405
	Care-related Support Staff	2 283	415	13,007	12,642	14,927	14,825	10,624	10,263
	Management Personnel	17	44	133,490	90,465	173,735	157,035	87,340	84,290
	Professionals/ Administrator	181	117	52,645	43,450	62,810	54,665	22,405	21,330
	Other Support Staff	3 816	824	35,584	11,975	23,530	16,825	9,628	8,568
NTE	Medical	939	1,398	100,233	81,360	115,450	100,625	57,315	48,974
	Nursing	3 528	2,016	39,893	37,860	49,870	37,860	27,245	23,530
	AH	1 003	668	56,193	37,860	59,970	54,665	28,261	22,405
	Care-related Support Staff	1 905	336	12,375	12,273	14,825	14,825	10,520	10,263
	Management Personnel	16	34	132,793	90,465	162,440	104,465	81,914	73,240
	Professionals/ Administrator	117	87	56,978	45,505	68,735	54,665	25,028	21,330
	Other Support Staff	2 541	569	35,584	11,975	23,530	16,825	9,628	8,611
NTW	Medical	705	1,113	102,908	81,360	119,050	100,625	59,970	49,870
	Nursing	2 832	1,646	40,640	36,205	52,220	39,640	25,965	23,530
	AH	750	467	56,193	36,205	55,850	54,665	24,715	21,330
	Care-related Support Staff	1 790	309	12,305	12,167	14,825	13,907	10,520	10,263
	Management Personnel	10	19	130,325	97,193	154,633	124,065	84,290	74,785
	Professionals/ Administrator	138	88	49,100	41,495	56,290	54,665	22,405	21,330
	Other Support Staff	2 029	436	32,837	11,975	23,530	16,825	9,628	8,652

A total of 14 medical, 43 nursing and 63 AH staff work in HA Head Office in 2012-13. They are mainly responsible for formulation of HA policies on health informatics and health protection, co-ordination of implementation of these policies, nurse development and nurse management.

Note

(1) The "medical" group includes consultants, senior medical officers / associate consultants, medical officers / residents, visiting medical officers, interns and senior dental officers.

(2) The "nursing" group includes senior nursing officers, department operations managers, ward managers / nursing officers / advanced practice nurses, registered nurses, enrolled nurses, midwives, student nurses, etc.

(3) The "AH" group includes radiographers, medical technologists / medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.

(4) The "care-related support staff" includes health care assistants, ward attendants, patient care assistants, etc.

(5) The "management personnel" group includes cluster executives, chief executive, cluster general managers, directors, deputy directors, hospital chief executives, etc.

(6) The "professionals/administrator" group includes chief hospital administrators, chief information officers, chief treasury accountants, legal counsels, senior supplies officers, statisticians, etc.

(7) The "other support staff" group includes assistant laundry managers, artisans, clerical assistants, data processors, laboratory attendants, mortuary attendants, etc.

(8) The statistics on the number of staff for 2011-12 and 2012-13, which include permanent, contract and temporary staff, are based on headcounts as at 31 March 2012 and 31 December 2012 respectively.

(9) Total salary includes basic salary, allowance, gratuity payout, and on cost such as Home Loan Interest Subsidy Scheme (HLISS) contribution; but exclude death & disability (D&D) benefit.

(10) Mid-point monthly salary is the average of maximum and minimum salary point in each staff group.

b)

The tables below provide the number of HA staff receiving payment for overtime work and the amount involved in respect of the above staff categories in 2010-11, 2011-12 and 2012-13:

2010-2011

Staff Group	**No. of Staff**	**Payment for Overtime Work ($ million)**
Medical	612	16.6
Nursing	2 943	30.9
AH	320	2.9
Care-related Support Staff	655	2.0
Management Personnel	2	0
Professional / Administrator	2	0
Other Support Staff	748	4.8
Total	5 282	57.2

2011-12

Staff Group	No. of Staff	Payment for Overtime Work ($ million)
Medical	1 132	37.9
Nursing	5 150	56.4
AH	879	8.5
Care-related Support Staff	1 343	4.1
Management Personnel	1	0
Professional / Administrator	1	0
Other Support Staff	1 112	7.5
Total	9 618	114.4

2012-2013 (Full-year projection)

Staff Group	No. of Staff	(Full-Year Projection) Payment for Overtime Work ($ million)
Medical	1 643	58.4
Nursing	5 670	65.2
AH	1 193	17.2
Care-related Support Staff	1 742	6.5
Management Personnel	1	0
Professional / Administrator	3	0
Other Support Staff	1 254	8.2
Total	11 506	155.5

Note

The statistics on the number of staff for 2010-11, 2011-12 and 2012-13 are based on headcounts as at 31 March 2011, 31 March 2012 and 31 December 2012 respectively.

c)

The tables below provide the number of HA doctors involved in part time service for HA by specialty and cluster and the respective total amount of remuneration received in 2010-11, 2011-12 and 2012-13 (full year projection).

2010-11

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HAHO	Hospital Planning	1	0.7
HAHO Total		**1**	**0.7**
HKE	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	1	0.2
	Medicine	2	0.5
	Paediatrics	3	2.0
	Psychiatry	0	0.4
	Surgery	0	0.1
	Hospital Management	1	0.7
HKE Total		**7**	**3.9**

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HKW	Accident & Emergency	1	＜0.1
	Anaesthesia	3	2.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	0.2
	Medicine	1	0.4
	Obstetrics & Gynaecology	5	0.8
	Paediatrics	4	3.2
	Pathology	1	1.6
	Psychiatry	1	0.2
	Radiology	1	0.7
	Surgery	3	1.0
	Hospital Management	1	0.4
HKW Total		**24**	**10.9**
KC	Accident & Emergency	1	1.2
	Anaesthesia	1	＜0.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	1	0.1
	Medicine	12	4.0
	Obstetrics & Gynaecology	7	2.0
	Ophthalmology	2	0.1
	Paediatrics	2	1.0
	Pathology	2	0.8
	Psychiatry	2	1.0
	Surgery	2	1.9
KC Total		**32**	**12.1**
KE	Accident & Emergency	1	0.1
	Anaesthesia	1	＜0.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	1	＜0.1
	Medicine	8	3.2
	Obstetrics & Gynaecology	1	0.6
	Orthopaedics & Traumatology	2	0.2
	Paediatrics	0	0.2
	Pathology	1	1.1
	Surgery	0	0.6
KE Total		**15**	**6.0**
KW	Accident & Emergency	3	0.4
	Anaesthesia	1	0.9
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	14	5.9
	Medicine	5	1.1
	Obstetrics & Gynaecology	2	0.7
	Orthopaedics & Traumatology	1	0.8
	Paediatrics	9	1.1
	Pathology	1	0.5
	Psychiatry	1	＜0.1
	Radiology	0	0.3
	Surgery	3	0.4
KW Total		**40**	**12.1**

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
NTE	Accident & Emergency	5	0.9
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	1	1.0
	Medicine	6	2.5
	Psychiatry	1	0.1
	Radiology	1	1.5
	Surgery	2	2.4
NTE Total		**16**	**8.4**
NTW	Accident & Emergency	3	1.7
	Anaesthesia	3	1.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	0.7
	Medicine	2	1.2
	Obstetrics & Gynaecology	1	＜0.1
	Ophthalmology	1	2.1
	Pathology	1	1.9
	Psychiatry	1	0.3
	Radiology	1	0.8
	Surgery	4	0.9
NTW Total		**20**	**10.7**
Grand Total		**155**	**64.8**

2011-12

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HAHO	Hospital Planning	1	1.1
HAHO Total		**1**	**1.1**
HKE	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	1	0.3
	Medicine	2	1.4
	Ophthalmology	3	0.1
	Paediatrics	0	0.9
	Surgery	1	0.4
	Hospital Management	1	0.8
HKE Total		**8**	**3.9**
HKW	Accident & Emergency	3	0.1
	Anaesthesia	5	3.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	0.3
	Medicine	2	1.8
	Obstetrics & Gynaecology	6	0.7
	Paediatrics	3	3.1
	Pathology	0	0.5
	Psychiatry	0	0.2
	Radiology	1	1.0
	Surgery	3	0.9
	Hospital Management	0	0.1
HKW Total		**25**	**11.8**

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
KC	Accident & Emergency	1	1.0
	Anaesthesia	1	＜0.1
	Ear, Nose, Throat	1	0.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	1	0.1
	Medicine	10	4.5
	Obstetrics & Gynaecology	9	4.0
	Ophthalmology	2	0.1
	Paediatrics	4	2.6
	Pathology	3	0.8
	Psychiatry	3	1.9
	Surgery	2	2.0
KC Total		**37**	**17.1**
KE	Accident & Emergency	1	0.4
	Anaesthesia	1	0.6
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	0.2
	Medicine	12	3.2
	Obstetrics & Gynaecology	1	0.9
	Orthopaedics & Traumatology	2	0.2
	Paediatrics	1	0.3
	Pathology	1	0.9
	Psychiatry	1	0.5
	Radiology	1	0.2
	Surgery	1	0.5
KE Total		**25**	**7.9**
KW	Accident & Emergency	4	1.5
	Anaesthesia	0	0.6
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	15	6.7
	Medicine	14	4.5
	Obstetrics & Gynaecology	5	1.4
	Ophthalmology	1	0.3
	Orthopaedics & Traumatology	2	0.9
	Paediatrics	16	3.5
	Pathology	1	1.0
	Psychiatry	2	0.1
	Radiology	2	0.5
	Surgery	4	0.4
KW Total		**66**	**21.4**

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
NTE	Accident & Emergency	5	2.4
	Anaesthesia	0	0.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	2.5
	Intensive Care Unit	0	0.4
	Medicine	11	3.6
	Ophthalmology	4	0.6
	Orthopaedics & Traumatology	1	＜0.1
	Paediatrics	2	0.5
	Psychiatry	1	0.2
	Radiology	1	1.5
	Surgery	4	1.6
NTE Total		**34**	**13.7**
NTW	Accident & Emergency	4	2.1
	Anaesthesia	2	0.7
	Clinical Oncology	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	0.4
	Medicine	5	2.3
	Obstetrics & Gynaecology	1	＜0.1
	Ophthalmology	1	2.2
	Orthopaedics & Traumatology	2	0.1
	Pathology	1	2.0
	Psychiatry	3	2.1
	Radiology	1	1.0
	Surgery	9	3.3
NTW Total		**34**	**16.4**
Grand Total		**230**	**93.3**

2012-13 (Full-year projection)

Cluster	Specialty	No. of doctors	(Full-Year Projection) Total Remuneration ($ million)
HAHO	Hospital Planning	1	1.2
HAHO Total		**1**	**1.2**
HKE	Accident & Emergency	2	1.3
	Clinical Oncology	0	0.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	0.9
	Medicine	2	1.5
	Neruosurgery	0	0.7
	Ophthalmology	4	1.0
	Paediatrics	1	0.1
	Psychiatry	1	0.8
	Surgery	5	0.9
	Hospital Management	1	0.8
HKE Total		**19**	**8.5**

Cluster	Specialty	No. of doctors	(Full-Year Projection) Total Remuneration ($ million)
HKW	Accident & Emergency	4	0.3
	Anaesthesia	4	4.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	0.3
	Medicine	2	1.6
	Obstetrics & Gynaecology	6	0.5
	Paediatrics	3	3.2
	Psychiatry	1	0.2
	Radiology	2	1.4
	Surgery	3	1.0
HKW Total		**27**	**12.6**
KC	Accident & Emergency	3	1.3
	Anaesthesia	1	<0.1
	Ear, Nose, Throat	1	0.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	0.7
	Medicine	9	3.1
	Obstetrics & Gynaecology	10	4.2
	Ophthalmology	2	0.1
	Orthopaedics & Traumatology	1	0.1
	Paediatrics	5	3.9
	Pathology	2	0.9
	Psychiatry	3	2.1
	Surgery	2	2.0
KC Total		**43**	**18.8**
KE	Accident & Emergency	3	0.2
	Anaesthesia	2	1.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	0.5
	Medicine	10	4.5
	Obstetrics & Gynaecology	2	0.3
	Ophthalmology	2	0.2
	Paediatrics	1	1.4
	Pathology	1	1.0
	Psychiatry	0	0.4
	Radiology	2	1.5
	Surgery	3	1.4
	Hospital Management	0	0.4
KE Total		**29**	**12.9**

Cluster	Specialty	No. of doctors	(Full-Year Projection) Total Remuneration ($ million)
KW	Accident & Emergency	7	2.8
	Clinical Oncology	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	18	7.4
	Medicine	14	6.1
	Neruosurgery	0	1.2
	Obstetrics & Gynaecology	4	2.3
	Ophthalmology	1	0.5
	Orthopaedics & Traumatology	1	1.0
	Paediatrics	19	5.5
	Pathology	1	1.1
	Psychiatry	3	1.1
	Radiology	2	0.7
	Surgery	5	1.0
KW Total		**76**	**30.9**
NTE	Accident & Emergency	5	4.4
	Anaesthesia	1	0.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	2.3
	Medicine	10	5.2
	Neruosurgery	0	0.2
	Ophthalmology	3	1.5
	Orthopaedics & Traumatology	1	0.4
	Paediatrics	2	2.3
	Psychiatry	1	0.4
	Radiology	1	1.5
	Surgery	4	1.9
	Hospital Management	0	0.4
NTE Total		**30**	**20.6**
NTW	Accident & Emergency	4	2.7
	Anaesthesia	2	1.3
	Clinical Oncology	1	0.6
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	0.8
	Medicine	7	3.6
	Obstetrics & Gynaecology	2	0.7
	Ophthalmology	1	2.3
	Orthopaedics & Traumatology	2	0.6
	Paediatrics	1	0.4
	Pathology	1	2.1
	Psychiatry	3	1.8
	Radiology	2	1.5
	Surgery	7	5.4
NTW Total		**38**	**23.8**
Grand Total		**263**	**129.3**

Note

(1) The statistics on the number of doctors for 2010-11, 2011-12 and 2012-13 are based on headcounts as at 31 March 2011, 31 March 2012 and 31 December 2012 respectively.

(2) Total remuneration includes basic salary, allowance, gratuity payout, and on cost such as HLISS contribution; but excludes D&D benefits.

d)

The tables below provide the number of non-HA doctors by specialty and cluster who have provided service to and received remuneration from HA in 2010-11, 2011-12 and 2012-13 (full year projection) and the total amount of remuneration involved.

2010-11

Cluster	Specialty	No. of Honorary Doctor	Total Remuneration ($)
HKW	Ear, Nose, Throat	1	15,000
	Medicine	1	60,000
	Obstetrics & Gynaecology	1	60,000
	Ophthalmology	1	60,000
	Orthopaedics & Traumatology	1	60,000
	Paediatrics	1	60,000
	Pathology	1	60,000
	Surgery	1	60,000
HKW Total		**8**	**435,000**
KC	Ophthalmology	1	48,000
KC Total		**1**	**48,000**
NTE	Accident & Emergency	1	35,000
	Anaesthesia	1	60,000
	Clinical Oncology	1	60,000
	Medicine	1	36,000
	Obstetrics & Gynaecology	1	35,000
	Ophthalmology	2	51,451
	Orthopaedics & Traumatology	1	60,000
	Pathology	2	120,000
	Psychiatry	1	36,000
	Radiology	1	60,000
	Surgery	1	60,000
NTE Total		**13**	**613,451**
Grand Total		**22**	**1,096,451**

2011-12

Cluster	Specialty	No. of Honorary Doctor	Total Remuneration ($)
HKW	Medicine	1	60,000
	Obstetrics & Gynaecology	1	60,000
	Ophthalmology	1	60,000
	Orthopaedics & Traumatology	1	60,000
	Paediatrics	1	60,000
	Pathology	1	60,000
	Surgery	2	60,000
HKW Total		**8**	**420,000**
KC	Ophthalmology	2	48,000
KC Total		**2**	**48,000**
NTE	Anaesthesia	1	60,000
	Clinical Oncology	1	5,000
	Medicine	1	36,000
	Ophthalmology	1	10,000
	Orthopaedics & Traumatology	1	35,000
	Pathology	3	120,000
	Psychiatry	1	36,000
	Radiology	1	60,000
	Surgery	1	60,000
NTE Total		**11**	**422,000**
Grand Total		**21**	**890,000**

2012-13 (Full-year projection)

Cluster	Specialty	No. of Honorary Doctor	(Full-Year Projection) Total Remuneration ($)
HKW	Anaesthesia	1	60,000
	Medicine	1	60,000
	Obstetrics & Gynaecology	1	60,000
	Ophthalmology	1	60,000
	Orthopaedics & Traumatology	2	60,000
	Paediatrics	2	59,120
	Pathology	1	60,000
	Surgery	1	60,000
HKW Total		**10**	**479,120**
KC	Ophthalmology	1	48,000
KC Total		**1**	**48,000**
NTE	Anaesthesia	1	60,000
	Medicine	1	24,000
	Pathology	2	120,000
	Psychiatry	1	36,000
	Radiology	1	60,000
	Surgery	1	60,000
NTE Total		**7**	**360,000**
Grand Total		**18**	**887,120**

Note

The statistics on the number of honorary doctors for 2010-11, 2011-12 and 2012-13 are based on headcounts as at 31 March 2011, 31 March 2012 and 28 February 2013 respectively.

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: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)134

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1005

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:

On the implementation of the Elderly Health Care Voucher Scheme, please provide details on the following in 2011-12 and 2012-13:

(a) the total amount of claim transactions made under the scheme;

(b) the number of eligible persons; and

(c) the percentage of eligible persons who have used Health Care Vouchers.

Asked by: Hon. LEUNG Ka-lau

With regard to the implementation of the Elderly Health Care Voucher Scheme, the relevant statistics are as below -

	Year	2011	2012
(a)	Total number of claim transactions (annual voucher expenditure)	613 343 claim transactions ($87.9 million)	937 200 claim transactions ($158.6 million)
(b)	Number of eligible elders (i.e. elders aged 70 or above), using the mid-2011 population as the base	707 100	714 200
(c)	Percentage of eligible elders who have used health care vouchers	55%	66%

Source: Hong Kong Population Projections 2012-2041, Census and Statistics Department

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)135

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1006

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

Subhead (No. & title): -

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the "Pilot Project on Outreach Primary Dental Care Services for the Elderly", please provide details of the following for the years 2011-12 and 2012-13:

(a) list of the non-governmental organisations participating in the project; and

(b) number of elderly beneficiaries.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) In April 2011, the Government launched the three-year "Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs)"(the Pilot Project) in collaboration with the following 13 NGOs to provide outreach primary dental care and oral health care services to elders residing in RCHEs or receiving services in DEs :-

1. The Hong Kong Tuberculosis, Chest and Heart Diseases Association
2. Yan Chai Hospital
3. The Lok Sin Tong Benevolent Society, Kowloon
4. Yan Oi Tong
5. Christian Family Service Centre
6. Pok Oi Hospital
7. Hong Kong St. John Ambulance
8. Caritas Dental Clinics
9. Haven of Hope Christian Service
10. Tung Wah Group of Hospitals
11. United Christian Nethersole Community Health Service
12. H.K.S.K.H. Lady MacLehose Centre
13. Chi Lin Nunnery

(b) As at end-February 2013, the Pilot Project had undertaken over 57 200 attendances of elders residing in RCHEs or receiving services in DEs.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)136

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1007

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 Matters Requiring Special Attention in 2013-14 that the Health Branch will "continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy".

(a) Please provide details of the services in 2012-13 and 2013-14 (Estimate) and list by each service item under the above measure the estimated patient attendance rate, the facilities required, the total number of working hours of staff from each rank as well as the manpower and expenditure involved.

(b) Last year (i.e. 2012-13), the Authority also stated that it would "enhance chronic disease management through multidisciplinary, case management and empowerment approach in accordance with the primary care development strategy". Has the Authority assessed the effectiveness of this measure? If yes, please report on the effectiveness and the assessment methodology. If not, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

Enhancing primary care was one of the service reform proposals introduced during the first-stage public consultation on healthcare reform in 2008 which received broad public support. Under the direction of the Working Group on Primary Care (WGPC), we promulgated the "Primary Care Development Strategy" document in 2010, setting out the following major strategies on enhancing primary care in Hong Kong –

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) developing a Primary Care Directory to promote the family doctor concept and a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks (CHCs).

Having regard to WGPC's recommendations, the Government has allocated additional resources for promoting primary care since 2008-09. The recurrent budget for primary care related services in 2013-14 has increased by $2.3 billion over that in 2007-08. In addition, a total sum of $3.3 billion for non-recurrent and capital works items has also been earmarked since 2008-09 for implementing various initiatives in line with the primary care development strategy.

The Primary Care Office (PCO) was established in September 2010 under the Department of Health to support and co-ordinate the implementation of primary care development strategies and actions. The latest progress and work plan of the major primary care initiatives under PCO are as follows:

(a) Primary care conceptual models and reference frameworks

Following the publication of the reference frameworks for diabetes and hypertension in 2011, the core documents of two reference frameworks on preventive care of older adults and children in primary care settings respectively were promulgated in December 2012.

(b) Primary Care Directory

A web-based Primary Care Directory giving details about the personal and practice-based information of doctors and dentists was launched in April 2011. The directory is being developed in phases, and the sub-directory of Chinese medicine practitioners was launched in October 2012.

(c) CHCs

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. We are exploring the feasibility of developing CHC projects in other districts and consider the scope of services and *modus operandi* that suit district needs most.

(d) Primary Care Campaign

A territory-wide Primary Care Campaign was launched in April 2011 to enhance public understanding and awareness of the importance of primary care, drive attitude change, and foster public participation and action. To sustain the momentum of the Campaign, a themed competition was organised in 2012 to promote primary care and the family doctor concept.

The Government continues to take forward the primary care development strategy and implement, through the Department of Health and Hospital Authority (HA), a series of projects to enhance primary care. These include the Childhood Influenza Vaccination Subsidies Scheme, the Elderly Vaccination Subsidies Scheme, the Elderly Health Care Voucher Scheme, the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres, and other pilot projects for enhancing chronic disease management.

HA has been implementing various pilot initiatives under primary care settings to enhance chronic disease management since 2008-09, including the Risk Factor Assessment and Management Programme, the Patient Empowerment Programme, the Nurse and Allied Health Clinics, the General Out-patient Clinic Public-Private Partnership Programme, the Shared Care Programme and smoking cessation service. The evaluation studies conducted by local universities revealed that these initiatives had largely met the service targets and performance indicators. Starting from 2012-13, these programmes have become regular service with recurrent funding. The latest position of these programmes is as follows:

Programme	Details
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general out-patient clinics (GOPCs) and specialist out-patient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-2010 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 42 000 patients are expected to benefit from the programme by 2012-13. An additional 14 000 patients are expected to be enrolled in 2013-14.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in designated GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are expected annually starting from 2012-13.
General Out-patient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public general out-patient services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at February 2013, over 1 600 patients have enrolled in the programme.
Shared Care Programme To partially subsidise diabetes mellitus patients currently under the care of the public healthcare system to have their conditions followed up by private doctors.	Launched in Sha Tin and Tai Po of New Territories East Cluster in March 2010 and extended to Wan Chai and Eastern District of Hong Kong East Cluster in September 2010. As at February 2013, over 340 patients have enrolled in the programme. The pilot programme will end in 2013-2014 as originally planned.
Smoking Cessation To provide smoking cessation service to chronic disease patients who are smokers, with focus on improving disease management and complication prevention through smoking cessation interventions.	Launched in 2011-12 and extended to all seven clusters in 2012-13. Around 13 000 patients are expected to benefit from the programme annually from 2013-14.

Staff disciplines involved for the above chronic disease management programmes include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants and general service assistants, etc. The healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites. Hence, we do not have ready information on the breakdown of HA staffing and working hours by individual chronic disease programme.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)137

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1008

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:

As the Health Branch subvents the Prince Philip Dental Hospital (PPDH) to provide facilities for the training of dentists and dental ancillary personnel, please give the details on the following in respect of 2012-13:

(a) the amount of subsidies provided by the Government for each undergraduate, postgraduate, student dental technician, student dental surgery assistant and student dental hygienist respectively who was granted a training place in PPDH;

(b) the number of teaching patients received by PPDH; and

(c) the number of private fee paying patients received by PPDH.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The undergraduate and postgraduate programmes are organized by the Faculty of Dentistry of the University of Hong Kong (HKU) and are not funded by Head 140. The role of PPDH is to provide facilities for these programmes.

As regards the training courses for dental ancillary personnel which are organized by PPDH or jointly organized with HKU, PPDH does not have a breakdown of its subvention/expenditure showing the amount for individual courses.

(b) The attendance of teaching patients of PPDH in 2012-13 (as at 28 February 2013) is 108 860.

(c) The attendance of private fee paying patients of PPDH in 2012-13 (as at 28 February 2013) is 1 847.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)138

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1011

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 Matters Requiring Special Attention in 2013-14 that the Administration would "continue to manage the Health and Medical Research Fund (HMRF) which aims to promote research and development, build research capacity and generate evidence-based knowledge in public health and medical services by funding research projects and facilities in areas of advanced medical research". Please provide details of the operation of the HMRF in 2011-12 and 2012-13, including the number of applications received, the number of research projects funded and the total amount of funding granted.

Asked by: Hon. LEUNG Ka-lau

Reply:

On 9 December 2011, LegCo Finance Committee approved a new commitment of $1,415 million for setting up the Health and Medical Research Fund (HMRF), by consolidating the former Health and Health Services Research Fund (HHSRF) and the Research Fund for the Control of Infectious Diseases (RFCID), with a broadened scope for funding health and medical research in Hong Kong. On-going research projects funded by the HHSRF and the RFCID have been subsumed under the HMRF and subject to continued monitoring.

The 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. It provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms, including investigator-initiated research projects, government-commissioned research programmes and research fellowships, under the strategic steer and direction of the Research Council chaired by the Secretary for Food and Health and comprising leading professionals in the medical and academic sectors.

The first open call of the HMRF was issued in July 2012 and 677 grant applications were received. Vetting of the applications in accordance with international practices is underway. Research projects previously funded by the HHSRF and the RFCID in 2012-13 and 2011-12 are at Annex.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	27.3.2013

Annex

Summary of Research Projects Funded under HHSRF and RFCID in 2012-13 and 2011-12

2012-13

(A) HHSRF

Of the 227 grant applications received under the HHSRF, a total of 58 research projects amounting to $35.88 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Public health	Health services	Chinese medicine		
The Chinese University of Hong Kong (CUHK)	4	8	4	16	9.83
The University of Hong Kong (HKU)	7	1	1	9	3.84
The Hong Kong Polytechnic University (PolyU)	1	3	-	4	0.47
City University of Hong Kong (CityU)	1	-	-	1	0.62
CUHK with institutions from - Local[1] - Local and/or overseas[2]	 5 2	 3 1	 1 3	 9 6	 6.89 5.06
HKU with institutions from - Local[3] - Local and/or overseas[4]	 5 1	 - -	 1 -	 6 1	 4.56 1.00
PolyU with - CUHK; SKH Chu Yan Primary School, Castle Peak Hospital, University of East Anglia (UK) and Kwai Chung Hospital - Castle Peak Hospital, University of East Anglia, Kwai Chung Hospital	 1 1	 1 -	 - -	 2 1	 1.48 0.52
Hong Kong Baptist University (HKBU) with - CUHK	 -	 -	 1	 1	 0.97
The Hong Kong Institute of Education (HKIEd) with - HKU,CUHK and Queen Elizabeth Hospital	 -	 1	 -	 1	 0.56
Our Lady of Maryknoll Hospital with - HKU and other local hospitals	 1	 -	 -	 1	 0.08
Total:	29	18	11	58	35.88

Notes:

[1] *Princess Margaret Hospital, United Christian Hospital, North District Hospital, Shatin Hospital, Tung Wah Eastern Hospital, PolyU, Department of Health (DH), The Hong Kong University of Science and Technology (HKUST), Tseung Kwan O Hospital, HKBU*

[2] *Southern Medical University (China), Queen Elizabeth Hospital, Tuen Mun Hospital, Monash University (Australia), Kaohsiung Medical University (Taiwan), University of the Ryukyus (Japan), University of Adelaide (Australia), HKBU, Kunming Institute of Botany (China), HKU, University of Macau, PolyU*

[3] *Kowloon Hospital, CUHK, Tai Po Hospital, Private Practice, HKUST, Kwai Chung Hospital, United Christian Hospital, HKBU*

[4] *University of Birmingham (UK)*

(B) RFCID

Of the 187 grant applications received under the RFCID, a total of 62 research projects amounting to $48.71 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Aetiology, epidemiology, surveillance and public health	Clinical and health services	Basic research		
CUHK	3	-	11	14	10.61
HKU	6	1	19	26	21.61
Pasteur Research Ltd. of HKU	-	-	2	2	1.69
PolyU	-	-	1	1	0.26
CityU	-	-	1	1	1.00
CityU with - Queen Mary Hospital - HKU and CUHK	 1 -	 - -	 - 1	 1 1	 0.97 1.00
CUHK with - HKU and CityU - DH - Overseas institutions[1]	 1 1 1	 - - -	 - - 3	 1 1 4	 0.86 1.00 2.97
HKU with - Local institutions[2] - Overseas institutions[3]	 2 -	 1 -	 - 5	 3 5	 0.96 3.79
HKUST with - Queen Elizabeth Hospital	1	-	-	1	1.00
PolyU with - CUHK	-	-	1	1	0.99
Total:	16	2	44	62	48.71

Notes:

[1] *National Institutes of Health (Bethesda), Centers for Disease Control and Prevention of Shenzhen, Chinese Academy of Medical Sciences, Peking Union Medical College, Chinese Academy of Sciences, Kunming and Shenyang Pharmaceutical University*

[2] *Centre for Health Protection of DH, Queen Elizabeth Hospital, Queen Mary Hospital*

[3] *Columbia University College of Physicians and Surgeons (USA), European Bioinformatics Institute (UK), Osaka University (Japan), Genomics Research Center Academia Sinica (Taiwan), Sun Yat-Sen University (PRC), Tsurumi University School (Japan)*

2011-12

(A) HHSRF

Of the 168 grant applications received under the HHSRF, a total of 49 research projects amounting to $46.61 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Public health	Health services	Chinese medicine		
Commissioned projects:					
Commissioned study on Regulatory Framework for Healthcare Professionals by CUHK	-	1	-	1	4.92
Commissioned study on Manpower Planning and Projection by HKU	-	1	-	1	11.58
Investigator-initiated projects:					
CUHK	2	6	4	12	7.87
HKU	3	3	-	6	3.25
PolyU	2	-	-	2	1.52
CUHK with institutions from – Local[1] – Local and/or overseas[2]	 4 3	 6 -	 1 -	 11 3	 7.25 1.67
HKU with – institutions from Local[3] – Tuen Mun Hospital, University of California	 4 1	 1 -	 2 -	 7 1	 4.58 1.00
PolyU with – United Christian Hospital – DH – National University of Singapore, Kwai Chung Hospital	 - - 1	 1 1 -	 - - -	 1 1 1	 0.41 0.63 0.08
HKBU with – Queen Elizabeth Hospital	-	-	1	1	1.00
Hong Kong Workers' Health Centre with – CUHK, Pamela Youde Nethersole Eastern Hospital	1	-	-	1	0.85
Total:	21	20	8	49	46.61

Notes:

[1] *Tuen Mun Hospital, DH, Prince of Wales Hospital, Queen Mary Hospital, HKU, Hospital Authority, Pamela Youde Nethersole Eastern Hospital, Hong Kong Red Cross Blood Transfusion Service, Tung Wah Eastern Hospital*

[2] *DH, Shatin Hospital, MRC Unit for Lifelong Health and Ageing (UK), Hong Kong Community College of PolyU, Northumbria University (UK), Kaohsiung Medical University (Taiwan)*

[3] *HKU Space, TWGHs Fung Yiu King Hospital, CUHK, HKU, HKBU, Kowloon Hospital, H.K.S.K.H. Lady MacLehose Centre, Queen Mary Hospital*

(B) RFCID

Of the 135 grant applications received under the RFCID, a total of 57 research projects amounting to $43.79 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Infectious disease epidemiology, infection control and public health	Clinical and health services	Basic and laboratory research		
Commissioned projects:					
Researches on surveillance, prevention and control of infectious diseases by the Centre for Health Protection of DH	2	-	-	2	0.37
Investigator-initiated projects:					
CUHK	2	2	12	16	13.64
HKBU	-	-	1	1	0.08
HKU	4	1	15	20	14.57
Pasteur Research Ltd. of HKU	-	-	2	2	1.95
CityU with - HKU, Princess Margaret Hospital, Georgia Institute of Technology (USA) and Emory University (USA)	1	-	-	1	0.97
CUHK with - institutions from Local[1] - The Key Laboratory of Chemistry for Natural Products of Guizhou Province and Chinese Academy of Sciences (PRC)	3 -	- -	1 1	4 1	3.89 0.96
HKBU with - HKU and Yale University (USA)	-	-	1	1	0.93
HKU with - CUHK - HKBU - Hong Kong Red Cross Blood Transfusion Service - Local and/or overseas[2]	 - - 1 1	 - - - -	 2 1 - 4	 2 1 1 5	 0.78 0.98 0.70 3.97
Total:	14	3	40	57	43.79

Notes:

1 *United Christian Hospital, Queen Elizabeth Hospital, Kwong Wah Hospital, CityU, DH, HKU, North District Hospital*

2 *Imperial College (UK), King's College (UK), Institute of Materia Medica of Peking Union Medical College), CUHK, Osaka University (Japan), University of California (USA)*

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)139

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1012

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2013-14 that the Administration would "continue to oversee the progress of various capital works projects of the Hospital Authority, such as redevelopment of Yan Chai Hospital and Caritas Medical Centre, expansion of Tseung Kwan O Hospital, construction of a new hospital in Tin Shui Wai, the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital, and to plan for the expansion of United Christian Hospital and the redevelopment of Kwong Wah Hospital". Please provide details of each of the capital works projects, including the estimated expenditure, timeframe, types of new services to be provided, service capacity, and the additional facilities and manpower involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

The approved project estimate (APE) for the redevelopment of Yan Chai Hospital (YCH) is $590.5 million in money-of-the-day (MOD) prices with an estimated expenditure of $168 million in 2013-14. Construction works on site commenced in July 2011 are progressing as planned. The target completion date of the whole project is early 2016. Upon completion, there will be a new community health and wellness centre comprising a health resource centre, a primary care centre and a specialist care centre to provide community-based services which promote continuity of healthcare at different stages of life through "one-stop" integrated services. The Hospital Authority (HA) estimated that approximately 77 staff including about 10 doctors and 4 nurses are required for the additional services after the redevelopment.

The APE for the main works of the redevelopment of Caritas Medical Centre (CMC), phase 2 project is $1,719.6 million in MOD prices. The estimated expenditure in 2013-14 is $525 million. Construction works on site have commenced in June 2009 and are progressing as planned with the target completion date for the whole project in mid-2014. Upon completion, there will be a new ambulatory/rehabilitation block to accommodate 260 convalescent/rehabilitation beds, ambulatory care and clinical support facilities to cope with increasing service demands of the community. Additional manpower for the project was estimated to be approximately 51 staff including about 16 nurses.

The APE for the expansion of Tseung Kwan O Hospital (TKOH) project is $1,944.9 million in MOD prices, with an estimated expenditure of $115 million in 2013-14. The new ambulatory care block commenced services in 2012 and the whole expansion project of TKOH will be completed in end 2013. By then, the services and facilities of the hospital will be expanded to meet growing service demand of the Kowloon East Cluster. The estimated additional manpower for the expansion of TKOH project is approximately 360 staff including about 32 doctors and 116 nurses.

The APE for the construction of Tin Shui Wai Hospital (TSWH) project is $3,910.9 million in MOD prices, while the estimated expenditure in 2013-14 is $318.8 million. The construction works have commenced in February 2013 for completion in mid-2016. The new TSWH will be a general hospital with a planned capacity of 300 in-patient and day beds in total providing in-patient services, ambulatory services including an Accident & Emergency (A&E) department, community care services, diagnostic services and other supporting and administrative services. The estimated additional manpower required for TSWH was approximately 1 000 staff including about 70 doctors and 270 nurses.

The cost estimate for the reprovisioning of Yaumatei Specialist Clinic (YMTSC) at Queen Elizabeth Hospital (QEH) project is in the order of $1,900 million, with an estimated expenditure of $53.1 million in 2013-14. Subject to funding approval of the Finance Committee (FC), the YMTSC project is planned to commence in mid-2013 for completion in mid-2016. A new Specialist Clinic Building will be constructed at the site of the old Specialist Outpatient Clinic Building at QEH for reprovisioning the existing HA services at YMTSC and relocating some ambulatory care services of QEH. HA expects that no additional manpower is required for the reprovisioned or relocated services.

The APE for the preparatory works of the expansion of United Christian Hospital (UCH) project is $352.3 million in MOD prices, with an estimated expenditure of $50 million in 2013-14. The preparatory works comprising site inspection, surveying, detailed design, preparation of tender document and tender evaluation, etc. have commenced in August 2012. Subject to funding approval of the Finance Committee, the main works are planned to commence in phases from 2014-15 for completion in 2021. The preliminary project cost estimate for the main works is around $7.6 billion in September 2012 prices. Many existing services will be enhanced under the UCH expansion project to cater for increasing medical needs of the growing and ageing population in the Kowloon East Cluster including ambulatory care service, cancer service, inpatient convalescent and rehabilitation service as well as A&E service. The total number of beds will be increased from about 1,400 to around 1,700 after the expansion. HA will work out the additional manpower requirement for the expansion of UCH project at a later stage when the detailed design and commissioning plan are finalised.

The APE for the preparatory works of the redevelopment of Kwong Wah Hospital (KWH) project is $552.7 million in MOD prices, with an estimated expenditure of $22.3 million in 2013-14. The preparatory works comprising site inspection, surveying, detailed design, preparation of tender document and tender evaluation, etc. have commenced in March 2013. Subject to funding approval of FC, the main works are planned to commence in phases from 2016 for completion in 2022. The preliminary project cost estimate for the main works is around $9.2 billion in September 2012 prices. The redevelopment of KWH will provide new and modernised facilities for service development, including adoption of new models of care such as ambulatory and integrated care, implementation of non-radiation oncology services, introduction of emergency medicine ward and provision of integrated Chinese and western medicine services. Subject to finalisation of the detailed planning and design of the project, the redeveloped KWH will have around 1,200 beds. HA will work out the manpower requirement for the redeveloped KWH at a later stage when the detailed design and commissioning plan are finalised.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)140

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1013

Head: 140 Government Secretariat: Subhead (No. & title):

Food and Health Bureau (Health Branch)

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration has stated that the Hospital Authority will construct a new hospital in Tin Shui Wai. Please set out in detail the impacts on the manpower, facilities and capacity of various services of the existing hospitals in the New Territories West Cluster.

Asked by: Hon. LEUNG Ka-lau

Reply:

The proposed Tin Shui Wai Hospital (TSWH) will be a public general hospital with a planned capacity of 300 in-patient and day beds in total, providing accident and emergency services, in-patient services and ambulatory and community care services to meet the increasing demand for healthcare services arising from population growth in the New Territories West Cluster (NTWC) including Tin Shui Wai.

The proposed TSWH will be supported by Tuen Mun Hospital which is the regional acute general hospital in NTWC, as well as Pok Oi Hospital as a district general hospital of the same cluster. The proposed TSWH will enhance the current referral system between public hospitals in the NTWC to ensure that patients with diseases or injuries of different severity and complexity will receive the most appropriate hospital services.

The Hospital Authority will recruit additional staff for the NTWC and suitably deploy experienced staff from other hospitals in the NTWC to support the new services in the TSWH.

Name in block letters: Richard YUEN

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

Date: 21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)141

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1014

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Matters Requiring Special Attention in 2013-14 that the Administration will "commence the service of the new North Lantau Hospital by phases to meet the medical needs of the local community on Lantau Island". Please provide details of the services, including expenditure, breakdown of manpower estimates, timetable and types of new services to be provided, service capacity and facilities.

Asked by: Hon. LEUNG Ka-lau

Reply:

Upon full commissioning, the North Lantau Hospital (NLTH) will provide 180 beds (including 80 acute beds, 80 extended care beds and 20 day beds), a 24-hour Accident & Emergency (A&E) department as well as diagnostic and treatment facilities. Ambulatory care services including specialist out-patient clinics, primary care clinics, a day rehabilitation centre, an ambulatory surgery/day procedure centre and community care services will also be provided in NLTH. HA will, having regard to the service needs and manpower availability, roll out the services in phases starting from the third quarter of 2013 (e.g. daytime Accident and Emergency services will be provided initially in the third quarter of 2013 with service hours extended in phases to 24 hours subject to service needs and manpower availability).

It is planned that medicine and psychiatry specialist outpatient services will be introduced in 2013-14. Other specialties such as surgery, orthopaedics and traumatology, paediatrics and gynaecology will be introduced afterwards in phases.

The manpower requirement for NLTH upon full operation is around 650 staff, including some 60 doctors and 170 nurses.

The Tung Chung General Outpatient Clinic (GOPC) in Tung Chung Health Centre will be relocated to NLTH in 2013-14. The projected annual attendance of the GOPC after its relocation to NLTH is around 60 000. Other services are to be newly introduced at NLTH and the projection of attendance at this stage is not available.

The anticipated funding requirement for 2013-14 is $236 million.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)142

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1015

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under "Matters Requiring Special Attention in 2013-14" that the Administration will "enhance the treatment of critical illnesses through strengthening cardiac services, providing 24-hour thrombolytic service by phases to improve acute stroke management, and enhancing haemodialysis service for renal patients". Please provide details of these services by cluster, including expenditures, breakdowns of the estimated manpower and timeframes, as well as types of newly-added service, service capacity and the facilities involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) will enhance services for the treatment of critical illnesses in 2013-14, including haemodialysis (HD) service, cardiac service, and stroke service. The details are set out in the table below.

Service	Description	Estimated manpower	Estimated expenditure
HD service	HA will enhance HD service for patients with end-stage renal disease by providing an additional of 28 hospital HD places (involving HKEC, HKWC, KEC, KWC, NTEC and NTWC), and 20 additional places under the HD Public-Private Partnership Programme. The renal dialysis and transplantation data system will also be enhanced.	12 nurses and other supporting staff	$19 million
Cardiac service	HA will improve acute cardiac service by providing an additional of two adult cardiac care unit beds (KWC) and one paediatric intensive care unit bed (HKWC). The provision of primary and emergency percutaneous coronary intervention service will be extended to 12-hour on weekdays in three hospitals (UCH, PMH and PWH). Treatment capacity for life-threatening cardiopulmonary conditions including Cardiac Surgery, Left Ventricular Assist Device, and extracorporeal membrane oxygenation will be enhanced in HKWC.	4 additional doctors, 22 nurses and other medical, allied health and supporting staff.	$33 million

Service	Description	Estimated manpower	Estimated expenditure
Stroke service	HA will set up 24-hour intravenous thrombolytic service in three hospitals (PYNEH, QEH and PWH). Transient Ischaemic Attack Clinic service model will be extended to two more clusters (HKEC and NTEC).	2 additional doctors, 20 nurses and other medical, allied health and supporting staff.	$24 million

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
PMH – Princess Margaret Hospital
PWH – Prince of Wales Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
QEH – Queen Elizabeth Hospital
UCH – United Christian Hospital

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)143

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1016

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under "Matters Requiring Special Attention in 2013-14" that the Administration will "implement measures to improve patients' access to specialist outpatient service, including specialist outpatient dispensing service". Please provide details of the measures and the expenditure involved.

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. HA will commence publishing waiting time information of its specialist services by phases in the HA internet website starting April 2013.

In 2013-14, HA will further enhance the management of SOP waiting time with a total estimated expenditure of $43.05 million. Additional SOP sessions will be conducted to cater for patients who have waited for a considerable period of time. In addition, HA will identify pressure areas in different specialties and clusters and develop measures to manage the waiting time.

HA will also, with an estimated expenditure of $14.38 million, increase the pharmacy manpower with a view to shortening waiting time for specialist outpatient dispensing services in the coming year.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)144

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1017

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under Matters Requiring Special Attention in 2013-14, the Administration states that it would strengthen medical treatment for elderly patients, particularly the treatment of degenerative diseases such as age-related macular degeneration, osteoporosis fracture, and advanced Parkinson's disease. Please provide by clusters the details of such services, including the expenditure, breakdown of estimated manpower, timetable and types of new services, service capacity and facilities, etc.

Asked by: Dr Hon. LEUNG Ka-lau

Reply:

To enhance healthcare services for the elderly, particularly the treatment of degenerative diseases, the Hospital Authority (HA) will enhance services in 2013-14 as follows:

(i) HA will enhance specialist eye service for patients suffering from Age-related Macular Degeneration and diabetic related eye disease, benefiting around 500 and 4 000 patients respectively. The estimated expenditure is $23 million;

(ii) HA will modernise implants for osteoporosis fracture and introduce more than 3 500 modern implants for the management of osteoporosis fracture in 2013-14. The estimated expenditure is $17 million;

(iii) The treatment for patients with Advanced Parkinson's Disease will be strengthened. It is expected that more than 25 patients with Advanced Parkinson's Disease can receive implantation of Deep Brain Stimulator to improve their symptoms. The estimated expenditure is around $6 million; and

(iv) It is expected that around 900 patients will benefit from the widening of the clinical applications of Dopamine-receptor agonists in the HA Drug Formulary for treatment of Advanced Pakinson's Disease. The estimated expenditure is around $21 million.

Resources for these programmes will be allocated according to the number of patients in need. Information related to the breakdown by cluster is not available.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)145

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1018

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2013-14", it states that the Hospital Authority will "attract, motivate and retain healthcare staff through various measures including enhancement of their promotion opportunities and professional training, and recruitment of additional staff". In this connection, please specify the details of the initiatives, the breakdown of estimated expenditure involved and the timetable.

Asked by: Hon. LEUNG Ka-lau

Reply:

Over the past few years, the Hospital Authority (HA) has deployed additional resources to retain healthcare professionals. In 2013-14, HA plans to recruit around 300 doctors, 2 100 nurses and 610 allied health staff to increase manpower strength. In addition, HA has earmarked around $321 million in 2013-14 for the implementation of initiatives to recruit and retain healthcare professionals. The details and breakdowns of the estimated expenditure are as follows:

(a) For the medical grade, on top of the existing measures, HA plans to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors and continue to recruit non-local doctors under limited registration to supplement local recruitment drive. The estimated expenditure is around $65.4 million;

(b) For the nursing grade, HA plans to enhance career advancement opportunities of experienced nurses and provide training of registered nursing students and enrolled nursing students at HA's nursing schools. The estimated expenditure is around $154.8 million; and

(c) For the allied health grade, HA plans to provide additional training places for allied health students and recruit additional professional and supporting staff to relieve workload. The estimated expenditure is around $100.7 million.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)146

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1019

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Since 2007-08, the Health Branch has repeatedly stated that it would explore the setting up of "multi-partite medical centres of excellence" in the specialty areas of paediatrics and neuroscience in Hong Kong. The Health Branch also states in the "Matters Requiring Special Attention in 2013-14" that it will "prepare for the establishment of medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong". Please provide details on the findings of the studies, schedules for the preparatory work, the completion date, estimated expenditure and staffing establishment involved, as well as the anticipated increase in service capacity, and the impact on the service capacity and staffing of other hospitals.

Asked by: Hon. LEUNG Ka-lau

Reply:

A site has been reserved in the Kai Tak Development for the establishment of the Centre of Excellence in Paediatrics (CEP), with an aim to enhance the quality of clinical services, research and training in the discipline of paediatrics. We plan to seek funding approval from the Finance Committee of the Legislative Council in mid-2013. The construction works are expected to commence in the second half of 2013 for completion by mid-2017, with the CEP targeted to commence services by phases from mid-2018. The estimated project cost is $13.8 billion. The development of the facilities for neuroscience services will be reviewed in the planning and development of other hospital sites in the Kai Tak Development.

The Hospital Authority (HA) has conducted a review of the existing paediatric services of public hospitals, including the role of CEP and relevant hospitals in various clusters. It is envisaged that the CEP will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory; whilst public hospitals with paediatric departments will continue to provide acute paediatric services, secondary care services and community care in their respective communities. With the establishment of the CEP largely as a territory-wide referral centre, HA's paediatric services will need to be re-organised. Details of the recurrent expenditure and staffing arrangements for the CEP operation will be worked out after the HA has finalised its detailed service reorganisation plan for paediatrics services and facilities. In general, we anticipate that the CEP will help enhance the quality of local paediatric services and relieve service pressure on hospitals in various clusters.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)147

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1021

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under "Matters Requiring Special Attention in 2013-14" that the Hospital Authority will "enhance service capacity to meet growing demand arising from population growth and ageing through a number of initiatives, including opening of additional beds, particularly in high needs communities like the New Territories West and Kowloon East Clusters". Please provide details of the initiatives, including a breakdown of the estimated expenditure and staffing, the timetable, as well as the additional service types, service capacity and facilities that will be provided.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the respective numbers of the 287 additional hospital beds to be opened in the Hospital Authority (HA) in each of the clusters in 2013-14:

Cluster	**Number of Beds to be Added**	
	Acute	**Convalescent/Rehabilitation**
HKWC	7	0
KCC	1	0
KEC	44	72
KWC	22	20
NTEC	3	0
NTWC	80	38
Total	**157**	**130**

HA has earmarked over $300 million for the opening of 287 beds in 2013-14.

The table below sets out the estimated number of additional inpatient and day-patient discharges and deaths in the respective clusters in 2013-14:

Cluster	**Estimated additional discharges and deaths in 2013-14**
HKWC	1 540
KCC	320
KEC	5 740
KWC	2 620
NTEC	12 220
NTWC	2 870
Total	**25 310**

It should be noted that the inpatient and day-patient discharges and deaths in 2013-14 of respective clusters are estimated based on a number of factors including demographic changes, addition of new facilities and service programmes as well as changes in care delivery model. Increase in the number of beds is only one factor contributing to the estimated increased in inpatient and day-patient discharges and deaths.

Apart from the opening of beds, HA will implement the following major initiatives in 2013-14 in various clusters to enhance service capacity:

(i) supporting the service commissioning of North Lantau Hospital Phase I, Caritas Medical Centre Phase II Redevelopment, New Pharmacy at Tseung Kwan O Hospital New Ambulatory Block and Kwun Tong Jockey Club General Out-patient Clinic;

(ii) enhancing the treatment of around 1 200 patients with critical illnesses through strengthening cardiac services, rolling out the transient ischaemic attack clinic service and providing 24-hour thrombolytic service by phases to improve acute stroke management, and enhancing haemodialysis service for renal patients;

(iii) refining the waiting list management of specialist out-patient clinics to shorten the waiting time for such services including specialist outpatient dispensing service and radiology and magnetic resonance imaging services, benefiting around 15 000 patients;

(iv) enhancing mental health services through extension of the case management programme to 2 800 additional patients with severe mental illness, improving psychiatric inpatient services and strengthening psychiatric consultation liaison service to facilitate early identification and management of patients having symptoms of mental disorders;

(v) enhancing medical service for about 500 cancer patients through expansion of cytogenetic service and the predictive molecular testing of lung, breast and colorectal cancers, and strengthening radiotherapy and chemotherapy services;

(vi) strengthening medical services for the elderly, particularly the treatment of degenerative diseases, including enhancing eye disease treatment for about 4 500 elderly patients; and

(vii) increasing the quota at general out-patient clinics for patients with episodic diseases.

HA will deploy existing staff and recruit additional staff to cope with the implementation of the above initiatives. Overall, to provide necessary manpower for maintaining the existing services and implementing service enhancement initiatives, HA plans to recruit about 300 doctors, 2 100 nursing staff and 610 allied health staff in 2013-14. The detailed arrangement for manpower deployment is being worked out and is not yet available.

Abbreviations

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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)148

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1112

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

Subhead (No. & title): Unspecified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch has stated that it will "continue to oversee the implementation of the registration system for proprietary Chinese medicines (pCm) and strengthen the regulation of Chinese medicine". Please set out the numbers of various categories of applications for pCm registration in the following format:

Categories of applications	Application Status	No. of cases
Applications for transitional registration	(i) Applications submitted (ii) "Notice of confirmation of transitional registration of pCm" issued (iii) Applications rejected (iv) Requests for review of applications (v) Reviews approved (vi) Reviews rejected	
Applications for non-transitional registration	(i) Applications submitted (ii) "Notice of confirmation of non-transitional registration of pCm" issued (iii) Applications rejected (iv) Requests for review of applications (v) Reviews approved (vi) Reviews rejected	
Application for formal registration	(i) Applications submitted (ii) "Certificate of registration of pCm" issued (iii) Applications rejected (iv) Requests for review of applications (v) Reviews approved (vi) Reviews rejected	

Asked by: Hon. LEUNG Ka-lau

Reply:

As of early March 2013, the Department of Health has received a total of 17 640 applications for registration of proprietary Chinese Medicines. The breakdown is as follows-

Categories of applications	Outcome/Progress of application under Chinese Medicines Board	Number of cases
(a) Application for transitional registration	Applications received by DH (i + ii + iii)	14 170
	(i) "Notices of confirmation of transitional registration of pCm" (HKP) issued	8 850
	(ii) Applications rejected	5 130
	(iii) Applications transferred to non-transitional application due to not fulfilling of transitional registration requirements	190
	Applications for review (among those in (ii) above) - Review accepted: 440 - Review not accepted: 320 - Review applications withdrawn: 130 - Review cases pending processing: 60	950
(b) Applications for non-transitional registration	Applications received by DH (i + ii + iii + iv)	3 470
	(i) "Notices of confirmation of non-transitional registration of pCm" (HKNT) issued	890
	(ii) "Certificate of registration of pCm" (HKC) issued	310
	(iii) Applications rejected	1 550
	(iv) Applications pending processing	720
	Applications for review (among those in (iii) above) - Review accepted: 160 - Review not accepted: 190 - Review applications withdrawn: 30 - Review cases pending processing: 60	440

Remarks: Both (a) transitional registration applications and (b) non-transitional applications are formal registration applications.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)149

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1117

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration mentioned that in 2013-14, the Hospital Authority will expand the Case Management Programme under the Psychiatric Service and roll-out the Programme to three more districts on top of the 12 districts it is now serving. Eventually, the programme will cover the whole territory. Please provide the number of case managers employed/to be employed and the patients served/to be served in each district as mentioned in the Estimates for 2011-12, 2012-13 and 2013-14.

Asked by: Hon. LEUNG Ka-lau

Reply:

In April 2010, the Hospital Authority (HA) launched the Case Management Programme (the Programme) in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalised support for patients with severe mental illness (SMI). By 2012-13, the Programme has been extended to a total of 12 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Kowloon City, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long).

As at 31 December 2012, the HA has recruited a total of 206 case managers (including psychiatric nurses, occupational therapists and registered social workers) to provide personalised and intensive community support to about 11 500 patients with SMI under the the Programme.

The objective of the 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 SMI at any one time.

The breakdown of patients served by the Programme and case managers employed (as at 31 December 2012) in each cluster since the launching of the Programme in 2010-11 is as follows:

Cluster	Districts covered	As at 31 December 2012	
		No. of SMI patients served	No. of case managers employed
HKEC	Eastern and Wanchai	1 400	22
HKWC	Central & Western, Southern, and Island	820	23
KCC	Kowloon City	630	14
KEC	Kwun Tong	1 330	22
KWC	Sham Shui Po and Kwai Tsing	2 800	51
NTEC	Shatin	1 270	26
NTWC	Yuen Long and Tuen Mun	3 250	48
Total	**12 districts**	**11 500**	**206**

In 2013-14, the Programme will be further extended to cover three more districts (Wong Tai Sin, Sai Kung and North). It is estimated that an additional 56 case managers including nurses and allied health professionals will be recruited to provide support for about 2 800 more patients.

The estimated recurrent expenditures incurred for the Programme for 2010-11, 2011-12 and 2012-13 were $78 million, $151 million and $178 million respectively. The additional recurrent expenditure for 2013-14 is estimated at $38 million.

HA will continue to recruit more case managers to support the Programme, with a view to extending the Programme to cover all 18 districts in the coming two years.

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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)150

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1118

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Matters Requiring Special Attention in 2013-14 that the Administration will "continue to oversee the implementation of the established tobacco control policy through a multi-pronged approach, including promotion, education, legislation, enforcement, taxation and smoking cessation". Please set out in detail the expenditures for smoking cessation service in 2012-13 and 2013-14 (Estimate).

Asked by: Hon. LEUNG Ka-lau

Reply:

Smoking cessation is an integral part of the Administration's tobacco control measures to protect public health. Over the years, the Department of Health (DH) and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation through providing cessation counselling telephone hotline, health talks and other health education programmes, and smoking cessation services in their respective clinics. Collaborative efforts have also been undertaken with non-government organizations, academic institutions and healthcare professions to promote smoking cessation and provide smoking cessation services to the public.

The expenditures / provision of tobacco control activities managed by the Tobacco Control Office (TCO) of DH from 2012-13 to 2013-14, broken down by types of activities, are at **Annex**. Various DH services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, such expenditure forms an integral part of the respective DH's services and could not be separately identified and included here. In the case of HA, it operates 9 full-time and 43 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counseling and treatment. These smoking cessation services form an integral part of HA's overall services provision; and therefore, a breakdown of the expenditure is not available.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Annex

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2012-13 Revised Estimate ($ million)	**2013-14 Estimate** ($ million)
Enforcement		
Programme 1: Statutory Functions	36.6	38.1
Health Education and Smoking Cessation		
Programme 3: Health Promotion	112.4	108.3
(a) General health education and promotion of smoking cessation		
TCO	19.8	19.5
Subvention to the Council on Smoking and Health (COSH) – Publicity	11.5	12.7
(b) Provision for smoking cessation services		
TCO	36.3	24.1
Subvention to COSH	9.2	8.5
Subvention to Tung Wah Group of Hospitals – Smoking cessation programme	26.5	34.7
Subvention to Pok Oi Hospital – Smoking cessation programme using acupuncture	6.0	6.0
Subvention to Po Leung Kuk – School-based smoking prevention activities	1.7	1.0
Subvention to Lok Sin Tong – Smoking cessation programme in workplace	1.4	1.8
Total	**149.0**	**146.4**

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)151

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0109

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is suggested by the Administration that an additional $44 million be allocated to the Hospital Authority (HA) for including in the HA Drug Formulary two chemotherapeutic drugs this year. Would the Administration advise this Committee on the following:

1. What were the amounts of expenditures used to provide funding for various categories of drugs in the HA Drug Formulary over the past three years (i.e. 2010-11, 2011-12 and 2012-13)? Could a general breakdown be given of these expenditures on drugs for various types of diseases (such as cancer, mood disorder, diabetes mellitus, etc.)?

2. What were the amounts of expenditures used to provide funding for target therapy drugs in the Drug Formulary over the past three years (i.e. 2010-11, 2011-12 and 2012-13)? How many kinds of target therapy drugs in total had been added in the Drug Formulary in this period? Has the Administration assessed whether the various kinds of target therapy drugs covered by the Drug Formulary can reflect the actual needs of patients? Will consideration be given to adding more kinds of target therapy drugs in the Drug Formulary in the next three years (i.e. 2013-14, 2014-15 and 2015-16)? What is the estimated expenditure involved? If not, what are the reasons?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

1.

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 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.

2.

Target therapy drugs for oncology are relatively new and usually fall into category of drugs which are (i) proven to be of significant benefits but extremely expensive for HA to provide as part of its standard services; (ii) with preliminary medical evidence only; or (iii) with marginal benefits over available alternatives but at significantly higher costs.

Those under category (i) are all positioned as self-financed items covered by the safety net provided through the Samaritan Fund (SF). In the past three years, five target therapy drugs have been added under SF, making the total number of target therapy drugs covered by SF to be nine.
The table below sets out the nine target therapy drugs and amount of subsidies granted for use of these drugs in 2010-11, 2011-12 and 2012-13 (up to 31 December 2012) :

Cancer Drugs and Indications with Target Therapy	**2010-11**	**2011-12**	**2012-13 (Up to 31 Dec 2012)**
	Amount of Subsidy Granted ($ million)	**Amount of Subsidy Granted ($ million)**	**Amount of Subsidy Granted ($ million)**
1. Bortezomib	4.61	9.03	13.28
a) for multiple myeloma			
b) for frontline induction therapy of transplant-eligible, younger multiple myeloma patients	---	---	2.87
2. Cetuximab for initial treatment of locally advanced squamous cell carcinoma of head and neck	1.62	1.57	0.71
3. Dasatinib	2.98	6.42	6.19
a) for Imatinib resistant chronic myeloid leukaemia			
b) for newly diagnosed chronic myeloid leukemia in chronic phase	---	---	1.64
4. Imatinib			
a) for acute lymphoblastic leukaemia	2.68	1.47	2.95
b) for chronic myeloid leukaemia	30.88	36.11	25.56
c) for gastrointestinal stromal tumour	12.95	15.68	12.88
5. Nilotinib a) for Imatinib resistant chronic myeloid leukaemia	9.49	9.71	11.75
b) for newly diagnosed chronic myeloid leukemia in chronic phase	---	---	1.11
6. Rituximab			
a) for malignant lymphoma	11.72	11.00	10.75
b) for maintenance therapy for relapsed follicular lymphoma	0.22	0.40	0.15
7. Trastuzumab			
a) for HER2 overexpressed metastatic breast cancer	5.00	5.81	8.95

Cancer Drugs and Indications with Target Therapy	2010-11	2011-12	2012-13 (Up to 31 Dec 2012)
	Amount of Subsidy Granted ($ million)	Amount of Subsidy Granted ($ million)	Amount of Subsidy Granted ($ million)
b) for HER2 positive early breast cancer	34.85	30.87	45.44
8. Erlotinib for Second-line treatment for patients with activating EGFR mutation +ve non-small cell lung cancer	---	2.93	3.21
9. Gefitinib for Second-line treatment for patients with activating EGFR mutation +ve non-small cell lung cancer	---	5.38	5.29
Total	**117.00**	**136.38**	**152.73**

HA has an established mechanism with the support of 20 specialty panels to regularly evaluate new drugs and review existing drugs in the Drug Formulary. The process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness of drugs; and taking into account various factors, including international recommendations and practices, changes in technology, pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost and views of professionals and patient groups. HA will keep in view the latest scientific and clinical evidence of drugs and enhance the Drug Formulary as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy. As the new target therapy drugs to be added in the next three years are not yet known, HA is unable to provide the estimated expenditure on target therapy drugs in the next three years.

Name in block letters: Richard YUEN

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

Date: 19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)152

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0140

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:

Could the Administration inform this Committee of the expenditure on subsidizing the psychiatric out-patient and in-patient services under the Hospital Authority in the past 3 years (i.e. 2010-11, 2011-12 and 2012-13) in providing the current mental health and rehabilitation services? What is the estimated number of patients treated each year? What will be the increase regarding the services in the next 3 years (i.e. 2013-2014, 2014-2015 and 2015-16)?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

The table below sets out the costs incurred by the Hospital Authority (HA) for the provision of in-patient and out-patient mental health services in the past three years.

	2010-11 ($ million)	**2011-12 ($ million)**	**2012-13 (Revised Estimate) ($ million)**
In-patient mental health services	1,794	1,939	2,123
Out-patient mental health services (excluding community services)	725	821	905

The total number of psychiatric patients treated in the past three years is as follows:

	2010-11	**2011-12**	**2012-13**
Total number of psychiatric patients treated *	176 100	186 900	188 600 (Provisional figure up to December 2012)

** rounded to the nearest ten*

As service demand is determined by a number of factors including population growth, demographic changes and changes in health services utilisation pattern, HA does not have projections for service increase in the next three years.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)153

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0063

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 continuing to oversee the setting up of Chinese medicine clinics in the public sector,

1. please list out the average daily consultation quota, number of attendances, utilistation rate and service cost per person of each public Chinese medicine clinic at present;

2. will the number of Chinese medicine clinics be further increased? If yes, what are the details? What are the estimated expenditures involved? If no, what are the reasons?

3. has consideration be given to the setting up of a Chinese medicine hospital? If yes, what are the details and the estimated expenditures involved? If no, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. The Government has committed to establishing 18 public Chinese medicine clinics (CMCs) to promote the development of "evidence-based" Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. Each of these public CMCs operates on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day operation of public CMCs. The attendances of the 17 public CMCs in 2012 are at **Annex**.

   As the demand for Chinese medicine services varies from district to district, the types of services provided, staffing and attendances at each public CMC also vary. Under such circumstances, there is no standardised consultation quota for public CMCs.

   Apart from providing general Chinese medicine consultation services, the NGOs also provide support for the conduct of clinical research in Chinese medicine as well as training placements for fresh graduates of local Chinese medicine degree programmes. The CMCs do not have a separate breakdown of the expenditure on their Chinese medicine services provided.

2. Up to now, we have commissioned 17 public CMCs in various districts over the territory. HA will soon commence renovation works for the last CMC to be set up in the Islands District.

3. The Government supports the development of Chinese medicine hospitals and will consider proposals from interested organisation to develop self-financed Chinese medicine hospital on private land. There is currently no established policy to set up a public Chinese medicine hospital or provide government land for the development of a private Chinese medicine hospital.

The newly established Chinese Medicine Development Committee, which will give recommendations to the Government concerning the direction and long-term strategy of the future development of Chinese medicines in Hong Kong, will also explore the feasibility of establishing Chinese medicine hospitals and providing Chinese medicine in-patient services in Hong Kong.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Annex

Attendances of Public Chinese Medicine Clinics in 2012

District of the public Chinese medicine clinic [Date of opening]	Attendances
Central and Western [December 2003]	60 222
Tsuen Wan [December 2003]	61 901
Tai Po [December 2003]	69 875
Wan Chai [April 2006]	67 052
Sai Kung [April 2006]	51 398
Yuen Long [April 2006]	75 861
Tuen Mun [November 2006]	65 830
Kwun Tong [November 2006]	54 117
Kwai Tsing [January 2007]	53 065
Eastern [March 2008]	50 083
North [March .2008]	68 155
Wong Tai Sin [December 2008]	67 745
Sha Tin [February 2009]	63 321
Sham Shui Po [March 2009]	60 907
Southern [March 2011]	24 621
Kowloon City [December 2011]	21 863
Yau Tsim Mong [December 2012]	292
Total	**916 308**

Note : The above attendances cover all kinds of Chinese medicine services provided in the clinics (i.e. Chinese medicine general consultation services, acupuncture, bone-setting, tui-na, etc).

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)154

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0106

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 "formulating detailed proposals for the proposed Health Protection Scheme, including supervisory framework, operational details and financial incentives", what are the details? What are the estimated expenditures involved?

Will the Administration conduct a study and a statistical survey on the taking out of private health insurance by members of the public? If yes, what are the details? What are the estimated expenditures involved? If no, what are the reasons?

What were the numbers of people who purchased private health insurance in Hong Kong for the past five years (2008-09, 2009-10, 2010-11, 2011-12 and 2012-13)? Please provide a list by sex, age group and the sum insured.

What were the numbers of complaints about private health insurance for the past five years (2008-09, 2009-10, 2010-11, 2011-12 and 2012-13)? Please provide a list by type of complaint.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

We are taking forward various healthcare reform initiatives based on the outcome of the Second Stage Public Consultation on Healthcare Reform, including conducting a strategic review on healthcare manpower planning and professional development, formulating detailed proposals for the Health Protection Scheme (HPS) and facilitating healthcare service development.

To take forward the HPS, we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group will make recommendations on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the HPS standard plan(s), rules and mechanism in support of the operation of the HPS as well as possible options for the provision of public subsidies or financial incentives to facilitate HPS implementation. The Working Group is supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration. The Working Group is expected to complete its work and tender detailed recommendations on the HPS to the HMDAC by 2013.

To facilitate the work of the Working Group and Consultative Group, we have commissioned a consultancy study on the HPS in order to provide professional and technical support to the Working Group and the Consultative Group. The consultant would conduct a comprehensive and detailed review, survey and

analysis on the current state of private health insurance in Hong Kong by collecting relevant information and data from private health insurers and private healthcare service providers. Based on the findings of the analysis and after considering the experience of overseas jurisdictions, the consultant will propose a feasible and sound design for implementing the HPS, including relevant operational rules and mechanisms, such as the high-risk pool, portability arrangements for HPS standard plan(s), transparency and certainty of charging of fees, etc.

We set up a dedicated and time-limited Healthcare Planning and Development Office (HPDO) in January 2012 to spearhead and coordinate the healthcare reform initiatives. The HPDO is headed by one Administrative Officer Staff Grade B and supported by one Administrative Officer Staff Grade C. Both posts were approved by the Finance Committee of the Legislative Council in January 2012. In addition, one existing Administrative Officer Staff Grade C post in the Health Branch of the Food and Health Bureau has been re-deployed to support Head, HPDO in the conduct of the strategic review on healthcare manpower planning and professional development. Besides, there are a total of 17 non-directorate civil service posts providing the necessary support for taking forward the above reform initiatives. They include three Administrative Officers, six Executive Officers, one Medical and Health Officer and seven supporting secretarial and clerical staff. $48 million has been reserved in 2013-14 for the operation of the HPDO, which covers staff costs and other expenses.

The Census and Statistics Department has been conducting Thematic Household Survey on the topic of health-related issues once in around two to three years to collect, inter alia, information on medical insurance purchased by individuals and medical benefits provided by employers/companies. The latest round of the survey was carried out in late 2011 to early 2012 and its results were released in January 2013. The total cost of this survey round was $2.6 million.

In 2008-2012, the Census and Statistics Department conducted and completed three rounds of Thematic Household Survey on health-related issues in 2008, 2009/10 and 2011/12 respectively. The following tables set out the number of persons covered by private health insurance, including individually purchased health insurance and employer-provided medical benefits, broken down by sex and by age group respectively. Statistics on the population coverage of private health insurance by the sum insured are not available.

Number of persons covered by individually purchased private health insurance and/or employer-provided medical benefits* by sex

Sex	**Survey Period**		
	February 2008 to May 2008	November 2009 to February 2010	October 2011 to January 2012
Male	1 214 800	1 265 000	1 378 200
Female	1 207 400	1 299 700	1 415 700
Total	**2 422 300**	**2 564 800**	**2 793 900**

Source: Thematic Household Survey conducted by the Census and Statistics Department

Notes: Figures may not add up to respective totals due to rounding.

* Persons with employer-provided medical benefit not in the form of medical insurance provided by private companies / organizations were also included; however, persons only with Civil Service / Hospital Authority staff medical benefits were excluded.

Number of persons covered by individually purchased private health insurance and/or employer-provided medical benefits* by age group

Age Group	Survey Period		
	February 2008 to May 2008	November 2009 to February 2010	October 2011 to January 2012
≤ 14	261 600	300 600	309 900
15 - 24	239 100	253 800	303 900
25 - 34	537 400	538 900	578 900
35 - 44	618 400	591 500	619 200
45 - 54	533 100	584 900	626 000
55 - 64	195 700	243 600	299 400
≥ 65	37 000	51 400	56 500
Total	**2 422 300**	**2 564 800**	**2 793 900**

Source: Thematic Household Survey conducted by the Census and Statistics Department

Notes: Figures may not add up to respective totals due to rounding.

* Persons with employer-provided medical benefit not in the form of medical insurance provided by private companies / organizations were also included; however, persons only with Civil Service / Hospital Authority staff medical benefits were excluded.

According to the Office of the Commissioner of Insurance (OCI), the number of complaints related to health insurance received by the OCI for the past five years are as follows –

Natures of Complaints	2008#	2009	2010	2011	2012
Cancellation/ Non-Renewal of Policy	3	10	24	10	11
Delay in Settlement	1	10	16	7	9
Misrepresentation	2	14	10	11	5
Quantum of Indemnity	0	8	3	8	6
Repudiation of Liability	6	35	24	18	22
Others*	13	45	35	34	38
Total	25	122	112	88	91

* Other complaints include forgery, mishandling of premium received, poor service, quality of management of insurer, refund of premium, twisting of policies, unfair contract terms, unreasonable claims procedures, increase in premiums, misconduct of agents, etc.

Figures for 2008 only include complaints relating to medical insurance (General Business) but without figures on medical riders of Long Term Business received by the OCI.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health (Health)
Date:	20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)155

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0150

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Budget Speech that the Case Management Programme will be extended to three more districts in 2013-14 and be further extended to all districts in the territory in the coming two years (2013-14 and 2014-15) by the Hospital Authority. In this regard, would the Administration provide the following information:

1. According to the Food and Health Bureau's submission to the Legislative Council Panel on Health Services, the three new districts to which the programme will be extended are Sai Kung, Wong Tai Sin and the North District. What is the estimated number of additional case managers to be recruited for these districts, and what is the additional number of mental patients to be covered by the programme?

2. Please list out the expenditure incurred for the Case Management Programme for the past three years (2010-11 to 2012-13) and the estimated expenditure for 2013-14.

3. Please provide the information requested according to the following table:

Items of information 18 Districts	No. of mental patients assessed to be of relatively high risk	No. of mental patients assessed to be of medium risk	No. of mental patients assessed to be of low risk	Total no. of mental patients	No. of case managers	Average no. of mental patients followed up by each case manager
Eastern						
Wan Chai						
Central and Western						
…						
Tuen Mun						
Yuen Long						

4. Has the Administration set any indicators for assessing the effectiveness of the programme? If yes, what are the indicators and the results of the assessment? If no, what are the reasons?

5. What is the Administration's time-table for further extending the programme to all districts in the territory in the coming two years (2013-14 and 2014-15)?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

In April 2010, the Hospital Authority (HA) launched the Case Management Programme (the Programme) in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalised support for patients with severe mental illness (SMI). By 2012-13, the Programme has been extended to a total of 12 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Kowloon City, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long).

As at 31 December 2012, the HA has recruited a total of 206 case managers (including psychiatric nurses, occupational therapists and registered social workers) to provide personalised and intensive community support to about 11 500 patients with SMI under the the Programme.

The objective of the 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 SMI at any one time.

The breakdown of patients served by the Programme and case managers employed (as at 31 December 2012) in each cluster since the launching of the Programme in 2010-11 is as follows:

Cluster	**Districts covered**	**As at 31 December 2012**	
		No. of SMI patients served (Note)	**No. of case managers employed**
HKEC	Eastern and Wanchai	1 400	22
HKWC	Central & Western, Southern, and Island	820	23
KCC	Kowloon City	630	14
KEC	Kwun Tong	1 330	22
KWC	Sham Shui Po and Kwai Tsing	2 800	51
NTEC	Shatin	1 270	26
NTWC	Yuen Long and Tuen Mun	3 250	48
Total	**12 districts**	**11 500**	**206**

In 2013-14, the Programme will be further extended to cover three more districts (Wong Tai Sin, Sai Kung and North). It is estimated that an additional 56 case managers including nurses and allied health professionals will be recruited to provide support for about 2 800 more patients.

The estimated recurrent expenditures incurred for the Programme for 2010-11, 2011-12 and 2012-13 were $78 million, $151 million and $178 million respectively. The additional recurrent expenditure for 2013-14 is estimated at $38 million.

HA will continue to recruit more case managers to support the Programme, with a view to extending the Programme to cover all 18 districts in the coming two years. To assess the effectiveness of the Programme, HA has commissioned the Department of Psychiatry of the University of Hong Kong to conduct an

evaluation study on the Programme. The findings are expected to be ready in Q3 2013.

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

Note: As the risk level of patients with SMI may change from time to time depending on a number of factors such as current mental state, occupational functioning and availability of family support, HA is unable to provide breakdown on the number of SMI patients by the requested risk categories.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)156

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0151

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development of a long term regulatory framework for medical devices, what are the details, estimated expenditure and timeframe? Will the regulatory framework include a registration or licensing regime? Will it require that medical devices be operated by qualified persons? If yes, what are the details?

Was there any complaint about medical devices in the past 5 years (2008-09, 2009-10, 2010-11, 2011-12, 2012-13)? If yes, please provide a breakdown by types of medical devices and types of complaints.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The Administration is taking steps to put in place a regulatory framework for medical devices. Under the proposed statutory regulation framework, medical devices must fulfill safety, performance and quality requirements before being allowed to be placed in the Hong Kong market. A medical device registration system will be implemented for the purpose.

To pave way for implementing the future statutory control, a voluntary Medical Device Administrative Control System (MDACS) has been established by the Department of Health (DH) since 2004.

The Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services on the proposed regulatory framework of medical devices in November 2010. The regulatory proposal has taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, DH engaged a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal in 2011. The Administration plans to report back to the LegCo Panel on Health Services on the outcome of the BIA study together with details of the legislative proposal in 2013. The proposed regulatory framework will consider the control on the use and operation of high risk medical devices.

Problems associated with the use of medical devices are reported as adverse incidents in the MDACS. The number of adverse incident reports received by DH in 2008, 2009, 2010, 2011, and 2012 were 9, 38, 60, 20 and 18 respectively. Over half (51%) of the reports were related to cardiology devices.

In 2013-2014, a provision of $ 14.5 million will be allocated to DH for the operation of the existing MDACS as well as the preparatory work for legislative control of medical devices.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)157

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0152

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under the indicator "rehabilitation and palliative care services", "no. of home visits by community nurses" has increased from 831 000 (revised estimate) in 2012-13 to 844 000 (estimate) in 2013-14.

Is additional manpower required for the increase ? What is the estimated expenditure involved ?

Do the above figures refer to completed home visits ? Please advise on the manpower of community nurses, number of completed visits and average time spent per visit in the past five years, i.e. 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The Hospital Authority (HA) projects an increase in the number of home visits to be made by community nurses (CN) from 831 000 in 2012-13 to 844 000 in 2013-14. The estimated figures include home visits which are successfully completed as well as those without response. Based on past records, normally over 98% of the home visits made were successfully completed. The HA plans to increase the number of CN from 429 in the 2012-13 revised estimates to 439 in 2013-14. The estimated total cost of the community nursing service in 2013-14 is about $364 million.

The table below sets out the number of CN, home visits successfully completed and average time spent per successful home visit in the past five years:

Community Nursing Home Visits	**2008-09**	**2009-10**	**2010-11**	**2011-12**	**2012-13[(1)]**
Number of Community Nurses	378	388	397	439	429
Number of Home Visits successfully completed	786 677	819 201	810 226	823 311	623 711
Average time (in minutes) per each successful home visit (net of travelling time)	18.3	18.2	18.8	19.6	20.4

Note: [(1)] as at end of December 2012.

Name in block letters: Richard YUEN

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

Date: 21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)158

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1141

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In respect of enhancing service capacity to meet growing demand arising from population growth and ageing through a number of initiatives, including opening of additional beds, please advise on the following:

a. The existing number of beds in each hospital cluster, their occupancy rate and the respective expenditure involved. Please provide a list by hospital cluster as well as by general, infirmary, mentally ill and mentally handicapped services.

b. The criteria the Administration adopts when deciding to open additional beds in individual hospital cluster.

c. The amount of provisions allocated to each hospital cluster as well as the total population and population aged 65 or above in the respective cluster in the past 5 years (i.e. 2008-09 to 2012-13). Please provide a list by hospital cluster.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a)

The table below sets out the number of hospital beds, bed occupancy rate and the respective estimated costs of inpatient services in each hospital cluster by general, infirmary, mentally ill and mentally handicapped services under the Hospital Authority (HA) in 2012-13.

2012-13 [Provisional figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General								
Number of hospital beds#	2 004	2 853	3 004	2 175	5 179	3 474	2 156	20 845
Bed occupancy rate^	83%	74%	87%	86%	84%	87%	95%	85%
Estimated service costs ($ million)	2,660	3,472	3,744	2,786	5,908	4,385	2,967	25,922
Infirmary								
Number of hospital beds#	627	200	118	116	328	517	135	2 041
Bed occupancy rate^	87%	83%	81%	73%	98%	83%	94%	86%
Estimated service costs ($ million)	234	76	55	54	129	111	35	694
Mentally ill								
Number of hospital beds#	400	82	425	80	920	524	1 176	3 607
Bed occupancy rate^	75%	77%	86%	83%	78%	68%	73%	76%
Estimated service costs ($ million)	258	93	271	61	489	327	624	2,123
Mentally handicapped*								
Number of hospital beds#	-	-	-	-	160	-	500	660
Bed occupancy rate^	-	-	-	-	57%	-	97%	87%
Estimated service costs ($ million)	-	-	-	-	64	-	209	273

Hospital beds as at 31 March 2013
^ Bed occupancy rate in 2012-13 (up to December 2012)

* Mentally handicapped beds are provided in KWC and NTWC only.

The costs vary significantly among different cases given the different complexity of conditions of patients and different diagnostic services, treatments and prescription required as well as the different length of stay of patients in the hospitals. The cost also varies among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to the population profile and other factors. Thus clusters with greater number of patients having more complex conditions or requiring more costly treatment would incur a higher service cost. Therefore the costs cannot be directly compared among clusters.

(b) In planning for its services and allocating beds to different hospitals, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as the organization of services of the clusters and hospitals and the service demand of local community.

(c)

The table below sets out the budget allocation of the seven hospital clusters for the past five years from 2008-09 to 2012-13:

Year	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
	($ billion)						
2008-09	3.36	3.59	4.18	3.03	7.04	5.00	3.89
2009-10	3.45	3.65	4.28	3.09	7.15	5.09	3.98
2010-11	3.53	3.71	4.47	3.21	7.29	5.26	4.17
2011-12	3.95	4.11	4.98	3.65	8.17	5.89	4.73
2012-13	4.37	4.51	5.45	4.10	8.96	6.50	5.18

The table below sets out the population figures by cluster in mid-2008 to mid-2012.

Mid Year / Age		Cluster							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
		Population ('000)							
2008	Aged 65 or above	121.8	72.2	71.5	124.2	271.1	131.1	90.8	882.7
	All Age	830.6	542.9	479.1	934.5	1 859.9	1 265.7	1 042.9	6 957.8
2009	Aged 65 or above	121.3	72.0	72.4	129.5	276.4	133.5	93.4	898.6
	All Age	818.2	535.8	487.6	953.3	1 863.3	1 269.7	1 043.1	6 972.8
2010	Aged 65 or above	122.9	73.3	74.1	134.7	279.0	138.2	96.2	918.5
	All Age	817.8	537.5	491.5	973.7	1 864.9	1 285.0	1 052.4	7 024.2
2011	Aged 65 or above	124.1	74.0	77.7	135.2	285.9	142.4	102.0	941.4
	All Age	803.5	530.2	500.2	993.7	1 880.5	1 296.4	1 066.0	7 071.6
2012	Aged 65 or above	132.2	79.0	80.8	136.6	289.0	150.1	106.7	974.5
	All Age	825.4	544.1	503.2	1 012.0	1 887.6	1 321.3	1 085.3	7 180.7

Note:

Population figures are based on the 2011 Population Census by the Census & Statistics Department and the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.

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:	22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)159

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1142

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 widening of the coverage of and the expansion of the use of drugs in the Hospital Authority Drug Formulary, please list:

a. the numbers of drugs newly added to, deleted from or expanded in use under each drug class in the Formulary in the past 5 years (i.e. 2008-09 to 2012-13); the names, targeted illnesses and scopes of application of these drugs; the numbers of patients and expenditure involved; and, for the drugs deleted, the reasons for their deletion; and

b. the number of new drugs which have applied for incorporation into the Formulary in the past 5 years, with a breakdown showing the numbers of applications:

i) accepted;

ii) still being examined; and

iii) rejected;

and the average processing time of each application and the expenditure involved.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a)

From 2009-10 to 2012-13, the Government has provided additional recurrent allocation of over $700 million in total for the Hospital Authority (HA) to introduce new drugs as Special drugs and expand the clinical applications of various drugs / drug classes in the HA Drug Formulary. The tables below set out the name, therapeutic use, additional recurrent funding involved and the estimated number of patients benefited each year for each newly incorporated drug and each drug / drug class with expanded clinical applications from 2009-10 to 2012-13.

2009-10

i) Drugs / drug classes with expanded clinical applications :

Drug Name / Class	Therapeutic Use	Additional Recurrent Funding Involved ($ Million)	Estimated Number of Patients Benefited Each Year
1. Fibrinolytics	Acute myocardial infarction	40	Over 200 000
2. Statins	Stroke and myocardial infarction		
3. Bisphosphonates	Osteoporotic fracture		

2010-11

i) New drugs incorporated into the HA Drug Formulary :

Drug Name / Class	Therapeutic Use	Additional Recurrent Funding Involved ($ Million)	Estimated Number of Patients Benefited Each Year
1. Laronidase	Mucopolysaccharidosis (MPS) I	35	Patients were assessed by an expert panel on their clinical suitability for use of the drug on a case-by-case basis
2. Idursulfase	MPS II		
3. Glasulfase	MPS VI		
4. Alglucosidasc alpha	Pompe		
5. Algalsidase beta	Fabry		
6. Imiglucerase	Gaucher		
7. Irinotecan	Colorectal cancer	10	167
8. Vinorelbine	Lung cancer	3	160

ii) Drugs / drug classes with expanded clinical applications :

Drug Name / Class	Therapeutic Use	Additional Recurrent Funding Involved ($ Million)	Estimated Number of Patients Benefited Each Year
1. Drugs for active Hepatitis B cases	Hepatitis B	54	2 575
2. Drugs for active Hepatitis C cases	Hepatitis C	22.8	600
3. Angiotensin-receptor	Diabetes Mellitus and	18.6	25 000

Drug Name / Class	Therapeutic Use	Additional Recurrent Funding Involved ($ Million)	Estimated Number of Patients Benefited Each Year
blocker	hypertension		
4. Glitasones	Diabetes Mellitus		
5. Insulin	Diabetes Mellitus		
6. Aromatase inhibitors	Breast cancer	16	400
7. Vascular endothelial growth factor inhibitors	Wet form age-related macular degeneration	12.45	500
8. Clopidorgrel	Cardiovascular diseases	12	6 650
9. Atypical anti-psychotics	Mental illnesses	10	2 170

2011-12

i) New drugs incorporated into the HA Drug Formulary :

Drug Name / Class	Therapeutic Use	Additional Recurrent Funding Involved ($ Million)	Estimated Number of Patients Benefited Each Year
1. Capecitabine	Colorectal cancer	20	1 000

ii) Drugs / drug classes with expanded clinical applications :

Drug Name / Class	Therapeutic Use	Additional Recurrent Funding Involved ($ Million)	Estimated Number of Patients Benefited Each Year
1. Traditional and recombinant insulin, DDP-IV inhibitor	Diabetic mellitus	38	29 000
2. Long-acting bronchodilators	Chronic obstructive pulmonary disease	44	7 500
3. Angiotensin II Receptor Blockers	Cardiovascular diseases	10	6 000
4. Atypical antipsychotic drugs (long acting oral and injection)	Mental illness	40	4 000

Drug Name / Class	Therapeutic Use	Additional Recurrent Funding Involved ($ Million)	Estimated Number of Patients Benefited Each Year
5. Epoetins	Renal anaemia	44	2 500
6. Glaucoma eye drops	Glaucoma	5	1 000
7. Antivirals	Hepatitis B	26	1 300
8. Oral iron chelators	Thalassaemia major	10	50

2012-13

i) New drugs incorporated into the HA Drug Formulary :

Drug Name / Class	Therapeutic Use	Additional Recurrent Funding Involved ($ Million)	Estimated Number of Patients Benefited Each Year
1. Oxaliplatin	Colon cancer	24	400
2. Interferon beta	Multiple sclerosis	8	90
3. Gemcitabine	Pancreatic and bladder cancer	5	100

ii) Drugs / drug classes with expanded clinical applications :

Drug Name / Class	Therapeutic Use	Additional Recurrent Funding Involved ($ Million)	Estimated Number of Patients Benefited Each Year
1. Taxanes (including Docetaxel and Paclitaxel)	Breast, head and neck, prostate and lung cancer	30	2 000
2. Drugs for epilepsy, depression, dementia and attention deficit hyperactivity disorder	Epilepsy, depression, dementia and attention deficit hyperactivity disorder	49	6 000
3. Coagulation factors, iron oral chelating agents and granulocyte-colony stimulating factor	Hemophilia, adult thalassaemia and neutropenia	50	900
4. Immunosuppressants	Transplant	31	500
5. Drugs for anaesthesia and sedation	Anaesthesia and sedation	9	All suitable patients
6. Drugs for gastrointestinal diseases	Gastrointestinal diseases	2	11 000

Drug Name / Class	Therapeutic Use	Additional Recurrent Funding Involved ($ Million)	Estimated Number of Patients Benefited Each Year
7. Drugs for pulmonary arterial hypertension and glycoprotein IIb / IIIa inhibitor	Pulmonary arterial hypertension and coronary vascular diseases	15	700
8. Peritoneal dialysis fluid (glucose free preparation)	Renal diseases	6	300
9. Drugs for growth hormone deficiency	Growth hormone deficiency	1	30

Note: In 2008-09, no additional recurrent allocation for introduction of new drugs or expansion of clinical applications of drugs were provided on top of the recurrent operating expenditure of the HA Drug Formulary.

The management of drugs and review of the drug list in the HA Drug Formulary are a dynamic and complicated process. Drugs may come in different dosage forms and strengths for different clinical indications and a product can be withdrawn and be re-launched back to the market at any time. Since HA's current database does not capture the movement of individual drugs in different dosage forms and strengths at different points of time, detailed information of drugs removed from the HA Formulary in the past few years are not available. As drugs removed from the HA Drug Formulary from 2008-09 to 2012-13 were obsolete or no longer used or required, the number of patients affected and the expenditure involved were thus minimal.

(b)

The following table sets out the number of drug applications approved, rejected and pending review for inclusion in the HA Drug Formulary in the past five years from 2008-09 to 2012-13:

	2008-09	2009-10	2010-11	2011-12	2012-13
No. of drug applications approved	25	22	13	22	35
No. of drug applications rejected	32	22	20	22	20
No. of drug applications pending review	0	0	0	0	3

Note : A drug may have more than one clinical indication and each of the above applications involved a new indication of a drug. Applications involving a new indication of an existing drug or re-submission of applications that were rejected previously are counted as separate applications.

There is a mechanism in place to regularly appraise new drugs and review the drug list in the HA Drug Formulary. It is an ongoing process and driven by evolving new evidence, latest clinical development and market dynamics. HA is therefore unable to provide information regarding the average processing time and expenditure involved in reviewing applications for inclusion of drugs in the HA Drug Formulary.

Name in block letters: Richard YUEN

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

Date: 26.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)160

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1143

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 "formulating detailed proposals, including supervisory framework and financial incentives, for the proposed Health Protection Scheme (HPS)" and the Chief Executive's Policy Address proposal of "studying the provision of tax breaks to encourage people to purchase health insurance":

1. Does the financial incentives include "studying the provision of tax breaks to encourage people to purchase health insurance"? If so, what are the details? What is the estimated expenditure involved?

2. Has the study commenced? Approximately when will the results be announced? Will the Administration consult the public on the results of the study? If so, what are the details? If not, what are the reasons?

3. If tax breaks will be provided for people who purchase health insurance, does it only include health insurance schemes put forward by the Administration? Will other private health insurance schemes be included?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

To take forward the Health Protection Scheme (HPS), we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group will make recommendations on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the HPS standard plan(s), rules and mechanism in support of the operation of the HPS as well as possible options for the provision of public subsidies or financial incentives to facilitate HPS implementation. The Working Group is supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration. The Working Group is expected to complete its work and tender detailed recommendations on the HPS to the HMDAC by 2013, after which we will consult the public on the way forward.

To facilitate the work of the Working Group and Consultative Group, we have commissioned a consultancy study on the HPS in order to provide professional and technical support to the Working Group and the Consultative Group. The consultant would conduct a comprehensive and detailed review, survey and analysis on the current state of private health insurance in Hong Kong by collecting relevant information and

data from private health insurers and private healthcare service providers. Based on the findings of the analysis and after considering the experience of overseas jurisdictions, the consultant will propose a feasible and sound design for implementing the HPS, including relevant operational rules and mechanisms, such as the high-risk pool, portability arrangements for HPS standard plan(s), transparency and certainty of charging of fees, provision of financial incentives (including the provision of tax breaks) etc.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)161

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1145

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the target "Access to services", the "median waiting time for first appointment at specialist clinics" for first priority patients and second priority patients under target & plan will be 2 weeks and 8 weeks respectively.

(a) What are the estimated expenditures required for various specialist outpatient services to achieve the above target? Why the targeted time is longer than the actual figures of 2012, i.e. less than one week and 5 weeks?

(b) What were the median waiting time for first appointment at specialist clinics for the past five years (i.e. 2008 to 2012) respectively? Please provide the breakdown by hospital clusters and specialties.

(c) What was the longest waiting time for patients for follow-up consultations at specialist clinics for the past five years (i.e. 2008 to 2012)? Please provide the breakdown by hospital clusters and specialties.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a)

Under the Hospital Authority (HA)'s current triage system, specialist out-patient (SOP) clinics will arrange the date of medical appointment for new SOP patients on the basis of the urgency of their clinical conditions at the time of referral, taking into account various factors including the patients' clinical history, the presenting symptoms and the findings of physical examination and investigations.

Patients on referral for first appointment at specialist outpatient clinics (SOPCs) will be triaged into priority 1 (urgent), priority 2 (semi-urgent) and routine categories when they book for an appointment. The target of HA is to keep the median waiting time for first SOPC appointment for priority 1 cases and priority 2 cases to within two weeks and eight weeks respectively.

In 2011-12, HA's actual performance on median waiting time was less than one week for priority 1 patients,

and five weeks for priority 2 patients, which represents that HA's actual performance was better than the target. The table below sets out the costs of providing specialist outpatient service by major specialties in 2011-12. The relevant costs by specialty for 2012-13 are not yet available.

Specialty	Costs of Specialist Outpatient Service ($ million)
Ear, Nose and Throat	231
Obstetrics and Gynaecology	402
Medicine	3,124
Ophthalmology	468
Orthopaedics and Traumatology	453
Paediatrics	293
Psychiatry	808
Surgery	919

(b)

The tables below set out the median waiting time for first appointment cases at SOPCs by cluster and by specialty for the past five years.

2008-09:

Specialty	Median Waiting Time (weeks)						
	Cluster						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
ENT	7	5	3	7	7	8	13
GYN	11	4	9	12	10	16	6
MED	4	6	14	8	16	21	8
OPH	4	8	2	7	3	5	3
ORT	8	11	19	7	7	18	16
PAE	<1	8	6	7	3	9	20
PSY	2	5	3	5	4	4	4
SUR	9	6	21	26	11	27	25

2009-10:

Specialty	Median Waiting Time (weeks)						
	Cluster						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
ENT	4	4	1	9	8	10	12
GYN	12	6	5	17	8	15	9
MED	4	7	12	8	15	16	8
OPH	4	7	1	7	2	5	5
ORT	7	10	15	11	13	11	25
PAE	1	8	4	4	3	15	19
PSY	1	7	3	5	4	4	2
SUR	8	6	16	23	10	23	19

2010-11:

Specialty	Median Waiting Time (weeks)						
	Cluster						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
ENT	7	6	1	11	8	10	8
GYN	11	7	8	15	8	17	9
MED	5	10	12	8	17	20	7
OPH	6	4	2	7	3	8	2
ORT	7	11	15	12	16	13	28
PAE	5	8	3	7	3	11	13
PSY	<1	4	4	5	4	6	4
SUR	7	6	17	22	8	20	18

2011-12:

Specialty	Median Waiting Time (weeks)						
	Cluster						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
ENT	8	8	2	25	7	8	12
GYN	9	6	7	15	8	26	13
MED	6	14	13	8	19	34	9
OPH	4	4	4	8	2	11	2
ORT	8	11	19	12	11	20	39
PAE	4	7	4	7	3	9	13
PSY	2	4	5	8	4	8	7
SUR	7	8	15	25	9	20	25

2012-13 (Up to 31 December 2012) [Provisional figures]:

Specialty	Median Waiting Time (weeks)						
	Cluster						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
ENT	8	6	8	13	8	6	12
GYN	12	7	6	17	11	30	13
MED	6	14	15	14	23	34	19
OPH	3	5	3	11	4	8	4
ORT	9	12	24	9	11	16	58
PAE	5	8	6	12	4	11	14
PSY	5	5	4	8	15	6	7
SUR	8	8	16	18	11	19	30

(c)

The date of follow-up consultations of each patient is determined according to the 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 is not an indication of the performance of HA.

Abbreviations

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

Cluster:
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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)162

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1146

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Under the Targets of "Primary Care Services", the estimated number of general outpatient attendances in 2013-14 is 5 638 000, more than the revised estimated number of 5 476 000 in 2012-13:

a. What is the expected expenditure required in achieving the above target? Does it involve any increase in manpower? If yes, what are the details? If not, what are the reasons?

b. Please provide by clinics and their respective clusters the number of general outpatient attendances in the past 5 years (from 2008 to 2012).

c. Please provide by clinics and their respective clusters the average daily number of general outpatient places for consultation bookings in the past 5 years (from 2008 to 2012).

d. Are there any statistics kept for the numbers of private and public primary care attendances and comparison between the figures, so as to review in a comprehensive manner the current utilisation of primary care services in Hong Kong and facilitate planning of primary care services?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

Public general out-patient services are primarily targeted at serving the elderly, the low-income group and the chronically ill. The costs for the provision of the 74 general out-patient clinics (GOPCs) under the Hospital Authority (HA) in 2012-13 and 2013-14 are as follows –

Year	Costs of General Outpatient Service ($ million)
2012-13	2,055 (Revised Estimate)
2013-14	2,161 (Estimate)

The number of attendances at the 74 GOPCs from 2008-09 to 2012-13 is as follows:

2008-09	2009-10 #	2010-11 #	2011-12	2012-13 (Revised Estimate)
4 968 586	4 700 543	4 979 754	5 316 486	5 476 000

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

In planning for provision of public healthcare services, HA takes into account a number of factors including the projected demand for healthcare services having regard to population growth and demographic changes, the growth rate of services of individual specialties and the possible changes in healthcare services utilisation pattern, etc. As for private primary care attendance, we have not collected the necessary data to compile such statistics in this regard.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)163

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1148

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 "encourage healthcare service development, including encouraging private hospital development", the Government of the last term has reserved 4 sites at Wong Chuk Hang, Tai Po, Tseng Kwan O and Lantau for private hospital development. Please provide the following details:

(a) Tendering procedures for the sites at Wong Chuk Hang and Tai Po were completed last year. What is the progress of the tender assessment? When will the results be announced?

(b) Upon disposal of the sites, when will the respective private hospitals commence service?

(c) What are the details of the facilities and services provided, e.g. the bed capacity as well as the anticipated number of patients served upon commissioning of those private hospitals?

(d) When will the tendering exercise for the other two sites commence? Is public-private partnership involved? If yes, what are the details? What is the estimated expenditure involved?

(e) If tender response is unsatisfactory, will the Administration rezone the sites for a different use? If yes, what are the details?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The Government announced the result of the tenders for the development of private hospitals at the Wong Chuk Hang and Tai Po sites on 13 March 2013. Following the detailed assessment by the Assessment Panel and the approval by the Central Tender Board, the tender for the Wong Chuk Hang site was awarded to GHK Hospital Limited, whereas that for the Tai Po site was, in the absence of any conforming tender, cancelled pursuant to the Government's Stores and Procurement Regulations.

According to the terms of the deeds signed between the Government and the successful tenderer for the Wong Chuk Hang site, the new private hospital will have the following service features –

(a) The hospital will commence operation within 46 months (i.e. by January 2017);

(b) 500 hospital beds will be provided;

(c) 92% of the total gross floor area of the hospital will be used for clinical services;

(d) In addition to services in general medicine, general surgery, orthopaedics and traumatology, and gynaecology, services in 11 other specialties[1] will also be provided;

(e) The number of obstetric beds will be capped at no more than 3.2% of the total number of beds in the hospital (i.e. 16 beds);

(f) At least 70% of in-patient bed days taken up in a year will be used for provision of services to local residents;

(g) At least 51% of in-patient bed days taken up in a year will be used for provision of services to local residents at packaged charge through standard beds;

(h) Comprehensive charging information of its services will be made available to the public; and

(i) The hospital will endeavour to participate in hospital assessment and attain accreditation within 36 months from the commencement of operation of the hospital[2].

We will examine the experience gained from these tender exercises, review the market response and assess the needs of the community in formulating the way forward for the future development of private hospitals and the disposal arrangement for the other reserved sites for private hospital development.

Note:

1. These 11 specialties are neurosurgery, cardiothoracic surgery, cardiology, haematology, oncology, paediatrics, intensive care services (including cardiac care, paediatrics, neonatal intensive care services), accident and emergency services, ophthalmology, Chinese medicines, and mental health services.

2. The new hospital is required to obtain accreditation within 48 months from the commencement of hospital operation.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)164

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1154

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

Subhead (No. & title): -

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the Matters Requiring Special Attention in 2013-14 under Programme (1), it is stated that the Administration will "take forward a pilot initiative to promote preventive care for the elderly through launching a health assessment programme in collaboration with non-governmental organisations (NGOs)". In this connection, please provide the following information:

1. What are the differences between the health assessment programme for the elderly and the services currently provided by the elderly health centres? What are the average service costs involved respectively?

2. According to a paper submitted by the Food and Health Bureau to the Legislative Council Panel on Health Services, the Administration aims to provide health assessment to 10 000 elders. What measures does the Administration have to ensure that the aim is achieved? Will service priorities be set for target groups? If so, what are the priorities? If not, what are the reasons?

3. How many proposals has the Administration received from NGOs interested in taking part in the programme? Has the Administration set a target for the number of NGOs taking part in the programme? If so, what is the target? If not, what are the reasons?

4. When will the Administration start evaluating the effectiveness of the programme? Please provide details of the scope of the evaluation.

5. If the $100 fee for elders is waived, what will be the estimated extra expenditure of the programme?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

With an aim to facilitate early identification of risk factors as well as promote healthy ageing, the Government will launch the Elderly Health Assessment Pilot Programme (the Pilot Programme) in collaboration with non-governmental organizations (NGOs) by providing voluntary, protocol-based, subsidized health assessment. The health assessment seeks to identify risk factors (including lifestyle practices) and diseases so that risk factors and health problems identified can be managed in a timely and targeted manner. Under the Pilot Programme, an elder aged 70 or above will be eligible to receive health assessment from the participating NGOs. The Pilot Programme will cover health assessment for about 10 000 elders over a two-year period. Replies to the questions are in seriatim –

(1) Both the Pilot Programme and the Elderly Health Centres (EHCs) of the Department of Health (DH) cover health assessment, one to two follow-up consultations for each elder and health promotion sessions. The average cost of the Pilot Programme per elder is estimated to be $1,300, including the laboratory tests required and administrative tasks like preparing audited accounts and programme evaluation. For EHC, the average unit cost of its members in 2012-13 was $1,140.

(2) The NGOs will be required to publicise widely the Pilot Programme in the local community, targeting especially those who have not received health assessment services before, live alone or hidden elders. The relevant data and experience of the NGOs in identifying such elders will also be taken into account in programme evaluation. The findings from the evaluation will provide a basis for the Government to consider the way forward in due course.

(3) The Government plans to launch the Pilot Programme in mid-2013. DH has issued formal invitations to NGOs to submit proposals for participating in the Pilot Programme. The deadline for proposal submission is 24 April. Service quotas will be allocated to selected NGOs taking into account their service capacity and other factors such as the geographical distribution of service provision.

(4) Selected NGOs will be required to keep record of each participating elder and provide progress reports regularly to facilitate programme monitoring and evaluation by DH. The NGOs will also be required to assist in evaluating the effectiveness of Pilot Programme in aspects including (i) application of the "Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings", (ii) detection of previously unidentified health risks or problems, (iii) promoting the use of community-based, personalized preventive care, and (iv) ways to strengthen the role of family doctors in providing continuous personalized care for the elderly, including health advice and counseling.

(5) An elder participating in the Pilot Programme will be required to contribute a co-payment of $100. 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. Waiving the $100 co-payment will incur an additional expenditure of $1 million for the Pilot Programme.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)165

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1162

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 healthcare professionals of the Hospital Authority, please provide the following information:

(a) Please provide by cluster the number, length of service, vacancy rate, wastage rate and average weekly hours of work of doctors in all specialties in the past five years (from 2008-09 to 2012-13).

(b) Please provide by cluster the number, length of service, vacancy rate, wastage rate and average weekly hours of work of nurses in all specialties in the past five years.

(c) Please provide by cluster the number and expenditure on salaries of overseas doctors as well as part-time doctors and nurses in the past five years.

(d) What measures have been or will be implemented by the Administration to address the problem of wastage and increase manpower in response to the situation of healthcare professionals in various sectors? What is the expenditure involved?

Asked by: Hon.MAK Mei-kuen, Alice

Reply:

(a)

Tables 1 to 3 below set out respectively the manpower, years of service and attrition rate of doctors by clusters and by major specialties in the Hospital Authority (HA) in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13.

Table 4 below sets out the average weekly hours of work of doctors by specialty in HA in 2009-10, 2010-11 and 2011-12.

The manpower shortfall of doctors in 2012-13 is around 250.

Table 1: Manpower of Doctors in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13

Cluster	Major 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	Accident & Emergency	53	52	49	48	54
	Anaesthesia	31	30	30	31	33
	Family Medicine	47	45	49	51	55
	Medicine	141	141	140	147	146
	Neurosurgery	10	11	11	12	10
	Obstetrics & Gynaecology	19	17	21	21	23
	Ophthalmology	19	18	20	19	20
	Orthopaedics & Traumatology	28	32	31	32	30
	Paediatrics	25	27	29	24	22
	Pathology	16	17	18	19	20
	Psychiatry	29	32	32	32	34
	Radiology	32	33	34	35	37
	Surgery	44	48	48	49	49
	Others	39	39	39	36	40
	Total	**532**	**541**	**550**	**555**	**572**
HKWC	Accident & Emergency	25	30	28	30	31
	Anaesthesia	51	52	54	58	57
	Cardio-thoracic Surgery	10	9	10	9	11
	Family Medicine	33	33	34	37	40
	Medicine	126	124	127	130	130
	Neurosurgery	13	13	14	12	12
	Obstetrics & Gynaecology	23	26	27	28	27
	Ophthalmology	10	11	11	12	12
	Orthopaedics & Traumatology	24	30	30	29	30
	Paediatrics	40	41	41	42	41
	Pathology	22	22	22	26	26
	Psychiatry	21	22	22	24	25
	Radiology	33	34	36	37	38
	Surgery	74	71	75	76	78
	Others	38	41	38	38	38
	Total	**543**	**559**	**569**	**588**	**597**
KCC	Accident & Emergency	38	39	35	38	37
	Anaesthesia	46	49	53	54	53
	Cardio-thoracic Surgery	14	14	12	14	15
	Family Medicine	49	49	51	49	54
	Medicine	135	137	141	141	144
	Neurosurgery	13	16	15	20	20
	Obstetrics & Gynaecology	27	23	26	29	30
	Ophthalmology	34	37	36	35	38
	Orthopaedics & Traumatology	31	32	34	36	35
	Paediatrics	38	39	37	38	38
	Pathology	24	26	27	30	29
	Psychiatry	30	33	33	34	37
	Radiology	35	38	42	43	44
	Surgery	50	51	53	49	54
	Others	49	52	52	51	51
	Total	**613**	**635**	**648**	**662**	**679**
KEC	Accident & Emergency	69	66	54	54	59
	Anaesthesia	37	42	40	40	39
	Family Medicine	77	74	74	85	87
	Medicine	116	118	131	131	134
	Neurosurgery	3	3	3	0	0
	Obstetrics & Gynaecology	25	27	26	27	27
	Ophthalmology	11	15	17	20	19
	Orthopaedics & Traumatology	37	35	38	39	39
	Paediatrics	40	41	38	38	39
	Pathology	19	18	20	20	19
	Psychiatry	27	29	34	36	35
	Radiology	21	21	23	24	26
	Surgery	51	59	61	58	57
	Others	19	19	33	31	37
	Total	**552**	**566**	**590**	**603**	**617**

Cluster	Major 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)
KWC	Accident & Emergency	109	112	110	106	109
	Anaesthesia	77	78	80	80	83
	Family Medicine	133	135	143	150	150
	Medicine	283	278	278	275	288
	Neurosurgery	26	22	23	21	23
	Obstetrics & Gynaecology	48	49	46	49	51
	Ophthalmology	24	24	24	22	23
	Orthopaedics & Traumatology	66	66	69	71	75
	Paediatrics	77	76	73	76	78
	Pathology	46	47	48	47	48
	Psychiatry	63	67	69	70	68
	Radiology	51	51	52	54	55
	Surgery	104	109	111	115	113
	Others	63	68	67	73	84
	Total	**1 170**	**1 183**	**1 192**	**1 208**	**1 249**
NTEC	Accident & Emergency	72	70	70	68	68
	Anaesthesia	52	57	56	56	55
	Cardio-thoracic Surgery	4	4	4	4	5
	Family Medicine	73	81	82	89	88
	Medicine	172	175	175	178	183
	Neurosurgery	8	8	8	7	7
	Obstetrics & Gynaecology	34	31	31	32	31
	Ophthalmology	23	25	21	24	25
	Orthopaedics & Traumatology	62	62	60	60	62
	Paediatrics	51	54	51	54	58
	Pathology	30	31	32	32	33
	Psychiatry	53	59	57	62	60
	Radiology	31	36	37	38	41
	Surgery	78	78	80	81	82
	Others	67	71	72	76	77
	Total	**809**	**842**	**835**	**861**	**875**
NTWC	Accident & Emergency	65	67	62	60	60
	Anaesthesia	42	38	47	47	44
	Cardio-thoracic Surgery	2	2	2	2	2
	Family Medicine	78	73	68	68	74
	Medicine	116	126	116	122	123
	Neurosurgery	12	12	12	12	15
	Obstetrics & Gynaecology	29	32	28	30	32
	Ophthalmology	18	18	19	21	20
	Orthopaedics & Traumatology	40	41	43	44	41
	Paediatrics	34	37	39	36	35
	Pathology	21	20	22	23	21
	Psychiatry	70	73	74	78	77
	Radiology	27	27	27	33	33
	Surgery	45	48	57	56	58
	Others	37	43	40	42	49
	Total	**634**	**657**	**656**	**674**	**684**

Notes

1. Manpower on full-time equivalent (FTE) includes permanent, contract and temporary staff excluding Interns and Dental Officers.
2. Individual figures may not add up to the total due to rounding.

Table 2: Years of Service of Doctors in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13

Cluster	Major Specialty	2008-09 (as at 31 Mar 2009)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	Total
HKEC	Accident & Emergency	8	24	7	12	2	0	0	53
	Anaesthesia	4	15	5	3	3	0	1	31
	Family Medicine	10	17	3	9	5	2	1	47
	Medicine	18	70	9	34	10	1	0	142
	Neurosurgery	1	5	2	2	0	0	0	10
	Obstetrics & Gynaecology	4	12	0	3	0	0	0	19
	Ophthalmology	2	15	1	1	0	0	0	19
	Orthopaedics & Traumatology	4	13	2	9	0	0	0	28
	Paediatrics	9	13	0	5	0	0	0	27
	Pathology	1	10	1	4	0	0	0	16
	Psychiatry	3	12	3	8	3	0	0	29
	Radiology	6	19	3	4	0	0	0	32
	Surgery	14	26	2	2	1	0	0	45
	Others	11	21	0	4	3	0	0	39
	Total	**95**	**272**	**38**	**100**	**27**	**3**	**2**	**537**
HKWC	Accident & Emergency	12	4	1	4	4	0	0	25
	Anaesthesia	16	23	5	5	3	0	0	52
	Cardio-thoracic Surgery	3	4	2	0	1	0	0	10
	Family Medicine	15	12	4	2	1	0	0	34
	Medicine	42	45	14	22	3	0	0	126
	Neurosurgery	5	5	3	0	0	0	0	13
	Obstetrics & Gynaecology	10	13	1	4	0	0	0	28
	Ophthalmology	5	5	0	0	0	0	0	10
	Orthopaedics & Traumatology	6	13	4	0	1	0	0	24
	Paediatrics	11	24	1	5	1	0	0	42
	Pathology	3	14	1	2	2	0	0	22
	Psychiatry	8	9	0	3	0	0	1	21
	Radiology	11	18	1	3	1	0	0	34
	Surgery	30	33	5	6	2	1	0	77
	Others	13	15	5	2	2	1	0	38
	Total	**190**	**237**	**47**	**58**	**21**	**2**	**1**	**556**
KCC	Accident & Emergency	12	15	3	6	2	0	0	38
	Anaesthesia	15	20	7	3	2	0	0	47
	Cardio-thoracic Surgery	1	4	2	6	1	0	0	14
	Family Medicine	4	22	7	11	4	1	0	49
	Medicine	20	79	11	26	6	0	0	142
	Neurosurgery	0	4	2	7	0	0	0	13
	Obstetrics & Gynaecology	8	18	1	3	1	0	0	31
	Ophthalmology	7	23	2	2	0	0	0	34
	Orthopaedics & Traumatology	7	2	3	16	3	0	0	31
	Paediatrics	1	13	1	16	7	0	0	38
	Pathology	3	11	4	7	0	0	0	25
	Psychiatry	12	9	1	6	3	0	0	31
	Radiology	5	12	3	11	4	0	0	35
	Surgery	9	32	4	3	4	0	0	52
	Others	9	23	3	10	4	0	0	49
	Total	**113**	**287**	**54**	**133**	**41**	**1**	**0**	**629**
KEC	Accident & Emergency	13	27	8	15	5	1	0	69
	Anaesthesia	7	20	2	6	2	0	0	37
	Family Medicine	10	37	14	10	2	3	1	77
	Medicine	20	53	15	30	3	0	0	121
	Neurosurgery	0	1	1	1	0	0	0	3
	Obstetrics & Gynaecology	6	13	1	4	2	0	0	26
	Ophthalmology	5	6	0	0	0	0	0	11
	Orthopaedics & Traumatology	9	17	2	7	1	1	0	37
	Paediatrics	6	24	4	6	1	0	0	41
	Pathology	2	7	2	7	1	0	0	19
	Psychiatry	8	8	3	7	1	0	0	27
	Radiology	0	9	6	4	2	0	0	21
	Surgery	13	21	6	6	5	0	0	51
	Others	2	11	2	5	0	0	0	20
	Total	**101**	**254**	**66**	**108**	**25**	**5**	**1**	**560**

Cluster	Major Specialty	2008-09 (as at 31 Mar 2009)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	Total
KWC	Accident & Emergency	23	40	10	23	12	1	0	109
	Anaesthesia	15	39	7	12	4	0	0	77
	Family Medicine	19	68	32	15	5	1	0	140
	Medicine	34	109	20	96	24	3	0	286
	Neurosurgery	8	13	2	3	0	0	0	26
	Obstetrics & Gynaecology	8	26	3	9	2	1	0	49
	Ophthalmology	4	18	1	1	0	0	0	24
	Orthopaedics & Traumatology	8	23	2	26	8	0	0	67
	Paediatrics	11	29	6	22	8	1	0	77
	Pathology	6	23	4	10	2	0	1	46
	Psychiatry	9	28	3	18	4	1	0	63
	Radiology	8	24	2	17	2	0	0	53
	Surgery	10	51	9	26	7	0	1	104
	Others	8	39	5	11	1	1	0	65
	Total	**171**	**530**	**106**	**289**	**79**	**9**	**2**	**1 186**
NTEC	Accident & Emergency	8	31	12	16	5	0	0	72
	Anaesthesia	9	28	9	5	0	1	0	52
	Cardio-thoracic Surgery	3	0	0	1	0	0	0	4
	Family Medicine	10	39	7	9	5	3	3	76
	Medicine	38	94	12	31	1	0	0	176
	Neurosurgery	1	7	0	0	0	0	0	8
	Obstetrics & Gynaecology	9	22	1	2	0	0	0	34
	Ophthalmology	7	14	0	2	0	0	0	23
	Orthopaedics & Traumatology	11	38	4	9	0	0	0	62
	Paediatrics	12	24	3	11	2	0	0	52
	Pathology	5	17	0	7	1	0	0	30
	Psychiatry	16	27	6	4	0	0	0	53
	Radiology	10	19	0	3	0	0	0	32
	Surgery	24	48	1	4	1	0	0	78
	Others	14	39	4	8	1	1	0	67
	Total	**177**	**447**	**59**	**112**	**16**	**5**	**3**	**819**
NTWC	Accident & Emergency	17	31	3	13	2	0	0	66
	Anaesthesia	7	26	4	4	2	0	0	43
	Cardio-thoracic Surgery	0	0	1	0	1	0	0	2
	Family Medicine	16	32	13	13	4	0	1	79
	Medicine	15	66	7	24	4	0	0	116
	Neurosurgery	1	5	3	3	0	0	0	12
	Obstetrics & Gynaecology	9	16	1	3	2	0	0	31
	Ophthalmology	3	10	2	1	2	0	0	18
	Orthopaedics & Traumatology	6	24	4	6	0	0	0	40
	Paediatrics	13	16	1	4	0	0	0	34
	Pathology	5	5	0	9	2	0	0	21
	Psychiatry	12	29	6	18	5	0	0	70
	Radiology	7	14	0	3	3	0	0	27
	Surgery	13	22	4	7	0	0	0	46
	Others	7	19	4	5	2	0	0	37
	Total	**131**	**315**	**53**	**113**	**29**	**0**	**1**	**642**

Cluster	Major Specialty	2009-10 (as at 31 Mar 2010)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	Total
HKEC	Accident & Emergency	6	27	2	15	2	0	0	52
	Anaesthesia	3	16	5	1	4	0	1	30
	Family Medicine	10	17	4	6	6	2	0	45
	Medicine	29	65	5	29	13	1	0	142
	Neurosurgery	4	3	0	4	0	0	0	11
	Obstetrics & Gynaecology	6	9	0	1	1	0	0	17
	Ophthalmology	1	14	1	2	0	0	0	18
	Orthopaedics & Traumatology	6	17	2	4	3	0	0	32
	Paediatrics	9	15	1	2	1	0	0	28
	Pathology	2	11	1	3	0	0	0	17
	Psychiatry	6	13	3	6	4	0	0	32
	Radiology	5	24	0	4	0	0	0	33
	Surgery	9	35	1	3	1	0	0	49
	Others	4	26	4	3	2	0	0	39
	Total	**100**	**292**	**29**	**83**	**37**	**3**	**1**	**545**
HKWC	Accident & Emergency	11	13	0	2	4	0	0	30
	Anaesthesia	11	33	2	5	2	0	0	53
	Cardio-thoracic Surgery	5	3	0	0	1	0	0	9
	Family Medicine	10	15	7	2	0	1	0	35
	Medicine	24	68	7	17	9	0	0	125
	Neurosurgery	5	6	0	2	0	0	0	13
	Obstetrics & Gynaecology	6	20	2	2	1	0	0	31
	Ophthalmology	1	10	0	0	0	0	0	11
	Orthopaedics & Traumatology	10	16	3	0	1	0	0	30
	Paediatrics	9	28	1	3	2	0	0	43
	Pathology	5	13	0	3	1	0	0	22
	Psychiatry	3	15	1	2	0	0	1	22
	Radiology	5	25	1	3	0	0	0	34
	Surgery	21	43	2	4	3	0	1	74
	Others	11	21	6	2	1	0	0	41
	Total	**137**	**329**	**32**	**47**	**25**	**1**	**2**	**573**
KCC	Accident & Emergency	13	17	2	5	2	0	0	39
	Anaesthesia	14	25	3	6	2	0	0	50
	Cardio-thoracic Surgery	2	5	2	5	0	0	0	14
	Family Medicine	9	18	9	8	3	2	0	49
	Medicine	21	84	11	24	4	0	0	144
	Neurosurgery	5	3	2	6	0	0	0	16
	Obstetrics & Gynaecology	2	20	1	3	1	0	0	27
	Ophthalmology	12	22	2	1	1	0	0	38
	Orthopaedics & Traumatology	3	10	4	12	3	0	0	32
	Paediatrics	6	11	1	4	17	0	0	39
	Pathology	4	13	4	4	3	0	0	28
	Psychiatry	4	21	0	4	4	1	0	34
	Radiology	2	16	4	10	6	0	0	38
	Surgery	9	37	2	3	1	0	0	52
	Others	4	29	3	8	8	0	0	52
	Total	**110**	**331**	**50**	**103**	**55**	**3**	**0**	**652**
KEC	Accident & Emergency	17	27	4	12	5	1	0	66
	Anaesthesia	7	26	1	7	1	0	0	42
	Family Medicine	13	25	20	9	3	2	2	74
	Medicine	28	56	14	20	5	0	0	123
	Neurosurgery	0	1	1	1	0	0	0	3
	Obstetrics & Gynaecology	8	14	2	2	2	0	0	28
	Ophthalmology	8	7	0	0	0	0	0	15
	Orthopaedics & Traumatology	6	20	2	3	3	1	0	35
	Paediatrics	5	22	7	5	2	0	0	41
	Pathology	1	8	1	7	1	0	0	18
	Psychiatry	6	14	1	7	1	0	0	29
	Radiology	3	8	3	5	2	0	0	21
	Surgery	20	31	2	4	2	1	0	60
	Others	3	11	0	6	0	0	0	20
	Total	**125**	**270**	**58**	**88**	**27**	**5**	**2**	**575**

Cluster	Major Specialty	2009-10 (as at 31 Mar 2010)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	Total
KWC	Accident & Emergency	14	55	2	23	16	2	0	112
	Anaesthesia	11	45	6	13	3	0	0	78
	Family Medicine	20	74	24	18	5	2	1	144
	Medicine	28	123	17	78	31	3	0	280
	Neurosurgery	1	17	0	3	1	0	0	22
	Obstetrics & Gynaecology	10	28	2	7	2	1	0	50
	Ophthalmology	4	19	0	1	0	0	0	24
	Orthopaedics & Traumatology	8	30	1	20	8	0	0	67
	Paediatrics	15	35	4	14	11	1	0	80
	Pathology	2	28	0	12	4	0	1	47
	Psychiatry	9	30	4	14	9	1	0	67
	Radiology	6	27	0	11	7	0	0	51
	Surgery	22	57	5	22	5	1	0	112
	Others	10	42	4	10	1	1	0	68
	Total	**160**	**610**	**69**	**246**	**103**	**12**	**2**	**1 202**
NTEC	Accident & Emergency	9	32	3	21	5	1	0	71
	Anaesthesia	12	31	8	4	1	1	0	57
	Cardio-thoracic Surgery	0	3	0	1	0	0	0	4
	Family Medicine	16	26	20	11	5	2	3	83
	Medicine	37	101	11	26	5	0	0	180
	Neurosurgery	1	7	0	0	0	0	0	8
	Obstetrics & Gynaecology	8	20	0	1	2	0	0	31
	Ophthalmology	5	17	1	2	0	0	0	25
	Orthopaedics & Traumatology	20	31	5	3	3	0	0	62
	Paediatrics	6	32	1	11	4	0	0	54
	Pathology	5	18	0	6	2	0	0	31
	Psychiatry	16	35	3	4	1	0	0	59
	Radiology	5	29	0	3	0	0	0	37
	Surgery	19	58	1	1	0	0	0	79
	Others	7	44	13	4	2	1	0	71
	Total	**166**	**484**	**66**	**98**	**30**	**5**	**3**	**852**
NTWC	Accident & Emergency	9	40	3	13	4	0	0	69
	Anaesthesia	5	26	3	4	2	0	0	40
	Cardio-thoracic Surgery	2	0	0	0	0	0	0	2
	Family Medicine	4	35	17	12	4	2	1	75
	Medicine	24	69	8	22	2	1	0	126
	Neurosurgery	1	5	3	2	1	0	0	12
	Obstetrics & Gynaecology	6	20	1	4	2	0	0	33
	Ophthalmology	4	10	0	2	2	0	0	18
	Orthopaedics & Traumatology	1	30	2	8	0	0	0	41
	Paediatrics	5	25	3	3	1	0	0	37
	Pathology	2	8	0	8	1	1	0	20
	Psychiatry	16	34	4	10	9	0	0	73
	Radiology	4	18	0	2	4	0	0	28
	Surgery	15	27	1	5	1	0	0	49
	Others	10	22	4	4	3	0	0	43
	Total	**108**	**369**	**49**	**99**	**36**	**4**	**1**	**666**

Cluster	Major Specialty	2010-11 (as at 31 Mar 2011)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	Total
HKEC	Accident & Emergency	6	24	5	11	3	0	0	49
	Anaesthesia	5	16	3	1	3	2	0	30
	Family Medicine	6	21	8	5	8	2	0	50
	Medicine	21	76	10	20	9	5	0	141
	Neurosurgery	4	6	0	1	0	0	0	11
	Obstetrics & Gynaecology	10	10	0	1	0	0	0	21
	Ophthalmology	4	11	3	1	1	0	0	20
	Orthopaedics & Traumatology	3	21	0	4	3	0	0	31
	Paediatrics	9	19	1	1	0	0	0	30
	Pathology	2	8	5	1	2	0	0	18
	Psychiatry	2	18	1	5	6	0	0	32
	Radiology	8	22	0	3	1	0	0	34
	Surgery	9	36	0	2	1	0	0	48
	Others	8	21	5	2	2	1	0	39
	Total	**97**	**309**	**41**	**58**	**39**	**10**	**0**	**554**
HKWC	Accident & Emergency	7	17	0	2	3	0	0	29
	Anaesthesia	8	31	10	5	2	0	0	56
	Cardio-thoracic Surgery	1	6	2	0	1	0	0	10
	Family Medicine	2	23	9	1	1	0	0	36
	Medicine	18	73	12	10	14	0	0	127
	Neurosurgery	0	9	1	4	0	0	0	14
	Obstetrics & Gynaecology	8	19	1	2	1	0	0	31
	Ophthalmology	3	8	0	0	0	0	0	11
	Orthopaedics & Traumatology	3	24	2	0	1	0	0	30
	Paediatrics	4	31	3	3	2	0	0	43
	Pathology	4	13	2	3	0	0	0	22
	Psychiatry	2	16	2	0	2	0	1	23
	Radiology	4	26	3	1	2	0	0	36
	Surgery	15	57	0	3	2	0	1	78
	Others	7	25	4	1	1	0	0	38
	Total	**86**	**378**	**51**	**35**	**32**	**0**	**2**	**584**
KCC	Accident & Emergency	3	23	2	4	3	0	0	35
	Anaesthesia	9	35	3	4	3	0	0	54
	Cardio-thoracic Surgery	4	5	1	2	0	0	0	12
	Family Medicine	14	16	10	4	5	3	0	52
	Medicine	22	88	15	11	13	0	0	149
	Neurosurgery	3	6	2	4	0	0	0	15
	Obstetrics & Gynaecology	10	18	1	1	1	0	0	31
	Ophthalmology	7	27	2	1	1	0	0	38
	Orthopaedics & Traumatology	6	13	3	8	4	0	0	34
	Paediatrics	4	16	1	2	15	0	0	38
	Pathology	3	15	2	3	6	0	0	29
	Psychiatry	10	18	1	2	2	1	0	34
	Radiology	8	21	2	6	5	0	0	42
	Surgery	10	38	3	1	2	0	0	54
	Others	7	30	3	5	7	0	0	52
	Total	**120**	**369**	**51**	**58**	**67**	**4**	**0**	**669**
KEC	Accident & Emergency	9	23	6	9	5	1	0	53
	Anaesthesia	3	25	4	5	3	0	0	40
	Family Medicine	10	28	21	9	5	1	0	77
	Medicine	27	70	18	16	4	0	0	135
	Neurosurgery	0	1	1	1	0	0	0	3
	Obstetrics & Gynaecology	3	18	0	2	2	1	0	26
	Ophthalmology	1	16	0	0	0	0	0	17
	Orthopaedics & Traumatology	13	19	2	2	3	1	0	40
	Paediatrics	7	22	4	3	2	0	0	38
	Pathology	3	9	1	5	1	1	0	20
	Psychiatry	7	19	0	6	2	0	0	34
	Radiology	0	12	4	5	2	0	0	23
	Surgery	3	47	3	4	2	1	0	60
	Others	5	21	3	4	1	0	0	34
	Total	**91**	**330**	**67**	**71**	**32**	**6**	**3**	**600**

Cluster	Major Specialty	2010-11 (as at 31 Mar 2011)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	Total
KWC	Accident & Emergency	7	57	8	19	17	3	0	111
	Anaesthesia	14	39	12	8	6	0	1	80
	Family Medicine	27	76	23	16	7	2	1	152
	Medicine	40	131	14	48	43	4	0	280
	Neurosurgery	5	13	1	3	1	0	0	23
	Obstetrics & Gynaecology	5	33	2	4	2	1	0	47
	Ophthalmology	4	19	0	1	0	0	0	24
	Orthopaedics & Traumatology	8	38	0	10	14	0	0	70
	Paediatrics	18	42	4	10	6	0	0	80
	Pathology	3	28	1	8	7	1	0	48
	Psychiatry	13	34	1	8	11	1	1	69
	Radiology	5	27	3	10	7	0	0	52
	Surgery	22	66	3	15	7	1	0	114
	Others	10	40	5	7	5	0	0	67
	Total	**181**	**643**	**77**	**167**	**133**	**13**	**3**	**1 217**
NTEC	Accident & Emergency	11	32	6	15	6	1	0	71
	Anaesthesia	9	33	8	4	2	0	0	56
	Cardio-thoracic Surgery	2	1	0	1	0	0	0	4
	Family Medicine	9	26	25	8	10	1	3	82
	Medicine	32	109	16	15	8	0	0	180
	Neurosurgery	1	7	0	0	0	0	0	8
	Obstetrics & Gynaecology	6	23	0	0	2	0	0	31
	Ophthalmology	5	14	0	1	1	0	0	21
	Orthopaedics & Traumatology	15	37	2	2	4	0	0	60
	Paediatrics	4	29	3	10	5	0	0	51
	Pathology	4	21	1	3	3	0	0	32
	Psychiatry	8	38	5	5	1	0	0	57
	Radiology	4	31	1	1	0	0	0	37
	Surgery	13	65	2	1	0	0	0	81
	Others	11	45	10	3	2	1	0	72
	Total	**134**	**511**	**79**	**69**	**44**	**3**	**3**	**843**
NTWC	Accident & Emergency	7	36	6	11	4	0	0	64
	Anaesthesia	12	26	5	3	3	0	0	49
	Cardio-thoracic Surgery	0	2	0	0	0	0	0	2
	Family Medicine	10	25	14	14	7	2	0	72
	Medicine	12	75	10	14	6	0	0	117
	Neurosurgery	1	6	2	1	2	0	0	12
	Obstetrics & Gynaecology	2	19	2	4	2	0	0	29
	Ophthalmology	6	10	0	2	1	0	0	19
	Orthopaedics & Traumatology	7	29	1	6	0	0	0	43
	Paediatrics	4	28	2	1	3	0	0	38
	Pathology	4	8	0	5	4	1	0	22
	Psychiatry	15	41	3	4	10	0	0	73
	Radiology	2	21	0	2	3	0	0	28
	Surgery	11	40	2	4	2	0	0	59
	Others	5	24	5	1	4	1	0	40
	Total	**98**	**390**	**52**	**72**	**51**	**4**	**0**	**667**

Cluster	Major Specialty	2011-12 (as at 31 Mar 2012)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	Total
HKEC	Accident & Emergency	7	22	9	6	4	0	0	48
	Anaesthesia	2	19	3	2	3	2	0	31
	Family Medicine	7	23	7	4	8	3	0	52
	Medicine	39	68	16	11	8	6	0	148
	Neurosurgery	3	7	0	1	1	0	0	12
	Obstetrics & Gynaecology	1	19	0	1	0	0	0	21
	Ophthalmology	7	8	5	0	1	0	0	21
	Orthopaedics & Traumatology	4	19	4	3	2	0	0	32
	Paediatrics	3	18	2	0	1	0	0	24
	Pathology	4	8	3	1	3	0	0	19
	Psychiatry	7	11	4	2	8	0	0	32
	Radiology	8	22	1	2	2	0	0	35
	Surgery	13	33	2	0	2	0	0	50
	Others	4	23	5	0	3	1	0	36
	Total	**109**	**300**	**61**	**33**	**46**	**12**	**0**	**561**
HKWC	Accident & Emergency	3	21	2	2	4	0	0	32
	Anaesthesia	15	36	4	2	3	0	0	60
	Cardio-thoracic Surgery	1	6	1	0	1	0	0	9
	Family Medicine	14	16	7	1	1	0	0	39
	Medicine	29	82	8	2	10	0	0	131
	Neurosurgery	3	6	1	2	0	0	0	12
	Obstetrics & Gynaecology	7	23	0	1	2	0	0	33
	Ophthalmology	2	9	1	0	0	0	0	12
	Orthopaedics & Traumatology	6	21	2	0	0	0	0	29
	Paediatrics	8	28	2	2	3	0	0	43
	Pathology	3	17	3	2	1	0	0	26
	Psychiatry	7	15	0	0	1	0	1	24
	Radiology	9	23	2	1	2	0	0	37
	Surgery	15	58	2	2	1	0	1	79
	Others	8	23	5	1	1	0	0	38
	Total	**130**	**384**	**40**	**18**	**30**	**0**	**2**	**604**
KCC	Accident & Emergency	8	20	5	1	4	0	0	38
	Anaesthesia	2	42	4	4	3	0	0	55
	Cardio-thoracic Surgery	5	6	2	1	0	0	0	14
	Family Medicine	4	20	13	3	7	3	0	50
	Medicine	43	75	17	6	8	0	0	149
	Neurosurgery	5	9	2	4	0	0	0	20
	Obstetrics & Gynaecology	7	23	3	1	1	0	0	35
	Ophthalmology	5	28	1	2	1	0	0	37
	Orthopaedics & Traumatology	10	16	2	5	3	0	0	36
	Paediatrics	18	16	1	1	4	0	0	40
	Pathology	5	16	3	2	6	0	0	32
	Psychiatry	7	26	0	2	0	1	0	36
	Radiology	4	25	3	5	5	1	0	43
	Surgery	7	35	5	1	2	0	0	50
	Others	10	30	4	3	5	0	0	52
	Total	**140**	**387**	**65**	**41**	**49**	**5**	**0**	**687**
KEC	Accident & Emergency	18	20	6	3	7	1	0	55
	Anaesthesia	5	23	5	4	2	1	0	40
	Family Medicine	21	31	16	9	5	3	2	87
	Medicine	34	74	16	9	7	0	0	140
	Obstetrics & Gynaecology	8	17	0	1	1	1	0	28
	Ophthalmology	5	15	0	0	0	0	0	20
	Orthopaedics & Traumatology	7	27	4	0	3	0	0	41
	Paediatrics	8	22	4	1	3	0	0	38
	Pathology	2	9	1	3	4	1	0	20
	Psychiatry	8	21	2	1	5	0	0	37
	Radiology	4	13	1	5	2	0	0	25
	Surgery	9	40	2	3	2	2	0	58
	Others	5	18	4	3	2	0	0	32
	Total	**134**	**330**	**61**	**42**	**43**	**9**	**2**	**621**

Cluster	Major Specialty	2011-12 (as at 31 Mar 2012)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	Total
KWC	Accident & Emergency	17	48	8	12	20	2	0	107
	Anaesthesia	10	48	6	10	6	0	0	80
	Family Medicine	24	77	33	12	9	3	1	159
	Medicine	75	124	16	19	45	5	0	284
	Neurosurgery	5	13	3	0	0	0	0	21
	Obstetrics & Gynaecology	15	30	1	4	2	1	0	53
	Ophthalmology	6	14	3	0	0	0	0	23
	Orthopaedics & Traumatology	22	36	0	5	8	1	0	72
	Paediatrics	17	56	4	6	4	0	0	87
	Pathology	5	21	5	6	9	1	0	47
	Psychiatry	15	39	1	4	10	1	1	71
	Radiology	7	26	5	9	8	0	0	55
	Surgery	19	73	5	7	12	2	0	118
	Others	10	43	8	8	4	0	0	73
	Total	**247**	**648**	**98**	**102**	**137**	**16**	**2**	**1 250**
NTEC	Accident & Emergency	14	35	3	11	5	2	0	70
	Anaesthesia	7	36	6	5	2	0	0	56
	Cardio-thoracic Surgery	0	3	0	1	0	0	0	4
	Family Medicine	23	28	18	8	12	1	1	91
	Medicine	51	98	17	9	9	0	0	184
	Neurosurgery	0	6	1	0	0	0	0	7
	Obstetrics & Gynaecology	5	24	1	0	2	0	0	32
	Ophthalmology	9	15	1	1	0	0	0	26
	Orthopaedics & Traumatology	16	37	3	0	4	0	0	60
	Paediatrics	12	29	3	5	6	0	0	55
	Pathology	5	15	6	3	3	0	0	32
	Psychiatry	10	43	3	5	1	0	0	62
	Radiology	3	30	4	1	0	0	0	38
	Surgery	19	60	4	1	0	0	0	84
	Others	13	50	10	1	2	0	0	76
	Total	**187**	**509**	**80**	**51**	**46**	**3**	**1**	**877**
NTWC	Accident & Emergency	11	34	4	7	5	1	0	62
	Anaesthesia	12	29	2	3	2	1	0	49
	Cardio-thoracic Surgery	1	1	0	0	0	0	0	2
	Family Medicine	15	24	11	12	7	2	0	71
	Medicine	35	69	5	5	9	1	0	124
	Neurosurgery	4	4	0	3	1	0	0	12
	Obstetrics & Gynaecology	7	18	2	1	3	0	0	31
	Ophthalmology	2	16	0	2	1	0	0	21
	Orthopaedics & Traumatology	11	27	4	2	1	0	0	45
	Paediatrics	4	27	1	1	3	0	0	36
	Pathology	4	9	1	3	5	1	0	23
	Psychiatry	15	47	5	3	10	0	0	80
	Radiology	8	20	0	1	4	0	0	33
	Surgery	15	39	3	3	2	0	0	62
	Others	11	26	3	0	3	0	0	43
	Total	**155**	**390**	**41**	**46**	**56**	**6**	**0**	**694**

Cluster	Major Specialty	2012-13 (as at 31 Dec 2012)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	Total
HKEC	Accident & Emergency	17	21	10	5	3	0	0	56
	Anaesthesia	2	21	3	3	2	2	0	33
	Family Medicine	12	19	11	3	9	3	0	57
	Medicine	28	85	13	8	7	5	0	146
	Neurosurgery	2	6	0	1	1	0	0	10
	Obstetrics & Gynaecology	4	19	0	0	0	0	0	23
	Ophthalmology	10	7	5	0	1	0	0	23
	Orthopaedics & Traumatology	7	17	5	0	1	0	0	30
	Paediatrics	4	16	3	0	0	0	0	23
	Pathology	5	8	4	1	2	0	0	20
	Psychiatry	6	11	8	1	8	0	0	34
	Radiology	6	23	4	2	2	0	0	37
	Surgery	18	30	3	0	1	0	0	52
	Others	12	18	7	0	1	2	0	40
	Total	**133**	**301**	**76**	**24**	**38**	**12**	**0**	**584**
HKWC	Accident & Emergency	5	20	4	1	1	2	0	33
	Anaesthesia	10	39	6	1	2	1	0	59
	Cardio-thoracic Surgery	2	7	1	0	1	0	0	11
	Family Medicine	4	26	9	1	2	0	0	42
	Medicine	20	92	9	3	6	1	0	131
	Neurosurgery	1	7	2	2	0	0	0	12
	Obstetrics & Gynaecology	5	25	1	0	1	0	0	32
	Ophthalmology	1	10	1	0	0	0	0	12
	Orthopaedics & Traumatology	5	24	1	0	0	0	0	30
	Paediatrics	9	25	5	0	3	0	0	42
	Pathology	0	19	5	1	1	0	0	26
	Psychiatry	6	17	1	0	1	0	1	26
	Radiology	7	24	6	0	2	0	0	39
	Surgery	18	56	4	0	0	1	1	80
	Others	1	27	8	1	1	0	0	38
	Total	**94**	**418**	**63**	**10**	**21**	**5**	**2**	**613**
KCC	Accident & Emergency	6	23	6	0	4	0	0	39
	Anaesthesia	3	39	4	5	2	1	0	54
	Cardio-thoracic Surgery	2	10	2	1	0	0	0	15
	Family Medicine	10	21	12	4	7	3	0	57
	Medicine	33	88	14	6	10	0	0	151
	Neurosurgery	3	10	3	2	2	0	0	20
	Obstetrics & Gynaecology	10	22	2	2	1	0	0	37
	Ophthalmology	10	25	3	1	1	0	0	40
	Orthopaedics & Traumatology	5	23	0	5	2	1	0	36
	Paediatrics	7	26	3	1	3	0	0	40
	Pathology	0	18	4	2	6	0	0	30
	Psychiatry	4	29	1	1	2	1	0	38
	Radiology	4	26	3	5	4	2	0	44
	Surgery	10	36	7	0	2	0	0	55
	Others	7	29	9	1	5	0	0	51
	Total	**114**	**425**	**73**	**36**	**51**	**8**	**0**	**707**
KEC	Accident & Emergency	19	25	5	4	8	1	0	62
	Anaesthesia	4	21	8	4	2	1	0	40
	Family Medicine	8	47	14	10	5	3	2	89
	Medicine	31	79	12	10	9	0	0	141
	Obstetrics & Gynaecology	5	21	0	1	1	1	0	29
	Ophthalmology	3	17	0	0	0	0	0	20
	Orthopaedics & Traumatology	3	29	4	0	2	1	0	39
	Paediatrics	6	26	2	2	3	0	0	39
	Pathology	0	10	1	2	5	1	0	19
	Psychiatry	2	26	2	0	5	0	0	35
	Radiology	3	13	3	6	1	1	0	27
	Surgery	9	40	5	1	2	2	0	59
	Others	3	25	5	1	4	0	0	38
	Total	**96**	**379**	**61**	**41**	**47**	**11**	**2**	**637**

Cluster	Major Specialty	2012-13 (as at 31 Dec 2012)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	Total
KWC	Accident & Emergency	15	51	13	12	19	2	0	112
	Anaesthesia	8	49	9	10	6	1	0	83
	Family Medicine	18	80	34	14	11	3	1	161
	Medicine	61	159	21	13	36	7	1	298
	Neurosurgery	7	13	3	0	0	0	0	23
	Obstetrics & Gynaecology	5	37	5	0	6	1	0	54
	Ophthalmology	4	12	8	0	0	0	0	24
	Orthopaedics & Traumatology	12	47	3	4	8	2	0	76
	Paediatrics	20	56	6	3	7	0	0	92
	Pathology	7	17	8	5	9	2	0	48
	Psychiatry	14	39	3	3	8	2	1	70
	Radiology	5	28	7	7	9	0	0	56
	Surgery	25	64	8	7	10	2	0	116
	Others	14	45	12	8	5	0	0	84
	Total	**215**	**697**	**140**	**86**	**134**	**22**	**3**	**1 297**
NTEC	Accident & Emergency	3	41	7	8	9	2	0	70
	Anaesthesia	7	36	7	4	2	0	0	56
	Cardio-thoracic Surgery	0	4	0	0	1	0	0	5
	Family Medicine	15	37	15	7	13	2	0	89
	Medicine	37	119	17	7	10	0	0	190
	Neurosurgery	0	3	4	0	0	0	0	7
	Obstetrics & Gynaecology	5	23	2	0	1	0	0	31
	Ophthalmology	5	18	3	0	1	0	0	27
	Orthopaedics & Traumatology	12	44	4	1	2	0	0	63
	Paediatrics	12	31	7	4	4	1	0	59
	Pathology	1	18	8	2	4	0	0	33
	Psychiatry	5	43	7	3	2	0	0	60
	Radiology	5	31	4	1	0	0	0	41
	Surgery	11	65	9	0	0	0	0	85
	Others	12	51	13	0	1	0	0	77
	Total	**130**	**564**	**107**	**37**	**50**	**5**	**0**	**893**
NTWC	Accident & Emergency	10	34	7	5	5	1	0	62
	Anaesthesia	6	27	6	2	3	1	0	45
	Cardio-thoracic Surgery	0	2	0	0	0	0	0	2
	Family Medicine	14	34	8	11	8	3	0	78
	Medicine	36	71	9	1	9	1	0	127
	Neurosurgery	6	3	2	2	2	0	0	15
	Obstetrics & Gynaecology	8	20	2	1	1	1	0	33
	Ophthalmology	2	16	0	1	1	0	0	20
	Orthopaedics & Traumatology	8	26	7	1	1	0	0	43
	Paediatrics	4	26	1	0	4	0	0	35
	Pathology	1	11	1	2	5	1	0	21
	Psychiatry	13	51	4	1	10	0	0	79
	Radiology	4	23	2	1	3	1	0	34
	Surgery	15	39	4	1	3	0	0	62
	Others	5	37	5	1	1	1	0	50
	Total	**132**	**420**	**58**	**30**	**56**	**10**	**0**	**706**

Notes

1. Manpower on headcount basis includes permanent, contract and temporary staff in HA's workforce excluding Interns and Dental Officers.
2. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 - <6 Years".

Table 3: Attrition Rate of Doctors in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13

Cluster	Major Specialty	Attrition Rate				
		2008-09	2009-10	2010-11	2011-12	2012-13 (Rolling 12 months from 1 Jan 12 to 31 Dec 12)
HKEC	Accident & Emergency	1.9%	3.8%	7.8%	2.0%	1.9%
	Anaesthesia	-	3.3%	6.9%	3.2%	3.1%
	Family Medicine	14.3%	8.7%	6.4%	4.0%	1.9%
	Medicine	4.2%	4.9%	3.5%	2.1%	4.0%
	Neurosurgery	9.5%	-	-	-	8.8%
	Obstetrics & Gynaecology	10.3%	16.4%	20.6%	9.7%	-
	Ophthalmology	5.6%	5.2%	5.2%	10.0%	13.3%
	Orthopaedics & Traumatology	17.0%	3.3%	3.2%	6.4%	3.2%
	Paediatrics	8.0%	15.1%	7.2%	14.8%	26.3%
	Pathology	-	12.3%	-	-	-
	Psychiatry	-	3.2%	-	-	6.0%
	Radiology	3.3%	6.0%	5.8%	8.6%	2.8%
	Surgery	4.4%	-	4.1%	10.0%	11.7%
	Others	5.3%	2.6%	7.8%	5.2%	7.7%
	Total	**5.6%**	**5.3%**	**5.3%**	**4.8%**	**5.6%**
HKWC	Accident & Emergency	11.7%	-	-	-	-
	Anaesthesia	5.9%	9.5%	3.7%	9.0%	6.8%
	Cardio-thoracic Surgery	9.4%	10.3%	-	10.1%	9.8%
	Family Medicine	-	6.5%	3.0%	2.8%	-
	Medicine	4.8%	6.3%	3.9%	6.9%	7.6%
	Neurosurgery	7.7%	7.4%	-	-	-
	Obstetrics & Gynaecology	4.6%	-	4.0%	3.8%	7.4%
	Ophthalmology	-	-	9.5%	-	-
	Orthopaedics & Traumatology	12.1%	3.5%	-	10.1%	6.7%
	Paediatrics	2.5%	2.4%	7.1%	4.6%	4.7%
	Pathology	4.4%	8.7%	8.4%	-	3.9%
	Psychiatry	9.8%	-	-	17.8%	8.1%
	Radiology	5.9%	5.7%	5.6%	8.0%	2.7%
	Surgery	2.7%	8.0%	6.4%	8.8%	9.9%
	Others	2.8%	-	5.2%	5.3%	-
	Total	**5.0%**	**5.2%**	**4.2%**	**6.5%**	**5.5%**
KCC	Accident & Emergency	8.0%	2.6%	13.2%	2.6%	7.8%
	Anaesthesia	2.2%	4.2%	-	-	-
	Cardio-thoracic Surgery	-	7.1%	15.3%	-	-
	Family Medicine	5.8%	6.2%	4.0%	5.9%	5.9%
	Medicine	4.4%	5.7%	4.3%	2.1%	4.2%
	Neurosurgery	-	-	6.4%	-	5.1%
	Obstetrics & Gynaecology	7.9%	12.0%	12.9%	-	3.2%
	Ophthalmology	5.9%	2.7%	-	2.8%	-
	Orthopaedics & Traumatology	6.3%	-	-	-	2.8%
	Paediatrics	5.1%	5.1%	5.2%	10.9%	2.6%
	Pathology	-	3.8%	-	-	6.7%
	Psychiatry	3.2%	3.0%	18.2%	5.5%	2.7%
	Radiology	-	-	4.9%	2.3%	-
	Surgery	10.0%	5.8%	1.9%	5.6%	3.8%
	Others	4.2%	-	5.8%	5.8%	7.7%
	Total	**4.7%**	**4.1%**	**5.1%**	**3.2%**	**3.7%**
KEC	Accident & Emergency	4.4%	4.4%	-	13.3%	5.3%
	Anaesthesia	5.4%	4.9%	9.9%	5.1%	10.1%
	Family Medicine	3.8%	5.2%	4.0%	4.9%	3.5%
	Medicine	4.1%	5.8%	1.6%	1.5%	8.0%
	Neurosurgery	-	-	-	-	-
	Obstetrics & Gynaecology	4.2%	-	7.4%	7.3%	10.7%
	Ophthalmology	18.2%	13.9%	6.6%	-	15.4%
	Orthopaedics & Traumatology	5.3%	10.6%	10.6%	7.7%	5.1%
	Paediatrics	2.6%	-	12.6%	13.0%	5.2%
	Pathology	-	5.3%	-	-	-
	Psychiatry	7.5%	-	-	-	2.8%
	Radiology	-	-	-	4.1%	4.0%
	Surgery	4.1%	1.8%	1.7%	5.1%	5.1%
	Others	5.2%	4.9%	6.8%	8.9%	8.4%
	Total	**4.3%**	**4.4%**	**4.1%**	**5.3%**	**6.3%**

Cluster	Major Specialty	Attrition Rate				
		2008-09	2009-10	2010-11	2011-12	2012-13 (Rolling 12 months from 1 Jan 12 to 31 Dec 12)
KWC	Accident & Emergency	6.4%	4.5%	6.3%	4.6%	8.4%
	Anaesthesia	3.9%	6.5%	3.9%	6.3%	8.7%
	Family Medicine	9.9%	5.0%	6.8%	5.9%	8.3%
	Medicine	3.9%	6.0%	5.4%	4.6%	2.8%
	Neurosurgery	4.2%	8.0%	-	17.1%	17.8%
	Obstetrics & Gynaecology	2.1%	14.3%	8.4%	-	1.9%
	Ophthalmology	8.5%	-	8.4%	21.5%	-
	Orthopaedics & Traumatology	1.5%	3.0%	5.8%	4.2%	4.1%
	Paediatrics	6.6%	2.7%	9.6%	8.2%	5.2%
	Pathology	2.2%	-	2.1%	4.2%	6.4%
	Psychiatry	1.6%	3.0%	3.1%	1.4%	5.7%
	Radiology	3.8%	9.8%	3.7%	3.8%	3.7%
	Surgery	2.9%	5.5%	6.2%	1.7%	6.0%
	Others	4.8%	1.5%	3.0%	2.8%	2.6%
	Total	**4.7%**	**5.1%**	**5.5%**	**4.8%**	**5.4%**
NTEC	Accident & Emergency	2.8%	1.4%	8.7%	11.8%	2.9%
	Anaesthesia	7.6%	5.3%	3.5%	5.2%	1.8%
	Cardio-thoracic Surgery	-	-	-	-	-
	Family Medicine	7.9%	7.5%	11.0%	2.3%	5.6%
	Medicine	6.8%	5.0%	6.1%	7.6%	5.3%
	Neurosurgery	-	-	12.9%	-	13.8%
	Obstetrics & Gynaecology	5.9%	12.6%	6.2%	6.2%	-
	Ophthalmology	4.3%	4.2%	21.3%	17.6%	19.2%
	Orthopaedics & Traumatology	6.7%	3.2%	9.9%	3.3%	5.0%
	Paediatrics	7.9%	1.9%	3.8%	3.7%	5.3%
	Pathology	-	-	3.2%	-	-
	Psychiatry	7.9%	-	6.8%	1.7%	4.8%
	Radiology	18.5%	-	8.4%	-	2.5%
	Surgery	5.2%	5.0%	2.4%	3.7%	-
	Others	3.0%	2.8%	7.0%	2.7%	3.9%
	Total	**6.3%**	**3.9%**	**7.0%**	**5.0%**	**4.2%**
NTWC	Accident & Emergency	3.1%	1.5%	3.1%	3.3%	8.4%
	Anaesthesia	-	7.2%	-	10.3%	4.3%
	Cardio-thoracic Surgery	-	-	-	-	-
	Family Medicine	1.4%	5.5%	4.2%	5.8%	2.8%
	Medicine	6.1%	1.6%	9.0%	4.9%	5.5%
	Neurosurgery	-	-	-	-	-
	Obstetrics & Gynaecology	10.6%	-	10.3%	3.4%	3.2%
	Ophthalmology	5.3%	-	5.2%	-	4.7%
	Orthopaedics & Traumatology	2.5%	2.4%	4.7%	2.3%	7.1%
	Paediatrics	14.9%	2.7%	-	5.4%	8.5%
	Pathology	-	9.8%	-	-	-
	Psychiatry	2.8%	2.8%	8.2%	2.6%	6.3%
	Radiology	7.0%	-	-	3.2%	3.0%
	Surgery	2.2%	2.0%	-	3.4%	7.9%
	Others	7.1%	4.7%	-	6.9%	4.3%
	Total	**4.3%**	**2.9%**	**4.2%**	**4.3%**	**5.3%**

Notes

1. Attrition includes all types of cessation of service from HA for permanent and contract staff (both full-time and part-time) on Headcount basis.
2. Rolling Attrition Rate = Total number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

Table 4: Average Weekly Working Hours of Doctors in HA in 2009-10, 2010-11 and 2011-12

Cluster	Major Specialty	Average Weekly Working Hours		
		2009-10	2010-11	2011-12
HKEC	Accident & Emergency	42.5	N/A	42.8
	Anaesthesia	50.0	N/A	49.3
	Family Medicine	45.0	N/A	45.0
	Medicine	56.2	56.1	56.1
	Neurosurgery	56.4	54.6	54.2
	Obstetrics & Gynaecology	60.6	63.7	63.6
	Ophthalmology	54.5	53.2	53.2
	Orthopaedics & Traumatology	50.0	49.4	49.7
	Paediatrics	61.2	59.1	57.2
	Pathology	40.6	N/A	41.1
	Psychiatry	46.6	N/A	46.3
	Radiology	46.0	N/A	45.0
	Surgery	61.0	57.9	58.7
	Total	**52.3**	**56.3**	**51.6**
HKWC	Accident & Emergency	44.0	N/A	44.0
	Anaesthesia	52.7	N/A	54.7
	Cardio-thoracic Surgery	59.4	58.7	58.7
	Family Medicine	45.0	N/A	45.0
	Medicine	54.4	54.1	54.0
	Neurosurgery	57.7	56.4	54.6
	Obstetrics & Gynaecology	59.8	55.4	54.9
	Ophthalmology	57.0	56.3	55.8
	Orthopaedics & Traumatology	46.9	45.7	45.1
	Paediatrics	54.4	55.1	52.8
	Pathology	48.2	N/A	48.2
	Psychiatry	48.9	N/A	48.3
	Radiology	49.7	N/A	46.9
	Surgery	59.3	56.2	54.0
	Total	**53.5**	**54.9**	**52.2**
KCC	Accident & Emergency	42.0	N/A	42.8
	Anaesthesia	47.4	N/A	51.9
	Cardio-thoracic Surgery	45.9	53.6	48.3
	Family Medicine	45.0	N/A	45.0
	Medicine	55.0	54.9	53.5
	Neurosurgery	51.6	51.4	51.5
	Obstetrics & Gynaecology	54.8	55.2	55.3
	Ophthalmology	54.3	54.6	53.5
	Orthopaedics & Traumatology	48.5	45.0	46.3
	Paediatrics	53.0	53.1	53.0
	Pathology	45.3	N/A	45.3
	Psychiatry	47.3	N/A	46.1
	Radiology	45.5	N/A	45.0
	Surgery	56.3	57.6	57.3
	Total	**50.6**	**53.9**	**50.5**
KEC	Accident & Emergency	42.6	N/A	43.3
	Anaesthesia	50.9	N/A	50.3
	Family Medicine	44.0	N/A	44.0
	Medicine	51.0	49.5	48.9
	Obstetrics & Gynaecology	61.1	61.3	63.3
	Ophthalmology	56.2	59.9	61.1
	Orthopaedics & Traumatology	56.2	57.9	58.6
	Paediatrics	59.2	60.2	58.9
	Pathology	47.2	N/A	46.0
	Psychiatry	49.1	N/A	48.2
	Radiology	48.6	N/A	50.2
	Surgery	61.4	60.0	55.6
	Total	**51.6**	**56.0**	**51.1**

Cluster	Major Specialty	Average Weekly Working Hours		
		2009-10	2010-11	2011-12
KWC	Accident & Emergency	44.5	N/A	44.8
	Anaesthesia	49.5	N/A	48.9
	Family Medicine	44.0	N/A	44.0
	Medicine	52.6	52.1	52.2
	Neurosurgery	58.0	59.1	62.9
	Obstetrics & Gynaecology	59.1	58.5	57.8
	Ophthalmology	56.1	55.8	54.0
	Orthopaedics & Traumatology	46.5	46.4	46.8
	Paediatrics	55.9	55.7	55.9
	Pathology	47.8	N/A	48.2
	Psychiatry	47.2	N/A	51.8
	Radiology	46.5	N/A	46.6
	Surgery	56.5	56.0	55.5
	Total	**50.9**	**54.3**	**51.0**
NTEC	Accident & Emergency	44.2	N/A	44.2
	Anaesthesia	54.0	N/A	53.6
	Cardio-thoracic Surgery	61.2	60.7	65.3
	Family Medicine	44.0	N/A	44.0
	Medicine	52.9	52.1	51.9
	Neurosurgery	70.5	74.2	65.5
	Obstetrics & Gynaecology	66.2	70.2	62.7
	Ophthalmology	63.8	60.6	61.0
	Orthopaedics & Traumatology	54.4	51.4	51.9
	Paediatrics	56.9	55.8	54.4
	Pathology	49.7	N/A	50.0
	Psychiatry	47.6	N/A	47.0
	Radiology	47.5	N/A	45.9
	Surgery	58.7	60.7	61.7
	Total	**53.3**	**56.9**	**52.5**
NTWC	Accident & Emergency	45.1	N/A	42.1
	Anaesthesia	52.0	N/A	51.2
	Family Medicine	45.0	N/A	41.8
	Medicine	51.5	51.3	50.4
	Neurosurgery	59.5	58.5	57.5
	Obstetrics & Gynaecology	57.0	58.4	57.2
	Ophthalmology	58.9	58.8	58.4
	Orthopaedics & Traumatology	52.9	54.7	51.2
	Paediatrics	54.9	54.8	54.6
	Pathology	45.4	N/A	42.3
	Psychiatry	47.7	N/A	45.4
	Radiology	47.4	N/A	46.5
	Surgery	57.2	56.6	56.8
	Total	**51.1**	**54.8**	**49.7**

Notes

1. The table above sets out the average weekly working hours of doctors according to the surveys conducted in 2009-10 to 2011-12. The data for 2008-09 is not available as no survey was conducted for 2008-09. From 2010-11 onwards, only specialties with doctors reported to have worked more than 65 hours per week in 2009-10 are required to report the doctor working hour data on a yearly basis. Full-scale monitoring for all specialties will be conducted every alternate year. Thus, the average weekly working hours of doctors in 2010-11 is not available for some specialties. The average weekly working hours of doctors in 2012-13 are being collected and are not available at present.
2. The average weekly working hours are calculated on actual calendar day basis based on rostered hours and self-reported hours of duties when the doctors are on off-site calls.

(b)

Tables 5 to 7 below set out respectively the manpower, years of service and attrition rate of nurses by clusters and by major specialties in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13.

The manpower shortfall of nurses in 2012-13 is around 850. Nurses are generally rostered to work on shift with an average weekly work hour of 44 hours.

Table 5: Manpower of Nurses in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13

Cluster	Major 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	Medicine	505	502	539	556	563
	Obstetrics & Gynaecology	80	77	71	70	69
	Orthopaedics & Traumatology	63	65	65	68	63
	Paediatrics	62	64	64	59	60
	Psychiatry	187	191	188	212	215
	Surgery	102	106	132	130	125
	Others	1 012	1 044	1 040	1 104	1 227
	Total	**2 012**	**2 049**	**2 099**	**2 199**	**2 323**
HKWC	Medicine	620	629	644	651	673
	Obstetrics & Gynaecology	136	135	132	140	143
	Orthopaedics & Traumatology	69	69	79	76	78
	Paediatrics	187	194	199	200	199
	Psychiatry	77	80	85	96	113
	Surgery	487	451	444	414	459
	Others	798	807	856	922	935
	Total	**2 375**	**2 366**	**2 440**	**2 498**	**2 600**
KCC	Medicine	565	530	513	537	592
	Obstetrics & Gynaecology	150	153	157	157	160
	Orthopaedics & Traumatology	67	67	65	73	79
	Paediatrics	149	141	143	164	161
	Psychiatry	214	218	210	221	239
	Surgery	220	209	203	241	251
	Others	1 387	1 468	1 493	1 556	1 577
	Total	**2 752**	**2 787**	**2 784**	**2 949**	**3 058**
KEC	Medicine	674	666	716	739	766
	Obstetrics & Gynaecology	115	113	113	128	132
	Orthopaedics & Traumatology	120	109	116	128	144
	Paediatrics	138	139	139	149	159
	Psychiatry	88	88	108	113	116
	Surgery	138	156	151	162	167
	Others	706	748	753	789	834
	Total	**1 978**	**2 018**	**2 096**	**2 209**	**2 319**
KWC	Medicine	1 079	1 054	1 037	1 351	1 357
	Obstetrics & Gynaecology	197	186	177	212	208
	Orthopaedics & Traumatology	135	131	128	175	178
	Paediatrics	213	204	202	226	227
	Psychiatry	55	52	548	589	588
	Surgery	318	305	290	361	354
	Others	2 655	2 803	2 349	1 971	2 179
	Total	**4 652**	**4 735**	**4 731**	**4 884**	**5 090**
NTEC	Medicine	888	887	933	980	1 055
	Obstetrics & Gynaecology	188	195	193	193	204
	Orthopaedics & Traumatology	203	206	202	217	225
	Paediatrics	223	212	207	236	244
	Psychiatry	263	265	231	253	271
	Surgery	315	302	275	296	308
	Others	1 114	1 188	1 232	1 212	1 222
	Total	**3 194**	**3 254**	**3 272**	**3 388**	**3 528**
NTWC	Medicine	524	586	622	635	588
	Obstetrics & Gynaecology	128	134	133	144	138
	Orthopaedics & Traumatology	66	70	71	67	127
	Paediatrics	153	149	144	145	150
	Psychiatry	588	621	634	654	669
	Surgery	145	150	151	160	163
	Others	925	909	882	927	996
	Total	**2 529**	**2 619**	**2 638**	**2 731**	**2 832**

Notes

1. Manpower on full-time equivalent (FTE) includes permanent, contract and temporary staff.
2. Individual figures may not add up to the total due to rounding.

Table 6: Years of Service of Nurses in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13

Cluster	Major Specialty	2008-09 (as at 31 Mar 2009)									
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	31 - <35 Years	35 - <40 Years	Total
HKEC	Medicine	102	130	100	192	29	4	5	0	2	564
	Obstetrics & Gynaecology	11	7	7	43	12	0	0	0	0	80
	Orthopaedics & Traumatology	22	6	7	32	5	3	0	0	0	75
	Paediatrics	19	9	11	35	1	2	0	0	0	77
	Psychiatry	12	37	47	65	22	3	1	0	0	187
	Surgery	44	36	16	34	4	2	0	0	0	136
	Others	167	248	253	268	77	17	12	5	0	1 047
	Total	**377**	**473**	**441**	**669**	**150**	**31**	**18**	**5**	**2**	**2 166**
HKWC	Medicine	81	79	141	204	76	33	9	7	1	631
	Obstetrics & Gynaecology	15	72	15	26	10	4	1	0	0	143
	Orthopaedics & Traumatology	7	12	15	29	5	1	0	0	0	69
	Paediatrics	22	27	36	74	20	6	3	0	0	188
	Psychiatry	11	15	13	13	8	13	3	1	0	77
	Surgery	71	106	111	120	59	13	7	3	0	490
	Others	211	178	137	230	95	27	18	18	5	919
	Total	**418**	**489**	**468**	**696**	**273**	**97**	**41**	**29**	**6**	**2 517**
KCC	Medicine	55	54	194	198	55	10	1	0	0	567
	Obstetrics & Gynaecology	8	33	16	46	47	1	1	0	0	152
	Orthopaedics & Traumatology	7	9	20	24	8	0	0	0	0	68
	Paediatrics	16	15	27	55	33	3	0	0	0	149
	Psychiatry	16	54	33	56	36	15	5	0	0	215
	Surgery	29	27	35	75	49	3	3	0	0	221
	Others	330	396	265	307	190	45	34	7	0	1 574
	Total	**461**	**588**	**590**	**761**	**418**	**77**	**44**	**7**	**0**	**2 946**
KEC	Medicine	114	122	277	147	29	6	1	2	1	699
	Obstetrics & Gynaecology	14	70	20	13	2	1	0	0	0	120
	Orthopaedics & Traumatology	29	22	47	23	6	0	0	0	0	127
	Paediatrics	20	37	48	38	3	0	0	0	0	146
	Psychiatry	23	14	15	24	7	7	2	1	0	93
	Surgery	44	26	49	21	7	0	0	0	0	147
	Others	122	110	207	197	75	22	21	11	0	765
	Total	**366**	**401**	**663**	**463**	**129**	**36**	**24**	**14**	**1**	**2 097**
KWC	Medicine	86	84	256	415	152	57	25	4	4	1 083
	Obstetrics & Gynaecology	19	43	22	55	38	15	0	3	4	199
	Orthopaedics & Traumatology	18	9	38	46	23	0	1	0	0	135
	Paediatrics	19	20	47	69	40	13	5	0	0	213
	Psychiatry	2	7	6	21	12	3	4	0	0	55
	Surgery	32	18	91	137	32	4	5	0	0	319
	Others	437	559	689	606	275	98	64	17	3	2 748
	Total	**613**	**740**	**1149**	**1349**	**572**	**190**	**104**	**24**	**11**	**4 752**
NTEC	Medicine	141	125	229	293	86	13	1	0	0	888
	Obstetrics & Gynaecology	13	17	24	75	53	6	0	0	0	188
	Orthopaedics & Traumatology	42	38	50	59	13	1	0	0	0	203
	Paediatrics	33	37	55	67	29	2	0	0	0	223
	Psychiatry	36	41	80	60	29	12	5	0	0	263
	Surgery	65	59	79	84	21	3	4	0	0	315
	Others	243	198	196	382	155	18	8	4	0	1 204
	Total	**573**	**515**	**713**	**1020**	**386**	**55**	**18**	**4**	**0**	**3 284**
NTWC	Medicine	116	160	111	96	32	6	9	4	0	534
	Obstetrics & Gynaecology	9	92	16	8	3	0	0	0	0	128
	Orthopaedics & Traumatology	21	12	19	13	1	0	0	0	0	66
	Paediatrics	17	34	29	62	13	2	0	0	0	157
	Psychiatry	29	80	131	171	103	57	20	4	0	595
	Surgery	36	39	24	43	3	0	0	0	0	145
	Others	202	334	204	211	65	30	7	3	0	1 056
	Total	**430**	**751**	**534**	**604**	**220**	**95**	**36**	**11**	**0**	**2 681**

Cluster	Major Specialty	2009-10 (as at 31 Mar 2010)									
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	31 - <35 Years	35 - <40 Years	Total
HKEC	Medicine	130	149	47	203	50	6	6	0	2	593
	Obstetrics & Gynaecology	3	18	5	34	16	1	0	0	0	77
	Orthopaedics & Traumatology	20	14	5	28	12	2	0	0	0	81
	Paediatrics	8	26	4	38	4	1	1	0	0	82
	Psychiatry	19	45	25	78	21	3	1	0	0	192
	Surgery	33	59	11	36	7	3	0	0	0	149
	Others	168	341	167	284	98	20	11	5	2	1 096
	Total	**381**	**652**	**264**	**701**	**208**	**36**	**19**	**5**	**4**	**2 270**
HKWC	Medicine	59	113	109	200	101	34	11	9	1	637
	Obstetrics & Gynaecology	12	71	13	24	15	5	1	0	0	141
	Orthopaedics & Traumatology	11	10	13	24	11	0	0	0	0	69
	Paediatrics	29	38	24	66	27	9	2	0	0	195
	Psychiatry	8	24	11	16	6	12	1	3	0	81
	Surgery	55	109	93	109	70	12	5	1	0	454
	Others	195	281	93	219	119	37	20	20	4	988
	Total	**369**	**646**	**356**	**658**	**349**	**109**	**40**	**33**	**5**	**2 565**
KCC	Medicine	31	94	154	168	73	10	2	0	0	532
	Obstetrics & Gynaecology	1	43	16	38	54	2	1	0	0	155
	Orthopaedics & Traumatology	8	15	15	22	7	1	0	0	0	68
	Paediatrics	12	27	10	53	35	4	0	0	0	141
	Psychiatry	19	65	22	44	49	14	5	1	0	219
	Surgery	13	50	26	60	55	4	2	0	0	210
	Others	326	522	230	267	240	43	35	12	0	1 675
	Total	**410**	**816**	**473**	**652**	**513**	**78**	**45**	**13**	**0**	**3 000**
KEC	Medicine	98	161	217	160	38	11	1	1	2	689
	Obstetrics & Gynaecology	5	79	19	11	4	0	0	0	0	118
	Orthopaedics & Traumatology	15	28	32	30	4	0	0	0	0	109
	Paediatrics	17	41	48	31	5	0	0	0	0	142
	Psychiatry	10	25	12	21	11	7	2	1	0	89
	Surgery	36	61	33	23	9	0	0	0	0	162
	Others	146	171	157	228	86	23	20	11	2	844
	Total	**327**	**566**	**518**	**504**	**157**	**41**	**23**	**13**	**4**	**2 153**
KWC	Medicine	38	146	170	406	198	52	37	3	7	1 057
	Obstetrics & Gynaecology	11	55	24	40	39	15	2	0	2	188
	Orthopaedics & Traumatology	2	24	28	43	32	1	0	1	0	131
	Paediatrics	7	34	33	68	45	13	5	0	0	205
	Psychiatry	1	7	1	20	15	4	4	0	0	52
	Surgery	8	41	74	123	48	5	5	1	0	305
	Others	398	788	613	570	351	111	67	21	3	2 922
	Total	**465**	**1095**	**943**	**1270**	**728**	**201**	**120**	**26**	**12**	**4 860**
NTEC	Medicine	93	214	117	325	121	13	4	0	0	887
	Obstetrics & Gynaecology	14	38	18	57	60	7	1	0	0	195
	Orthopaedics & Traumatology	24	68	28	66	19	1	0	0	0	206
	Paediatrics	9	55	35	68	43	2	0	0	0	212
	Psychiatry	21	70	48	68	38	14	5	1	0	265
	Surgery	29	99	45	90	32	2	5	0	0	302
	Others	286	320	97	400	208	20	12	5	0	1 348
	Total	**476**	**864**	**388**	**1074**	**521**	**59**	**27**	**6**	**0**	**3 415**
NTWC	Medicine	140	232	103	102	33	8	10	4	0	632
	Obstetrics & Gynaecology	10	96	17	11	6	0	0	0	0	140
	Orthopaedics & Traumatology	14	28	17	15	1	0	0	0	0	75
	Paediatrics	16	42	20	55	21	2	0	0	0	156
	Psychiatry	22	118	109	157	138	56	26	4	0	630
	Surgery	18	70	26	42	5	0	0	0	0	161
	Others	160	290	180	205	83	37	9	2	0	966
	Total	**380**	**876**	**472**	**587**	**287**	**103**	**45**	**10**	**0**	**2 760**

Cluster	Major Specialty	2010-11 (as at 31 Mar 2011)									
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	31 - <35 Years	35 - <40 Years	Total
HKEC	Medicine	194	176	40	140	65	8	7	1	1	632
	Obstetrics & Gynaecology	9	18	4	24	16	2	0	0	0	73
	Orthopaedics & Traumatology	44	16	4	8	11	0	0	0	0	83
	Paediatrics	28	13	3	25	6	0	0	0	0	75
	Psychiatry	19	57	16	75	18	3	1	0	0	189
	Surgery	58	41	10	27	14	1	0	0	0	151
	Others	212	369	150	205	122	15	10	5	4	1 092
	Total	**564**	**690**	**227**	**504**	**252**	**29**	**18**	**6**	**5**	**2 295**
HKWC	Medicine	66	137	87	185	119	30	16	12	1	653
	Obstetrics & Gynaecology	12	67	18	19	12	5	2	0	0	135
	Orthopaedics & Traumatology	18	18	12	19	10	2	0	0	0	79
	Paediatrics	37	56	20	52	26	6	2	2	0	201
	Psychiatry	10	34	9	8	12	8	2	3	0	86
	Surgery	43	134	87	91	67	19	4	2	0	447
	Others	290	273	87	180	123	34	22	20	4	1 033
	Total	**476**	**719**	**320**	**554**	**369**	**104**	**48**	**39**	**5**	**2 634**
KCC	Medicine	13	112	138	153	82	13	3	0	0	514
	Obstetrics & Gynaecology	5	43	19	21	65	5	0	1	0	159
	Orthopaedics & Traumatology	4	19	19	13	9	1	0	0	0	65
	Paediatrics	21	35	10	39	32	6	0	0	0	143
	Psychiatry	8	78	17	37	49	15	5	2	0	211
	Surgery	8	52	24	51	62	5	2	0	0	204
	Others	298	543	226	228	276	46	33	11	2	1 663
	Total	**357**	**882**	**453**	**542**	**575**	**91**	**43**	**14**	**2**	**2 959**
KEC	Medicine	157	207	184	145	48	12	2	2	2	759
	Obstetrics & Gynaecology	8	74	20	10	4	1	0	0	0	117
	Orthopaedics & Traumatology	35	36	23	22	3	0	0	0	0	119
	Paediatrics	35	46	35	23	4	1	0	0	0	144
	Psychiatry	18	36	13	19	15	7	1	1	0	110
	Surgery	29	72	23	26	6	0	0	0	0	156
	Others	184	210	109	187	91	15	26	11	2	835
	Total	**466**	**681**	**407**	**432**	**171**	**36**	**29**	**14**	**4**	**2 240**
KWC	Medicine	42	141	149	339	254	54	45	12	5	1 041
	Obstetrics & Gynaecology	2	66	28	30	32	17	3	0	0	178
	Orthopaedics & Traumatology	4	27	26	32	36	1	1	1	0	128
	Paediatrics	10	41	27	57	48	12	6	2	0	203
	Psychiatry	32	103	94	130	150	23	17	4	0	553
	Surgery	11	41	68	85	72	6	5	2	0	290
	Others	397	745	482	417	241	85	57	20	4	2 448
	Total	**498**	**1164**	**874**	**1090**	**833**	**198**	**134**	**41**	**9**	**4 841**
NTEC	Medicine	175	249	126	245	119	14	6	0	0	934
	Obstetrics & Gynaecology	2	60	9	39	72	9	2	0	0	193
	Orthopaedics & Traumatology	44	70	21	49	16	2	0	0	0	202
	Paediatrics	25	48	34	55	41	4	0	0	0	207
	Psychiatry	28	75	29	58	25	11	4	1	0	231
	Surgery	38	101	41	62	26	2	5	0	0	275
	Others	404	378	92	252	189	30	12	6	1	1 364
	Total	**716**	**981**	**352**	**760**	**488**	**72**	**29**	**7**	**1**	**3 406**
NTWC	Medicine	158	276	108	99	42	12	13	4	0	712
	Obstetrics & Gynaecology	9	93	25	7	8	0	0	0	0	142
	Orthopaedics & Traumatology	10	36	18	14	2	0	0	0	0	80
	Paediatrics	36	43	19	41	22	3	0	0	0	164
	Psychiatry	52	118	109	122	152	57	29	4	0	643
	Surgery	27	70	28	38	10	0	0	0	0	173
	Others	136	318	178	159	101	28	9	1	1	931
	Total	**428**	**954**	**485**	**480**	**337**	**100**	**51**	**9**	**1**	**2 845**

Cluster	Major Specialty	2011-12 (as at 31 Mar 2012)									
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	31 - <35 Years	35 - <40 Years	Total
HKEC	Medicine	145	237	37	103	81	10	5	2	0	620
	Obstetrics & Gynaecology	10	22	2	18	21	2	0	0	0	75
	Orthopaedics & Traumatology	20	36	3	7	12	0	0	0	0	78
	Paediatrics	15	25	1	18	10	0	0	0	0	69
	Psychiatry	68	70	9	59	31	3	2	0	0	242
	Surgery	35	61	14	21	13	2	0	0	0	146
	Others	204	443	103	226	142	22	11	4	5	1 160
	Total	**497**	**894**	**169**	**452**	**310**	**39**	**18**	**6**	**5**	**2 390**
HKWC	Medicine	85	167	45	174	120	39	21	10	2	663
	Obstetrics & Gynaecology	10	75	17	23	11	4	3	0	0	143
	Orthopaedics & Traumatology	19	25	2	12	17	2	0	0	0	77
	Paediatrics	37	69	15	47	24	6	2	2	0	202
	Psychiatry	24	36	3	11	10	6	4	2	1	97
	Surgery	68	126	58	94	48	20	1	2	0	417
	Others	305	301	69	162	143	42	24	17	4	1 067
	Total	**548**	**799**	**209**	**523**	**373**	**119**	**55**	**33**	**7**	**2 666**
KCC	Medicine	47	118	77	179	101	8	7	1	0	538
	Obstetrics & Gynaecology	13	39	19	16	62	8	0	1	0	158
	Orthopaedics & Traumatology	4	30	13	15	10	1	0	0	0	73
	Paediatrics	14	71	10	28	37	4	1	0	0	165
	Psychiatry	22	88	6	34	49	17	5	1	0	222
	Surgery	23	83	18	47	64	6	3	0	0	244
	Others	571	530	156	251	255	56	40	10	2	1 871
	Total	**694**	**959**	**299**	**570**	**578**	**100**	**56**	**13**	**2**	**3 271**
KEC	Medicine	153	259	120	166	62	20	2	2	2	786
	Obstetrics & Gynaecology	20	79	20	8	6	1	0	0	0	134
	Orthopaedics & Traumatology	35	55	11	25	8	1	0	0	0	135
	Paediatrics	26	73	22	22	9	1	0	0	0	153
	Psychiatry	13	50	8	19	17	4	4	1	0	116
	Surgery	41	77	15	32	8	0	0	0	0	173
	Others	142	279	79	158	118	21	18	14	2	831
	Total	**430**	**872**	**275**	**430**	**228**	**48**	**24**	**17**	**4**	**2 328**
KWC	Medicine	114	258	205	372	261	77	52	14	3	1 356
	Obstetrics & Gynaecology	6	81	34	39	31	18	4	0	0	213
	Orthopaedics & Traumatology	18	52	26	39	36	3	1	0	0	175
	Paediatrics	17	66	28	47	42	17	7	2	0	226
	Psychiatry	70	130	70	128	152	21	19	4	0	594
	Surgery	14	73	66	109	86	7	5	2	0	362
	Others	426	657	200	360	222	103	55	24	7	2 054
	Total	**665**	**1 317**	**629**	**1 094**	**830**	**246**	**143**	**46**	**10**	**4 980**
NTEC	Medicine	190	362	95	228	133	23	8	0	0	1 039
	Obstetrics & Gynaecology	9	69	5	25	73	11	4	0	0	196
	Orthopaedics & Traumatology	52	105	16	40	15	4	1	0	0	233
	Paediatrics	46	74	29	46	40	5	1	0	0	241
	Psychiatry	46	104	11	56	29	12	3	1	0	262
	Surgery	64	116	36	56	36	2	4	1	0	315
	Others	194	495	104	206	189	39	20	6	1	1 254
	Total	**601**	**1 325**	**296**	**657**	**515**	**96**	**41**	**8**	**1**	**3 540**
NTWC	Medicine	159	279	92	106	52	15	13	4	0	720
	Obstetrics & Gynaecology	21	94	22	12	6	0	0	0	0	155
	Orthopaedics & Traumatology	19	27	14	13	2	0	0	0	0	75
	Paediatrics	39	44	15	33	22	1	1	0	0	155
	Psychiatry	89	138	74	117	162	63	35	7	0	685
	Surgery	70	61	24	39	12	0	0	0	0	206
	Others	210	354	118	163	88	27	16	2	0	978
	Total	**607**	**997**	**359**	**483**	**344**	**106**	**65**	**13**	**0**	**2 974**

Cluster	Major Specialty	2012-13 (as at 31 Dec 2012)										
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	31 - <35 Years	35 - <40 Years	40 - <45 Years	Total
HKEC	Medicine	101	276	39	74	83	14	5	1	0	0	593
	Obstetrics & Gynaecology	6	22	4	12	22	5	0	0	0	0	71
	Orthopaedics & Traumatology	13	39	3	1	14	0	0	0	0	0	70
	Paediatrics	13	28	0	12	13	0	0	0	0	0	66
	Psychiatry	39	102	12	39	38	5	1	1	0	0	237
	Surgery	26	62	13	16	14	2	0	0	0	0	133
	Others	235	548	115	181	135	23	14	3	4	0	1 258
	Total	**433**	**1 077**	**186**	**335**	**319**	**49**	**20**	**5**	**4**	**0**	**2 428**
HKWC	Medicine	120	184	38	141	123	41	26	9	1	0	683
	Obstetrics & Gynaecology	16	54	41	16	12	5	2	0	0	0	146
	Orthopaedics & Traumatology	25	25	1	11	14	2	0	0	0	0	78
	Paediatrics	33	77	12	40	26	8	2	2	0	0	200
	Psychiatry	20	53	5	11	9	7	5	2	1	0	113
	Surgery	86	165	54	84	46	23	3	2	0	0	463
	Others	337	329	60	147	140	48	23	14	7	0	1 105
	Total	**637**	**887**	**211**	**450**	**370**	**134**	**61**	**29**	**9**	**0**	**2 788**
KCC	Medicine	91	158	79	146	106	18	7	1	0	0	606
	Obstetrics & Gynaecology	9	55	21	12	50	13	0	1	0	0	161
	Orthopaedics & Traumatology	5	36	14	10	12	2	0	0	0	0	79
	Paediatrics	9	76	11	24	36	4	2	0	0	0	162
	Psychiatry	35	104	4	32	45	17	7	1	0	0	245
	Surgery	15	103	17	43	58	15	2	1	0	0	254
	Others	456	580	159	243	215	98	37	14	2	0	1 804
	Total	**620**	**1 112**	**305**	**510**	**522**	**167**	**55**	**18**	**2**	**0**	**3 311**
KEC	Medicine	154	305	62	192	69	18	3	2	0	1	806
	Obstetrics & Gynaecology	7	72	34	14	8	1	0	0	0	0	136
	Orthopaedics & Traumatology	42	65	9	26	6	2	0	0	0	0	150
	Paediatrics	32	81	15	28	8	1	0	0	0	0	165
	Psychiatry	27	48	6	20	14	2	4	1	0	0	122
	Surgery	40	83	15	28	8	0	0	0	0	0	174
	Others	125	354	57	155	123	31	17	13	2	0	877
	Total	**427**	**1 008**	**198**	**463**	**236**	**55**	**24**	**16**	**2**	**1**	**2 430**
KWC	Medicine	172	309	151	319	256	86	47	20	1	0	1 361
	Obstetrics & Gynaecology	11	71	34	38	34	17	4	0	0	0	209
	Orthopaedics & Traumatology	42	55	20	26	31	4	0	0	0	0	178
	Paediatrics	46	71	26	38	24	16	5	1	0	0	227
	Psychiatry	106	144	47	116	133	22	18	6	0	0	592
	Surgery	45	75	50	102	66	8	6	3	0	0	355
	Others	553	852	156	288	209	102	51	25	5	0	2 241
	Total	**975**	**1 577**	**484**	**927**	**753**	**255**	**131**	**55**	**6**	**0**	**5 163**
NTEC	Medicine	285	404	86	191	111	38	9	0	0	0	1 124
	Obstetrics & Gynaecology	37	69	11	22	55	12	4	0	0	0	210
	Orthopaedics & Traumatology	55	115	19	35	14	5	1	0	0	0	244
	Paediatrics	42	92	27	40	42	4	2	0	0	0	249
	Psychiatry	47	125	10	49	29	11	2	2	0	0	275
	Surgery	83	123	37	46	33	6	4	1	0	0	333
	Others	236	526	96	154	173	54	18	8	1	0	1 266
	Total	**785**	**1 454**	**286**	**537**	**457**	**130**	**40**	**11**	**1**	**0**	**3 701**
NTWC	Medicine	134	262	90	71	50	14	8	8	0	0	637
	Obstetrics & Gynaecology	15	63	52	14	6	0	0	0	0	0	150
	Orthopaedics & Traumatology	36	50	12	21	9	6	0	0	0	0	134
	Paediatrics	46	63	17	25	17	3	0	0	0	0	171
	Psychiatry	65	188	53	114	163	62	40	9	1	0	695
	Surgery	49	74	18	34	15	0	0	0	0	0	190
	Others	201	445	116	146	85	29	19	3	0	0	1 044
	Total	**546**	**1 145**	**358**	**425**	**345**	**114**	**67**	**20**	**1**	**0**	**3 021**

Notes

1. Manpower on headcount basis includes permanent, contract and temporary staff in HA's workforce
2. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 - <6 Years".

Table 7: Attrition Rate of Nurses in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13

Cluster	Major Specialty	Attrition Rate				
		2008-09	2009-10	2010-11	2011-12	2012-13 (Rolling 12 months from 1 Jan 12 to 31 Dec 12)
HKEC	Medicine	4.9%	5.9%	9.1%	4.8%	6.8%
	Obstetrics & Gynaecology	3.9%	6.5%	13.3%	7.7%	4.6%
	Orthopaedics & Traumatology	11.5%	3.4%	15.0%	7.9%	3.1%
	Paediatrics	5.2%	1.8%	5.2%	13.0%	10.9%
	Psychiatry	2.6%	4.7%	4.8%	1.0%	2.4%
	Surgery	6.3%	7.5%	8.0%	7.5%	5.7%
	Others	5.8%	6.7%	5.8%	5.6%	5.7%
	Total	**5.4%**	**6.1%**	**7.2%**	**5.4%**	**5.7%**
HKWC	Medicine	5.9%	3.0%	2.8%	7.3%	6.3%
	Obstetrics & Gynaecology	6.2%	1.6%	8.1%	5.5%	7.0%
	Orthopaedics & Traumatology	8.6%	8.5%	4.0%	9.7%	9.4%
	Paediatrics	9.1%	6.3%	8.7%	8.3%	7.7%
	Psychiatry	6.4%	3.8%	2.5%	5.5%	2.0%
	Surgery	4.4%	3.9%	7.5%	6.3%	7.2%
	Others	3.6%	6.1%	6.4%	8.2%	8.4%
	Total	**5.3%**	**4.6%**	**5.7%**	**7.4%**	**7.2%**
KCC	Medicine	3.2%	2.8%	4.2%	2.6%	3.9%
	Obstetrics & Gynaecology	3.5%	3.4%	2.0%	5.9%	6.6%
	Orthopaedics & Traumatology	1.6%	4.7%	6.5%	12.3%	5.9%
	Paediatrics	5.6%	8.7%	6.9%	4.4%	4.0%
	Psychiatry	1.0%	0.5%	4.2%	5.3%	1.4%
	Surgery	7.7%	5.7%	6.5%	2.3%	4.3%
	Others	5.3%	4.0%	5.5%	6.6%	7.0%
	Total	**4.5%**	**3.9%**	**5.1%**	**5.4%**	**5.6%**
KEC	Medicine	3.5%	3.3%	5.3%	6.1%	6.3%
	Obstetrics & Gynaecology	2.8%	3.7%	6.2%	9.1%	3.9%
	Orthopaedics & Traumatology	2.6%	3.6%	2.6%	7.0%	5.5%
	Paediatrics	9.7%	3.5%	10.8%	9.6%	4.0%
	Psychiatry	3.8%	5.8%	1.0%	3.6%	5.3%
	Surgery	3.9%	8.7%	3.9%	10.1%	4.5%
	Others	4.8%	3.2%	4.7%	4.0%	3.6%
	Total	**4.3%**	**3.8%**	**5.1%**	**6.0%**	**4.8%**
KWC	Medicine	2.8%	1.7%	3.5%	4.4%	3.9%
	Obstetrics & Gynaecology	4.6%	6.9%	10.5%	6.0%	5.8%
	Orthopaedics & Traumatology	3.6%	-	3.1%	3.0%	4.6%
	Paediatrics	7.4%	3.8%	9.3%	6.4%	4.0%
	Psychiatry	-	5.6%	1.7%	3.1%	1.9%
	Surgery	5.0%	2.3%	4.4%	2.0%	2.2%
	Others	4.6%	4.1%	5.4%	5.8%	5.4%
	Total	**4.2%**	**3.4%**	**4.9%**	**4.8%**	**4.3%**
NTEC	Medicine	5.8%	4.4%	5.1%	4.9%	4.7%
	Obstetrics & Gynaecology	5.8%	3.6%	4.6%	7.7%	9.4%
	Orthopaedics & Traumatology	4.6%	1.0%	3.9%	3.4%	0.9%
	Paediatrics	4.5%	8.4%	10.5%	5.9%	9.9%
	Psychiatry	1.9%	3.4%	4.1%	3.0%	3.6%
	Surgery	6.6%	6.8%	1.0%	5.0%	3.2%
	Others	4.3%	2.7%	4.6%	3.5%	3.2%
	Total	**4.9%**	**4.0%**	**4.7%**	**4.4%**	**4.4%**
NTWC	Medicine	6.7%	5.5%	5.7%	5.5%	6.8%
	Obstetrics & Gynaecology	8.3%	3.9%	7.6%	3.6%	8.0%
	Orthopaedics & Traumatology	4.8%	3.0%	-	5.9%	2.2%
	Paediatrics	4.4%	6.9%	7.0%	10.6%	10.6%
	Psychiatry	0.5%	0.7%	2.9%	2.3%	2.0%
	Surgery	4.1%	3.6%	2.8%	6.1%	3.9%
	Others	5.3%	4.4%	5.7%	4.3%	5.3%
	Total	**4.4%**	**3.7%**	**4.9%**	**4.5%**	**5.1%**

Notes

1. Attrition includes all types of cessation of service from HA for permanent and contract staff (both full-time and part-time) on Headcount basis.
2. Rolling Attrition Rate = Total number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

(c)

Tables 8 to 10 below set out respectively the number and expenditure on salaries of non-local doctors, part-time doctors and nurses in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13.

Table 8: Number and Expenditure on Salaries of Non-local Doctors in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13

	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)	
Cluster	**Number of Non-local Doctors**	**Expenditure ($ million)**	**Number of Non-local Doctors**	**Expenditure ($ million)**	**Number. of Non-local Doctors**	**Expenditure ($ million)**	**Number of Non-local Doctors**	**Expenditure ($ million)**	**Number of Non-local Doctors**	**Expenditure ($ million)**
HKEC	0	0	0	0	0	0	0	0	1	0.4
HKWC	2	4.2	2	3.7	2	3.5	3	3.7	5	8.0
KCC	0	0	0	0	0	0	0	0	1	0.7
KEC	0	0	0	0	0	0	2	0.3	3	2.4
KWC	0	0	0	0	0	0	0	0	0	0
NTEC	0	0	0	0	0	0	2	0.3	2	1.2
NTWC	0	0	0	0	0	0	0	0	1	0.3

Table 9: Number and Expenditure on Salaries of Part-time Doctors in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13

	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)	
Cluster	**Number of Part-Time Doctors**	**Expenditure ($ million)**	**Number of Part-Time Doctors**	**Expenditure ($ million)**	**Number of Part-Time Doctors**	**Expenditure ($ million)**	**Number of Part-Time Doctors**	**Expenditure ($ million)**	**Number. of Part-Time Doctors**	**Expenditure ($ million)**
HKEC	8	2.4	7	3.5	7	3.9	8	3.9	19	8.5
HKWC	18	6.9	20	7.6	24	10.9	25	11.8	27	12.6
KCC	23	8.1	25	10.4	32	12.1	37	17.1	43	18.8
KEC	11	4.0	14	5.7	16	6.0	26	7.9	30	12.9
KWC	25	9.7	29	9.5	40	12.1	66	21.4	76	30.9
NTEC	19	12.5	18	12.0	16	8.4	34	13.7	30	20.6
NTWC	13	5.2	16	9.2	20	10.7	34	16.4	38	23.8

Table 10: Number and Expenditure on Salaries of Part-time Nurses in HA in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13

	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)	
Cluster	**Number of Part-Time Nurses**	**Expenditure ($ million)**	**Number of Part-Time Nurses**	**Expenditure ($ million)**	**Number of Part-Time Nurses**	**Expenditure ($ million)**	**Number of Part-Time Nurses**	**Expenditure ($ million)**	**Number of Part-Time Nurses**	**Expenditure ($ million)**
HKEC	229	17.6	327	24.5	292	27.9	296	30.9	181	30.9
HKWC	290	15.7	349	22.3	389	28.8	398	36.3	424	40.2
KCC	331	37.2	399	36.7	316	34.8	507	40.8	427	42.5
KEC	199	14.2	210	17.4	235	19.5	232	22.9	197	22.5
KWC	194	13.9	294	20.1	241	20.3	234	25.5	170	26.4
NTEC	189	14.8	298	22.8	250	22.2	279	25.7	319	28.6
NTWC	272	20.1	256	18.8	292	14.7	303	22.9	237	22.5

Notes

1. Manpower on headcount basis includes permanent, contract, temporary part-time staff in HA's workforce.
2. The total salary includes basic salary, allowance, gratuity payout, and on cost such as Home Loan Interest Subsidy Scheme (HLISS) contribution, exclude death & disability benefit, and before deduction of HILSS mobilization. The figures for 2012-13 represent full-year projection. In 2008-09, both non-local doctors were due to receive the gratuity payout, contributing to the increase in the expenditure.
3. No non-locally trained nurses are currently being employed by HA.

(d)

HA delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health staff and supporting healthcare workers. HA constantly assesses its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. HA has deployed additional resources over the past few years to retain healthcare professionals. This includes enhancing training opportunities by offering corporate scholarships for overseas training, strengthening manpower support, recruitment of additional supporting staff and re-engineering work processes. In 2013-14, HA plans to recruit around 300 doctors, 2 100 nurses and 610 allied health staff to further increase manpower strength and improve staff retention. In addition, HA has earmarked around $321 million in 2013-14 for implementation of further measures to recruit and retain health care professionals. Details and the breakdowns of the measures are as follows.

For the medical grade, on top of the existing measures, HA plans to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors and continue to recruit non-local doctors under limited registration to supplement local recruitment drive. The estimated expenditure is around $65.4 million.

For the nursing grade, HA plans to enhance career advancement opportunities of experienced nurses and provide training of registered nursing students and enrolled nursing students at HA's nursing schools. The estimated expenditure is around $154.8 million.

For the allied health grade, HA plans to provide additional training places for allied health students and recruit additional professional and supporting staff to relieve workload. The estimated expenditure is around $100.7 million.

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: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)166

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1163

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

Subhead (No. & title): -

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Vouchers, will the Government advise:

(a) whether it has compiled statistics on cross-district use of health care vouchers by the elderly; if yes, of the details; if not, the reasons for that; and

(b) the Food and Health Bureau replied to a question from the Legislative Council earlier that the number of service providers in some districts, such as Yuen Long, was relatively small. What measures have been taken to increase the number of service providers in those districts and what is the expenditure involved?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a) The simple registration procedure under the Elderly Health Care Voucher Scheme does not require healthcare service providers to provide input on elders' residential addresses in the eHealth System. The eHealth System therefore does not capture any statistics on cross-district use of health care vouchers by the elderly.

(b) Promotional activities are being launched to promote the use of health care vouchers by the eligible elders, including broadcasting television and radio announcements of public interests, distributing posters and leaflets through public clinics and hospitals, elderly centers, residential care homes for the elderly, etc. Poster campaigns at malls of public housing estates are also launched. To encourage the participation of service providers, we have issued letters to service providers, private hospitals and medical organizations informing them of the latest increase in annual voucher value as well as conducting briefings to service providers where appropriate. Furthermore, visits to clinics and practices of service providers of individual districts, including Yuen Long, are being arranged to encourage the participation from healthcare service providers and the use of health care vouchers by elders. The estimated expenditure on publicity and promotion incurred by the Department of Health in 2012-13 is about $1.23 million.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)167

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1165

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Budget Speech that the Government will allocate an additional $44 million to include in the Hospital Authority Drug Formulary two chemotherapeutic drugs for cancer treatment and expand the application of two special drugs for patients with advanced Parkinson's disease and cancer:

(a) regarding the new drugs to be included in the Drug Formulary, please provide a breakdown of the names of the drugs, the categories in which the drugs will be included, the diseases to be treated by the drugs and the estimated number of patients who will benefit;

(b) regarding the expansion of the application of the drugs, please provide a breakdown of the names of the drugs, the diseases to be treated by the drugs and the estimated number of patients who will benefit; and

Will the $44 million be wholly used for the purchase of drugs? Will other items, say administrative costs be included in it? Please provide a breakdown of the anticipated expenditure items and the estimated amounts involved.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a) & (b)

In 2013-14, the Government has earmarked additional recurrent funding of $44 million for the Hospital Authority (HA) to introduce two new drugs as Special drugs in the HA Drug Formulary and expand the clinical applications of two therapeutic groups of drugs in the HA Drug Formulary. The initiative will be implemented starting from the second quarter of 2013.

The table below sets out the drug name / class, therapeutic use and estimated number of patients to be benefited from each drug / drug class each year.

Drug Name / Class	Therapeutic Use	Estimated Number of Patients to be Benefited
(A) Incorporation of New Drugs into the HA Drug Formulary (Reposition from Safety Net to Special Drug)		
(i) Cetuximab	Squamous cell carcinoma of head and neck	40
(ii) Pemetrexed	Malignant pleural mesothelioma	25
(B) Expansion of Clinical Applications of Existing Drugs in the HA Drug Formulary		
(i) Capecitabine	Metastatic breast cancer and advanced gastric cancer, and Oxaliplatin for metastatic colorectal cancer	1 310
(ii) Dopamine-receptor agonists	Advanced Parkinson's disease	900

The additional recurrent funding of $44 million is earmarked for the use of provision of drug treatment for patients meeting specific clinical conditions and having authorisation from specialists. There are no other expenditure items included in the concerned additional recurrent funding.

Name in block letters: Richard YUEN

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

Date: 19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)168

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1166

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question :

Please provide information on financial assistance under the Samaritan Fund in the following table :

Year	Total number of applications for financial assistance under the Samaritan Fund			Number of cases approved for subsidy		Amount of subsidy			Average amount of subsidy granted in each case		
	Privately purchased medical items	Other items supported by the Fund Mechanism	Self-financed drugs supported by the Fund	Full subsidy granted	Partial subsidy granted	Privately purchased medical items	Other items supported by the Fund Mechanism	Self-financed drugs supported by the Fund	Privately purchased medical items	Other items supported by the Fund Mechanism	Self-financed drugs supported by the Fund
2008-09											
…											
2012-13											

Asked by : Hon. MAK Mei-kuen, Alice

Reply :

The table below sets out information on financial assistance under the Samaritan Fund :

Year	Total number of applications for financial assistance under the Samaritan Fund			Number of cases approved for subsidy		Amount of subsidy ($ million)		
	Non-drug		Self-financed drugs supported by the Fund	Full subsidy granted	Partial subsidy granted	Non-drug		Self-financed drugs supported by the Fund
	Privately purchased medical items	Other items supported by the Fund Mechanism				Privately purchased medical items	Other items supported by the Fund Mechanism	
2008-09	3 599	42	807	3 812	614	78.2	3.1	73.6
2009-10	3 625	45	1 098	4 094	642	81.9	4.0	84.2
2010-11	3 943	40	1 361	4 483	838	84.6	3.3	150.5
2011-12	3 738	40	1 519	4 459	822	84.3	3.6	174.9
2012-13 (Up to 31 December 2012)	2 452	9	1 296	3 103	654	62.8	1.4	182.9

Year	Average amount of subsidy granted in each case ($)		
	Non-drug		Self-financed drugs supported by the Fund
	Privately purchased medical items	Other items supported by the Fund Mechanism	
2008-09	21,829	74,937	91,646
2009-10	22,788	89,159	76,874
2010-11	21,521	82,588	111,183
2011-12	22,632	89,221	115,365
2012-13 (up to 31 December 2012)	25,637	153,950	141,088

Name in block letters: Richard YUEN

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

Date: 19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)169

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1167

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 drug expenditure of the Hospital Authority (HA), please list for the past 5 years (2008-09 to 2012-13):

a. the drug expenditure of each hospital cluster by drug class of the HA Drug Formulary, and its percentage in the total drug expenditure of HA;

b. the number of drugs prescribed to patients in each hospital cluster by drug class of the HA Drug Formulary, and its percentage in the total number of drugs prescribed by HA; and

c. for self-financed drugs purchased through HA, the expenditures on those covered by the safety net and those not covered by the safety net, and the respective numbers of patients involved.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a) The table below sets out the consumption expenditures[(1)] by clusters on General drugs and Special drugs prescribed to patients and their respective percentages in the total consumption expenditures of HA on drugs prescribed for that drug class from 2008-09 to 2012-13 (projection based on expenditure figure as at 31 December 2012):

Cluster	Drug Category	2008-09		2009-10		2010-11		2011-12		2012-13 (Projection based on expenditure figure as at 31 December 2012)	
		Expenditure ($ million)	% of HA's total drug expenditure	Expenditure ($ million)	% of HA's total drug expenditure	Expenditure ($ million)	% of HA's total drug expenditure	Expenditure ($ million)	% of HA's total drug expenditure	Expenditure ($ million)	% of HA's total drug expenditure
Hong Kong East	General drugs	151.6	10.2%	158.1	9.9%	169.0	9.8%	172.1	9.5%	176.8	9.4%
	Special drugs	91.6	10.0%	105.5	9.8%	122.5	9.7%	152.2	9.9%	181.3	10.0%
Hong Kong West	General drugs	170.4	11.4%	186.2	11.6%	196.0	11.4%	203.2	11.2%	211.6	11.2%
	Special drugs	152.7	16.7%	183.1	17.0%	221.6	17.5%	254.3	16.5%	287.1	15.8%
Kowloon Central	General drugs	226.0	15.2%	239.4	14.9%	259.6	15.1%	270.3	14.9%	275.5	14.6%
	Special drugs	108.9	11.9%	124.3	11.5%	155.3	12.3%	195.4	12.7%	230.0	12.6%
Kowloon East	General drugs	229.7	15.4%	248.5	15.5%	269.6	15.7%	287.5	15.9%	302.4	16.1%
	Special drugs	97.6	10.6%	109.4	10.2%	132.0	10.4%	167.8	10.9%	213.9	11.8%
Kowloon West	General drugs	303.2	20.4%	324.1	20.2%	352.6	20.5%	389.9	21.5%	406.4	21.6%
	Special drugs	189.3	20.7%	225.5	20.9%	282.4	22.3%	348.7	22.6%	413.8	22.8%
New Territories East	General drugs	243.1	16.3%	267.7	16.7%	279.0	16.2%	287.8	15.9%	296.3	15.7%
	Special drugs	161.4	17.6%	190.2	17.7%	201.8	15.9%	244.4	15.8%	285.5	15.7%
New Territories West	General drugs	165.0	11.1%	179.7	11.2%	193.7	11.3%	203.0	11.2%	214.6	11.4%
	Special drugs	114.9	12.5%	138.7	12.9%	150.9	11.9%	180.6	11.7%	207.3	11.4%
HA Total	**General drugs**	**1,488.9**	**100.0%**	**1,603.8**	**100.0%**	**1,719.5**	**100.0%**	**1,813.8**	**100.0%**	**1,883.5**	**100.0%**
	Special drugs	**916.5**	**100.0%**	**1,076.7**	**100.0%**	**1,266.5**	**100.0%**	**1,543.4**	**100.0%**	**1,818.9**	**100.0%**

Note(1): Consumption expenditure refers to the expenditure on General Drugs and Special Drugs prescribed to patients at standard fees and charges.

Subsidies provided for patients to meet their expenses on Self-financed drugs with safety net are granted by the Samaritan Fund and are not counted as part of the drug consumption expenditure of HA. The table below sets out the amount of subsidies granted by the Samaritan Fund on Self-financed drugs with safety net by hospital clusters from 2008-09 to 2012-13 (actual figures up to 31 December 2012):

Cluster	**2008-09 ($ million)**	**2009-10 ($ million)**	**2010-11 ($ million)**	**2011-12 ($ million)**	**2012-13 (Actual figure up to 31 December 2012) ($ million)**
Hong Kong East	9.4	9.3	15.7	16.3	13.6
Hong Kong West	11.5	12.1	19.1	28.4	24.4
Kowloon Central	10.1	12.0	20.6	26.2	31.2
Kowloon East	6.6	7.4	16.6	14.4	14.6
Kowloon West	13.8	17.7	32.8	35.1	38.3
New Territories East	12.1	12.5	21.3	25.8	30.9
New Territories West	10.1	13.2	24.4	28.7	29.9
HA Total	**73.6**	**84.2**	**150.5**	**174.9**	**182.9**

(b) The table below sets out the number and the percentage of drug items in respect of General drugs, Special drugs, Self-financed Items with safety net and Self-financed Items without safety net, in all drug items prescribed to patients in all seven clusters from 2008-09 to 2012-13 (actual figures up to 31 December 2012):

Cluster	**Drug Category**		**2008-09**	**2009-10**	**2010-11**	**2011-12**	**2012-13 (Actual figure up to 31 December 2012)**
Hong Kong East	General drugs	Item dispensed ('000)	3 746.9	3 446.2	4 105.5	4 135.8	4 858.8
		Percentage of total	11.3%	11.2%	11.3%	11.3%	11.6%
	Special drugs	Item dispensed ('000)	255.7	262.9	347.5	415.6	475.4
		Percentage of total	12.9%	12.8%	13.0%	13.2%	13.1%
	Self-financed drugs with safety net	Item dispensed ('000)	0.6	0.5	0.4	0.6	0.8
		Percentage of total	11.8%	8.3%	4.7%	4.6%	5.1%
	Self-financed drugs without safety net	Item dispensed ('000)	102.0	97.6	104.7	106.4	107.5
		Percentage of total	19.5%	18.7%	18.9%	19.1%	19.1%

Cluster	Drug Category		2008-09	2009-10	2010-11	2011-12	2012-13 (Actual figure up to 31 December 2012)
Hong Kong West	General drugs	Item dispensed ('000)	2 481.6	2 235.6	2 673.7	2 775.6	3 356.0
		Percentage of total	7.5%	7.2%	7.4%	7.6%	8.0%
	Special drugs	Item dispensed ('000)	216.0	221.2	276.1	323.3	368.9
		Percentage of total	10.9%	10.8%	10.3%	10.3%	10.1%
	Self-financed drugs with safety net	Item dispensed ('000)	0.9	1.0	1.7	2.7	2.6
		Percentage of total	17.6%	16.7%	19.8%	20.6%	16.7%
	Self-financed drugs without safety net	Item dispensed ('000)	111.2	113.0	132.8	137.2	142.3
		Percentage of total	21.2%	21.7%	23.9%	24.7%	25.2%
Kowloon Central	General drugs	Item dispensed ('000)	3 756.5	3 424.6	4 022.0	4 117.2	4 688.3
		Percentage of total	11.3%	11.1%	11.1%	11.2%	11.2%
	Special drugs	Item dispensed ('000)	252.3	243.8	303.2	352.5	394.1
		Percentage of total	12.8%	11.9%	11.3%	11.2%	10.8%
	Self-financed drugs with safety net	Item dispensed ('000)	1.5	1.9	2.2	3.7	4.6
		Percentage of total	29.4%	31.7%	25.6%	28.2%	29.5%
	Self-financed drugs without safety net	Item dispensed ('000)	49.2	53.0	61.0	59.6	59.1
		Percentage of total	9.4%	10.2%	11.0%	10.7%	10.5%
Kowloon East	General drugs	Item dispensed ('000)	4 575.3	4 282.6	4 918.8	5 001.4	5 601.2
		Percentage of total	13.7%	13.9%	13.6%	13.6%	13.3%
	Special drugs	Item dispensed ('000)	232.3	234.5	320.1	377.4	452.6
		Percentage of total	11.7%	11.4%	12.0%	12.0%	12.4%

Cluster	Drug Category		2008-09	2009-10	2010-11	2011-12	2012-13 (Actual figure up to 31 December 2012)
	Self-financed drugs with safety net	Item dispensed ('000)	0.3	0.4	0.6	0.9	0.8
		Percentage of total	5.9%	6.7%	7.0%	6.9%	5.1%
	Self-financed drugs without safety net	Item dispensed ('000)	55.6	59.7	47.7	46.2	45.5
		Percentage of total	10.6%	11.4%	8.6%	8.3%	8.1%
Kowloon West	General drugs	Item dispensed ('000)	8 905.5	8 335.8	9 855.3	9 931.4	11 317.5
		Percentage of total	26.8%	27.0%	27.2%	27.0%	26.9%
	Special drugs	Item dispensed ('000)	478.4	509.3	706.9	834.9	974.6
		Percentage of total	24.2%	24.8%	26.4%	26.6%	26.8%
	Self-financed drugs with safety net	Item dispensed ('000)	0.8	1.0	1.9	2.6	3.3
		Percentage of total	15.7%	16.7%	22.1%	19.8%	21.2%
	Self-financed drugs without safety net	Item dispensed ('000)	100.1	96.0	100.2	94.5	94.2
		Percentage of total	19.1%	18.4%	18.1%	17.0%	16.7%
New Territories East	General drugs	Item dispensed ('000)	5 581.7	5 199.1	5 964.7	5 966.9	6 862.5
		Percentage of total	16.8%	16.8%	16.4%	16.2%	16.3%
	Special drugs	Item dispensed ('000)	320.7	343.0	427.7	489.9	565.0
		Percentage of total	16.2%	16.7%	16.0%	15.6%	15.5%
	Self-financed drugs with safety net	Item dispensed ('000)	0.6	0.6	0.7	1.0	1.5
		Percentage of total	11.8%	10.0%	8.1%	7.6%	9.6%
	Self-financed drugs without safety net	Item dispensed ('000)	85.8	82.5	87.1	90.9	94.3
		Percentage of total	16.4%	15.8%	15.7%	16.3%	16.7%

Cluster	Drug Category		2008-09	2009-10	2010-11	2011-12	2012-13 (Actual figure up to 31 December 2012)
New Territories West	General drugs	Item dispensed ('000)	4 233.8	3 941.1	4 755.5	4 794.9	5 349.0
		Percentage of total	12.7%	12.8%	13.1%	13.1%	12.7%
	Special drugs	Item dispensed ('000)	222.1	242.0	295.4	343.8	410.6
		Percentage of total	11.2%	11.8%	11.0%	11.0%	11.3%
	Self-financed drugs with safety net	Item dispensed ('000)	0.4	0.6	1.1	1.6	2.0
		Percentage of total	7.8%	10.0%	12.8%	12.2%	12.8%
	Self-financed drugs without safety net	Item dispensed ('000)	19.7	19.9	21.6	21.5	21.2
		Percentage of total	3.8%	3.8%	3.9%	3.9%	3.8%
HA Total	**General drugs**	**Item dispensed ('000)**	**33 281.3**	**30 865.0**	**36 295.6**	**36 723.2**	**42 033.2**
		Percentage of total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
	Special drugs	**Item dispensed ('000)**	**1 977.5**	**2 056.7**	**2 676.9**	**3 137.4**	**3 641.2**
		Percentage of total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
	Self-financed drugs with safety net	**Item dispensed ('000)**	**5.1**	**6.0**	**8.6**	**13.1**	**15.6**
		Percentage of total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
	Self-financed drugs without safety net	**Item dispensed ('000)**	**523.6**	**521.7**	**555.1**	**556.3**	**564.1**
		Percentage of total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Note: Figures may not add up to 100% due to rounding.

(c) The table below sets out the number of patients who purchased Self-financed drugs through HA, the total expenditure incurred by these patients, as well as the number of patients granted with subsidy under the Samaritan Fund and the total amount of subsidies granted to cover expenses on Self-financed drugs from 2008-09 to 2012-13 (actual figures up to 31 December 2012):

	2008-09	**2009-10**	**2010-11**	**2011-12**	**2012-13 (Actual figure up to 31 December 2012)**
Number of patients purchasing self-financed drugs through HA	33 490	40 033	43 610	47 539	44 977
Total expenditure incurred by these patients on purchasing self-financed drugs through HA ($ million)	614.6	752.4	780.4	857.8	687.3
Number of patients provided with subsidy under Samaritan Fund to cover expenses on self-financed drugs with safety net	782	1 055	1 282	1 435	1 269
Amount of subsidies granted under Samaritan Fund to cover expenses on self-financed drugs with safety net ($ million)	73.59	84.2	150.5	174.9	182.9

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)170

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1169

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Matters Requiring Special Attention in 2013-14 under Programme (1) that the Administration will "facilitate healthcare service development, including encouraging private hospital development and conducting a review on regulation of private healthcare facilities". According to this year's Policy Address, the Administration "has established a Steering Committee on Review of the Regulation of Private Healthcare Facilities, which is tasked to review the regulatory regime for private healthcare facilities". In this connection, will the Administration give a detailed account of the present work progress of the Committee, its future work programme and schedule, as well as the manpower and expenditure involved?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The Steering Committee on Review of the Regulation of Private Healthcare Facilities (Steering Committee) has convened its first meeting and decided to set up four working groups to conduct in-depth research on the following priority areas:

(i) Differentiation of medical procedures/ practices and beauty services;
(ii) Defining high-risk medical procedures/ practices performed in ambulatory setting;
(iii) Regulation of premises processing health products for advanced therapies; and
(iv) Regulation of private hospitals.

The working groups have commenced their work and will report to the Steering Committee their recommendations in due course. The review is expected to complete within 2013. The Government would then consult the public on the proposal put forward by the Steering Committee and prepare for the relevant legislative process. There is no need for additional manpower and expenditure for conducting the review. The requisite resources will be absorbed within the existing provision of the Food and Health Bureau and the Department of Health.

Name in block letters: Richard YUEN

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

Date: 15.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)171

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1170

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 stated in Matters Requiring Special Attention in 2013-14 under Programme (1), the Administration will "continue to oversee the implementation of a pilot initiative to provide outreach dental care for needy elderly in residential care homes and day care centres for the elderly in collaboration with non-governmental organisations (NGOs)". In this connection, please advise on the following :

1. How many NGOs have participated in the pilot initiative each financial year since its implementation? What is the relevant expenditure?

2. How many elderly persons have received service under the pilot initiative and their percentage share in the total number of elderly persons eligible for the service each year since its implementation?

3. What is the cost of service of the pilot initiative each year since its implementation?

4. Has the Administration conducted any assessment on the pilot initiative? If yes, what are the results? If not, what are the reasons?

5. Has the Administration planned to extend the pilot initiative to cover all the elderly in Hong Kong? If yes, what are the details and the relevant expenditure? If not, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

As most elders residing in residential care homes (RCHEs) or receiving services in day care centres (DEs) are physically weak, their frail conditions have made it difficult for them to receive dental care services at dental clinics. At present, licensed RCHEs and subsidised DEs provide about 80 000 places. In April 2011, the Government launched the three-year "Pilot Project on Outreach Primary Dental Care Services for the Elderly in RCHEs and DEs" (the Pilot Project) in collaboration with 13 NGOs to provide outreach primary dental care and oral health care services to these elders. The Pilot Project is expected to provide services for about 100 000 attendances. As at end-February 2013, the Pilot Project had undertaken over 57 200 attendances of elders residing in RCHEs or receiving services in DEs. The expenditure for the Pilot Project was about $46 million (up to end-February 2013), of which $29 million was incurred in 2011-12.

We are now conducting an interim review on the Pilot Project and will brief the Panel on Health Services of the Legislative Council on the findings later this year.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)172

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1172

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

Subhead (No. & title): Unspecified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 119 of the Budget Speech that "The recurrent expenditure on medical and health services for 2013-14 will reach $49 billion, an increase of $2.7 billion over 2012-13. The bulk of the additional funding is for new recurrent allocation to the Hospital Authority (HA) to enhance and expand appropriate public medical services." In this connection,

(a) what are the provisions for the HA in the past five years (from 2008-09 to 2012-13)?

(b) what is the expenditure incurred in the HA items, including staff costs, drug expenditure, etc. in the past five years (from 2008-09 to 2012-13). What is the respective percentage of each expenditure item in the total recurrent operating expenditure?

	2008-09	2009-10	2010-11	2011-12	2012-13
staff costs (percentage in the total recurrent operating expenditure)	--(--%)	--(--%)	--(--%)	--(--%)	--(--%)
drug expenditure (percentage in the total recurrent operating expenditure)	--(--%)	--(--%)	--(--%)	--(--%)	--(--%)
	--(--%)	--(--%)	--(--%)	--(--%)	--(--%)
Total expenditure	--	--	--	--	--

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a)

The table below sets out the government's financial provision to the Hospital Authority (HA) in the past 5 years:

	2008-09 (Actual)	2009-10 (Actual)	2010-11 (Actual)	2011-12 (Actual)	2012-13 (Revised Estimates)
Financial Provision to HA ($ billion)	32.77 #	32.86	34.36	38.63	52.69 ##

The actual financial provision for 2008-09 includes a one-off injection of $1 billion from the Government into the Samaritan Fund.

The revised estimate on the financial provision for 2012-13 includes a one-off injection of $10 billion from the Government into the Samaritan Fund.

(b)

HA's recurrent expenditure including staff costs, drug expenditure and other expenditure (e.g. utility charges) is funded not only by the government's financial provision but also HA's income including medical income. The table below sets out the staff costs, drug expenditure and other expenditure of HA as well as the respective percentages of such expenditure in HA's total recurrent operating expenditure in the past 5 years :

		2008-09	2009-10	2010-11	2011-12	2012-13 (Projection)
Staff Costs	Amount ($ billion)	26.09	26.47	26.62	29.24	31.92
	% of total recurrent operating expenditure	77.6%	76.8%	73.9%	73.3%	71.6%
Drug Expenditure	Amount ($ billion)	2.79	3.11	3.72	4.21	4.73
	% of total recurrent operating expenditure	8.3%	9.0%	10.4%	10.5%	10.6%
Other Expenditure	Amount ($ billion)	4.74	4.88	5.67	6.46	7.92
	% of total recurrent operating expenditure	14.1%	14.2%	15.7%	16.2%	17.8%
Total ($ billion)		33.62	34.46	36.01	39.91	44.57

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)173

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1173

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 122 of the Budget Speech that the Government will "allocate an additional $44 million to include in the HA Drug Formulary two chemotherapeutic drugs for cancer treatment and expand the application of two special drugs for patients with advanced Parkinson's disease and cancer". Please provide information in the following table based on the current position of the Formulary:

Category	Number of drugs
Total number of drugs in the Formulary	
General drugs	
Special drugs	
Self-financed items	
Drugs with safety net	
Drugs supported by the Community Care Fund	

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

In 2013-14, the Government has earmarked additional recurrent funding of $44 million for the Hospital Authority (HA) to introduce two new drugs as Special drugs in the HA Drug Formulary and expand the clinical applications of two therapeutic groups of drugs in the HA Drug Formulary. The initiative will be implemented starting from the second quarter of 2013.

The table below sets out the number of drugs in the HA Drug Formulary, including both General and Special drugs as at January 2013:

Drug Category	**Number of Drugs**
General drugs	934
Special drugs	316
Total number of drugs in the HA Drug Formulary	1 250

The table below sets out the number of drugs categorised as self-financed items (SFIs), drugs covered by the Samaritan Fund safety net and drugs supported by the Community Care Fund as at January 2013:

Drug Category	**Number of Drugs**
Self-financed items	71
Drugs covered by Samaritan Fund safety net	19
Drugs supported by Community Care Fund	9

Name in block letters: Richard YUEN

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

Date: 18.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)174

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3069

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In strengthening medical treatment for elderly patients, particularly the treatment of degenerative diseases such as age-related macular degeneration, osteoporosis fracture, and advanced Parkinson's disease, please provide the following information :

(a) a breakdown of the number of elderly patients receiving the treatment of degenerative diseases by clusters and types of diseases in the past 5 years (from 2008 to 2012);

(b) a breakdown of the estimated number of additional medical staff required to strengthen the above service and the relevant expenditure required by clusters;

(c) a breakdown of the additional number of elderly patients that can be served each year upon strengthening of the service by clusters.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The Hospital Authority (HA) does not have readily available statistics for the number of elderly patients receiving treatment of degenerative diseases.

To enhance healthcare services for the elderly, particularly the treatment of degenerative diseases, HA will enhance services in 2013-14 as follows:

(i) HA will enhance specialist eye service for patients suffering from Age-related Macular Degeneration and diabetic related eye disease, benefiting around 500 and 4 000 patients respectively. The estimated expenditure is $23 million;

(ii) HA will modernise implants for osteoporosis fracture and introduce more than 3 500 modern implants for the management of osteoporosis fracture in 2013-14. The estimated expenditure is $17 million;

(iii) The treatment for patients with Advanced Parkinson's Disease will be strengthened. It is expected that more than 25 patients with Advanced Parkinson's Disease can receive implantation of Deep Brain Stimulator to improve their symptoms. The estimated expenditure is around $6 million; and

(iv) It is expected that around 900 patients will benefit from the widening of the clinical applications of Dopamine-receptor agonists in the HA Drug Formulary for treatment of Advanced Parkinson's Disease. The estimated expenditure is around $21 million.

Resources for these programmes will be allocated according to the number of patients in need. Information related to the breakdown by cluster is not available.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)175

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2655

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

There have been several occurrences where staff of the Hospital Authority (including doctors) were found to have dishonestly tampered with the computer system to make false records of leave, work, etc., thus increasing indirectly the public expenditure on medical services. Will the Administration inform this Committee of the Hospital Authority's existing mechanism for recording, inter alia, leave applications of its staff; and whether electronic system has been used to enhance accuracy and reduce the risk of false claims? Has the Administration monitored and reviewed the information management systems of hospitals to see if there are any loopholes in their operation? Under the Subheads of Manpower and Capital Account (Hospital Authority - equipment and information systems), has provision been made for having adequate technical staff for system management and support?

Asked by: Hon. MOK Charles Peter

Reply:

At present, application for and approval of annual leave for staff of the Hospital Authority (HA) is a manual process. The approved applications on the prescribed form will be passed to the human resources department in the hospital/institution for verification and recording. Random checking of the leave calculation and the leave records will be conducted constantly to ensure compliance and accuracy.

To enhance efficiency and effectiveness of the leave administration process, HA has piloted an eLeave computerised system in the Head Office since May 2012. The effectiveness of the pilot will be evaluated in due course.

There are established mechanisms for operations, performance monitoring and incidence management of information systems running in HA hospitals. These mechanisms are reviewed periodically by both the management level of the information technology (IT) department and internal auditors. In the formulation of proposals for IT projects through the IT Block Vote, adequate resources will be earmarked for purposes including manpower requirement, in accordance with the service need.

Name in block letters: Richard YUEN

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

Date: 21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)176

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2657

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

Following the approved funding of about $700 million for the Electronic Health Record (eHR) Programme by the Legislative Council in 2009, the first stage development will be concluded in 2013-2014 according to the original development schedule. What is the current progress and spending position? As the effective implementation of the system hinges on its wide acceptance and application outside the public health care sector, it is essential to promote the system to the relevant stakeholders, the industries and the public before its implementation. What are the estimated expenditures and plans in this year for promoting the system to the relevant industries and the consulting stakeholders on privacy and security matters? If there are no such plans, what is the reason?

Asked by: Hon. MOK Charles Peter

Reply:

The Legislative Council approved in July 2009 a commitment of $702 million non-recurrent expenditure for implementing the first stage of the eHR Programme from 2009-10 to 2013-14. Up to 31 December 2012, a total of $331.2 million has been expended.

For the first stage of the eHR Programme, we aim to: (a) set up an eHR sharing platform for connection with public and private hospitals; (b) have electronic Medical Record/ Patient Record systems and other health information system available in the market for healthcare providers to connect to the eHR sharing platform; and (c) prepare the eHR legislation to protect data privacy and system security. We have been making good progress towards accomplishment of these goals. We have completed the architectural blueprint of the eHR core component, and the building up of the system is on schedule. Pilot runs on the Clinical Management System (CMS) Adaptation and CMS On-ramp prototype for use by private hospitals and clinics respectively have commenced. We are also conducting Privacy Impact Assessment and Security Risk Assessment and Audit to address concerns about data privacy and system security. As for the eHR enabling legislation, we have commenced preparation for the drafting of the Bill. We reported the progress of eHR Programme and briefed the Legislative Council Panel on Health Services on the features of the eHR Bill in March 2013.

To promote eHR sharing, we have been actively engaging the public and relevant stakeholders through various channels. Up till March 2013, over 100 engagement meetings, forums, seminars, focus groups, briefings and other activities have been held. We also post regular eHR updates on the eHR Office website and have started issuing newsletters to interested stakeholders in early 2013. Two eHR Engagement Initiative (EEI) exercises were launched in October 2009 and November 2010 respectively.

Partnership projects were also implemented in collaboration with major healthcare organisations such as the Hong Kong Medical Association and Hong Kong Dental Association to promote deployment of sector-specific electronic Medical Record systems. For the IT sector, we are formulating a training scheme for eHR service providers. The objective is to enable private IT vendors to provide implementation services to deploy CMS On-ramp to private clinics. An eHR internship pilot programme was launched in mid 2012 to train and equip fresh graduates with practical eHR experience.

From December 2011 to February 2012, we conducted a two-month public consultation on privacy and security issues. Experts from relevant public and private sectors have offered us valuable advice through the Steering Committee on eHR Sharing and its Working Groups. In the year 2013-14, our engagement and liaison activities will continue. The relevant expenditure will be absorbed by the provision for FHB.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)177

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2674

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Government has provided in the 2013-14 Budget an increase of $2.7 billion recurrent expenditure on medical and health services, the bulk of such additional funding is for new recurrent allocation to the Hospital Authority (HA). In all these years, the information technology (IT) departments of the HA have employed a large number of IT contract workers through employment agencies which has brought about the serious problem of unequal pay for the same work and unfair terms of employment (for example, no sick leave, no medical insurance, no pay for work under black rainstorm warning during typhoon). Included in the tender price to the Government is a large percentage of service fees charged by the employment agencies which is most unfair to contract workers. This has resulted in a significant gap in HA's IT strata and produced additional risk in its IT operation.

(1) What is the number of the contract workers currently employed by HA through employment agencies? What is the increase or decrease in the number of these workers in the past five years (2008-09, 2009-10, 2010-11, 2011-12, 2012-13)? What is the service period of these workers?

(2) Is there any plan to allow direct recruitment of these contract workers with extended service as HA's contract staff? If so, what are the details? If not, will HA consult affected workers on the issue? If there is no such plan on consultation, what are the reasons?

(3) Will the new additional funding be deployed on improving the environment and terms of work of IT contract workers? If so, what are the details? If not, what are the reasons?

Asked by: Hon. MOK Charles Peter

Reply:

(1)

The table below sets out the total number of information technology (IT) contract workers employed by the IT contractors and working in the Hospital Authority (HA) in the past five years:

Year	No. of IT contract workers employed by IT contractors and working in HA
2008-09	380
2009-10	409
2010-11	462
2011-12	495
2012- 13 (as at 31 December 2012)	518

As at 31 December 2012, the average length of service of these IT contract workers was about three years.

(2)

The manpower planning of the HA Information Technology Services (HAITS) is conducted on an annual basis, dovetailing with the corporate services direction, and ensuring that the resources are appropriately allocated in order to meet the service objectives and deliverables. To cope with the increasing demand for IT services (such as supporting frontline clinical operations, backend business, agency work for other government-led IT development projects), HA has correspondingly enhanced the manpower of HAITS over the years. In line with the prevailing human resources policies in HA, open recruitment for vacant IT positions is adopted to attract potential candidates, including the contract workers, to apply for the vacant posts.

(3)

HA's allocation of resources in IT services is carefully prioritised during the corporate strategic planning and annual planning cycles to ensure optimal outcomes are achieved. During the past years, additional resources have been allocated to enhance IT support, including IT manpower resources, in order to cope with the increasing service demand. IT contractor services are engaged through open tender mechanism in accordance with HA's procurement policies. In the process, prevailing market pay and conditions have been taken into account. Furthermore, it is stipulated in the service contracts between HA and the IT contractor agencies that any contract price adjustment in accordance with the Consumer Price Index (B) published by the Census and Statistics Department should be reflected in these IT contract workers' pay package, so that IT contract workers will benefit from the change in contract price.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)178

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2534

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) Please provide the numbers of healthcare professionals (including doctors and nurses) in different departments in each hospital cluster in 2012-13 and 2013-14.

(b) Please provide the numbers of deaths among inpatients (including general, infirmary, mentally-ill and mentally-handicapped patients) in 2012-13.

(c) Please provide the numbers of chronic disease patients by types in 2012-13 and the estimated numbers for 2013-14.

Asked by: Hon. POON Siu-ping

Reply:

a)

Tables 1 and 2 below set out the respective numbers of doctors5 and nurses in each hospital cluster by major specialties in 2012-13.

Table 1: Number of doctors by major specialties in 2012-13 (as at 31 December 2012)

Cluster	**Specialty**	**Number of Doctors**
HKEC	Accident & Emergency	54
	Anaesthesia	33
	Family Medicine	55
	Medicine	146
	Neurosurgery	10
	Obstetrics & Gynaecology	23
	Ophthalmology	20
	Orthopaedics & Traumatology	30
	Paediatrics	22
	Pathology	20
	Psychiatry	34
	Radiology	37
	Surgery	49
	Others	40
	Total	**572**

Cluster	Specialty	Number of Doctors
HKWC	Accident & Emergency	31
	Anaesthesia	57
	Cardio-thoracic Surgery	11
	Family Medicine	40
	Medicine	130
	Neurosurgery	12
	Obstetrics & Gynaecology	27
	Ophthalmology	12
	Orthopaedics & Traumatology	30
	Paediatrics	41
	Pathology	26
	Psychiatry	25
	Radiology	38
	Surgery	78
	Others	38
	Total	**597**
KCC	Accident & Emergency	37
	Anaesthesia	53
	Cardio-thoracic Surgery	15
	Family Medicine	54
	Medicine	144
	Neurosurgery	20
	Obstetrics & Gynaecology	30
	Ophthalmology	38
	Orthopaedics & Traumatology	35
	Paediatrics	38
	Pathology	29
	Psychiatry	37
	Radiology	44
	Surgery	54
	Others	51
	Total	**679**
KEC	Accident & Emergency	59
	Anaesthesia	39
	Family Medicine	87
	Medicine	134
	Obstetrics & Gynaecology	27
	Ophthalmology	19
	Orthopaedics & Traumatology	39
	Paediatrics	39
	Pathology	19
	Psychiatry	35
	Radiology	26
	Surgery	57
	Others	37
	Total	**617**

Cluster	Specialty	Number of Doctors
KWC	Accident & Emergency	109
	Anaesthesia	83
	Family Medicine	150
	Medicine	288
	Neurosurgery	23
	Obstetrics & Gynaecology	51
	Ophthalmology	23
	Orthopaedics & Traumatology	75
	Paediatrics	78
	Pathology	48
	Psychiatry	68
	Radiology	55
	Surgery	113
	Others	84
	Total	**1 249**
NTEC	Accident & Emergency	68
	Anaesthesia	55
	Cardio-thoracic Surgery	5
	Family Medicine	88
	Medicine	183
	Neurosurgery	7
	Obstetrics & Gynaecology	31
	Ophthalmology	25
	Orthopaedics & Traumatology	62
	Paediatrics	58
	Pathology	33
	Psychiatry	60
	Radiology	41
	Surgery	82
	Others	77
	Total	**875**
NTWC	Accident & Emergency	60
	Anaesthesia	44
	Cardio-thoracic Surgery	2
	Family Medicine	74
	Medicine	123
	Neurosurgery	15
	Obstetrics & Gynaecology	32
	Ophthalmology	20
	Orthopaedics & Traumatology	41
	Paediatrics	35
	Pathology	21
	Psychiatry	77
	Radiology	33
	Surgery	58
	Others	49
	Total	**684**

Table 2: Number of nurses by major specialties in 2012-13 (as at 31 December 2012)

Cluster	Specialty	Number of Nurses
HKEC	Medicine	563
	Obstetrics & Gynaecology	69
	Orthopaedics & Traumatology	63
	Paediatrics	60
	Psychiatry	215
	Surgery	125
	Others	1 227
	Total	**2 323**
HKWC	Medicine	673
	Obstetrics & Gynaecology	143
	Orthopaedics & Traumatology	78
	Paediatrics	199
	Psychiatry	113
	Surgery	459
	Others	935
	Total	**2 600**
KCC	Medicine	592
	Obstetrics & Gynaecology	160
	Orthopaedics & Traumatology	79
	Paediatrics	161
	Psychiatry	239
	Surgery	251
	Others	1 577
	Total	**3 058**
KEC	Medicine	766
	Obstetrics & Gynaecology	132
	Orthopaedics & Traumatology	144
	Paediatrics	159
	Psychiatry	116
	Surgery	167
	Others	834
	Total	**2 319**
KWC	Medicine	1 357
	Obstetrics & Gynaecology	208
	Orthopaedics & Traumatology	178
	Paediatrics	227
	Psychiatry	588
	Surgery	354
	Others	2 179
	Total	**5 090**
NTEC	Medicine	1 055
	Obstetrics & Gynaecology	204
	Orthopaedics & Traumatology	225
	Paediatrics	244
	Psychiatry	271
	Surgery	308
	Others	1 222
	Total	**3 528**

Cluster	Specialty	Number of Nurses
NTWC	Medicine	588
	Obstetrics & Gynaecology	138
	Orthopaedics & Traumatology	127
	Paediatrics	150
	Psychiatry	669
	Surgery	163
	Others	996
	Total	**2 832**

Note:

1. The manpower figures above are calculated on a 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 cardio-thoracic surgery are not available in HKEC, KEC and KWC. The services of the psychiatric department include services for the mentally handicapped.

3. For nurses, about 2 500 nursing staff in the group of "Others" are posted under the "central pool" of nursing management or nursing administration department. The exact figures deployed to individual departments from the pool are not readily available.

In 2013-14, to provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, the Hospital Authority (HA) plans to recruit about 300 doctors, 2 100 nursing staff and 610 allied health staff in 2013-14.

b) The table below sets out the number of deaths among inpatients for general, infirmary, mentally-ill and mentally-handicapped specialties in HA in 2012-13.

Specialty	2012-13 (up to 31 December 2012) (provisional figures)
General	24 651
Infirmary	648
Mentally ill	0
Mentally handicapped	4

c) Chronic diseases are diseases of long duration and generally slow progression. Patients with chronic diseases are treated by multi-disciplinary team approach in various settings in HA. Since a patient may be suffering from multiple chronic diseases and thus receiving services from more than one specialty, the number of patients with chronic diseases is not available.

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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)179

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3291

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 his Budget Speech, the Financial Secretary mentioned that "Over the past couple of years, the Government has promoted six industries where Hong Kong enjoys clear advantages." What will be done on resource allocation in 2013-14 to promote the six industries where Hong Kong enjoys clear advantages individually? What are the number and level of officials responsible for the work? What items are included in the specific work plan? What are the progress and schedule of work in 2013-14?

Asked by: Hon. SIN Chung-kai

Reply:

The private healthcare sector is an integral part of the dual-track healthcare system in Hong Kong. One of our healthcare reform initiatives is to promote and facilitate private healthcare development. In this regard, the Government has reserved four sites at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau for private hospital development. The two reserved sites at Wong Chuk Hang and Tai Po have been put out for open tender from April to July 2012. Following the detailed assessment by the Assessment Panel and the approval by the Central Tender Board, the Government announced in March 2013 that the tender for the Wong Chuk Hang site was awarded to GHK Hospital Limited, whereas that for the Tai Po site was, in the absence of any conforming tender, cancelled pursuant to the Government's Stores and Procurement Regulations.

The new hospital at the Wong Chuk Hang site will commence operation within 46 months (i.e. by January 2017) and provide 500 hospital beds.

We expect that, upon commissioning of the new hospital, the overall capacity of the healthcare system in Hong Kong will increase, enabling the public to have more choices for affordable and quality private hospital services. It will also help address the increasing demand for healthcare services and alleviate the imbalance between the public and private sectors in hospital services in Hong Kong.

We will examine the experience gained from these tender exercises, review the market response and assess the needs of the community in formulating the way forward for the future development of

private hospitals and the disposal arrangement for the other reserved sites for private hospital development.

The Food and Health Bureau will carry out the work related to private hospital development with existing resources and manpower.

Name in block letters: Richard YUEN

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

Date: 26.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)180

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0489

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 commencement of the service of the new North Lantau Hospital by phases:

(a) What are the details of the facilities and services to be provided in the Hospital, including the number of healthcare personnel and beds, and whether general out-patient service and 24 hours accident and emergency service will be provided?

(b) The Administration pointed out in a paper submitted to the Legislative Council Panel on Health Services in 2009 that specialist out-patient services for the specialties of medicine, surgery, gynaecology, paediatrics, orthopaedics and traumatology as well as psychiatry will be provided by the proposed North Lantau Hospital. Will the Administration provide the above specialist out-patient services as planned? If yes, what are the details? If no, what are the reasons?

(c) It is also mentioned in the paper that a site of 4.9 hectares has been reserved by the Administration for the North Lantau Hospital project. Phase one of the project will only take up about 1.9 hectares. The remaining 3.0 hectares will be reserved for the development of phase two, under which an additional 170 beds will be provided in the public facility to be built, and the introduction of public-private-partnership (PPP) will be explored. What is the progress of the phase two development project? Will the project be conducted through PPP? When will the 170 beds be put into service as anticipated? What is the estimated expenditure involved?

Asked by: Hon. TANG Ka-piu

Reply:

(a) Upon full commissioning, the North Lantau Hospital (NLTH) will provide 180 beds (including 80 acute beds, 80 extended care beds and 20 day beds), a 24-hour Accident & Emergency department as well as diagnostic and treatment facilities. Ambulatory care services including specialist out-patient clinics, primary care clinics, a day rehabilitation centre, an ambulatory surgery/day procedure centre and community care services will also be provided in NLTH. HA will, having regard to the service needs and manpower availability, roll out the services in phases starting from the third quarter of 2013 (e.g. daytime Accident and Emergency services will be provided initially in the third quarter of 2013 with service hours extended in phases to 24 hours subject to service needs and manpower availability).

(b) It is planned that medicine and psychiatry specialist outpatient services will be introduced in 2013-14. Other specialties such as surgery, orthopaedics and traumatology, paediatrics and gynaecology will be introduced afterwards in phases.

(c) To meet the long term healthcare service demand in the Lantau Island, the Government has reserved a site adjacent to Phase I of NLTH for providing an additional of 170 beds in the Phase II development. The Government will keep in view the service provision of Phase I of NLTH upon its full commissioning, the healthcare need of the community and, when there is such a need, proceed to the planning of Phase II development.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)181

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1827

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority (HA) will open 290 acute and convalescent beds in the coming year. Please provide information on:

(a) the amount of money involved in opening the additional beds;

(b) the expected distribution of the additional beds among public hospitals under the HA.

Asked by: Hon. TIEN Puk-sun, Michael

Reply:

(a) and (b)

The table below sets out the distribution of the 287 additional beds to be opened in the Hospital Authority (HA) in 2013-14:

Cluster	Beds to be opened in 2013-14
HKWC	7
KCC	1
KEC	116
KWC	42
NTEC	3
NTWC	118
Total	287

Notes:

1. The majority of the additional beds will be opened in NTWC, KEC and KWC to meet growing demand in high needs communities.

2. A small number of beds will be opened in HKWC, KCC and NTEC to enhance specific services (e.g. intensive care service) of the clusters.

HA has earmarked over $300 million for the opening of 287 beds in 2013-14.

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: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)182

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1849

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 2013-14, the Food and Health Bureau (Health Branch) will formulate proposals for the proposed Health Protection Scheme. In this regard, please advise on the following:

a) What are the manpower and information involved for formulating the proposals?

b) What is the timetable for implementation of the Scheme?

Asked by: Hon. TIEN Puk-sun, Michael

Reply:

a) We are taking forward various healthcare reform initiatives based on the outcome of the Second Stage Public Consultation on Healthcare Reform, including conducting a strategic review on healthcare manpower planning and professional development, formulating detailed proposals for the Health Protection Scheme (HPS) and facilitating healthcare service development.

To take forward the HPS, we have set up a Working Group and a Consultative Group on Health Protection Scheme under the Health and Medical Development Advisory Committee (HMDAC). The Working Group will make recommendations on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the HPS standard plan(s), rules and mechanism in support of the operation of the HPS as well as possible options for the provision of public subsidies or financial incentives to facilitate HPS implementation. The Working Group is supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration.

To facilitate the work of the Working Group and Consultative Group, we have commissioned a consultancy study on the HPS in order to provide professional and technical support to the Working Group and the Consultative Group. The consultant would conduct a comprehensive and detailed review, survey and analysis on the current state of private health insurance in Hong Kong by collecting relevant information and data from private health insurers and private healthcare service providers. Based on the findings of the analysis and after considering the experience of overseas jurisdictions, the consultant will propose a feasible and sound design for implementing the HPS, including relevant operational rules and mechanisms,

such as the high-risk pool, portability arrangements for HPS standard plan(s), transparency and certainty of charging of fees, etc.

We set up a dedicated and time-limited Healthcare Planning and Development Office (HPDO) in January 2012 to spearhead and coordinate the healthcare reform initiatives. The HPDO is headed by one Administrative Officer Staff Grade B and supported by one Administrative Officer Staff Grade C. Both posts were approved by the Finance Committee of the Legislative Council in January 2012. In addition, one existing Administrative Officer Staff Grade C post in the Health Branch of the Food and Health Bureau has been re-deployed to support Head, HPDO in the conduct of the strategic review on healthcare manpower planning and professional development. Besides, there are a total of 17 non-directorate civil service posts providing the necessary support for taking forward the above reform initiatives. They include three Administrative Officers, six Executive Officers, one Medical and Health Officer and seven supporting secretarial and clerical staff.

b) The Working Group is expected to complete its work and tender detailed recommendations on the HPS to the HMDAC by 2013.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)183

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1918

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 completion of expansion of Tseung Kwan O Hospital in this year as mentioned by the Financial Secretary, does the Administration plan to earmark resources for the provision of obstetric services in the Hospital in future? If yes, what is the amount of money involved? If not, what are the reasons?

Asked by: Hon. TIEN Pei-chun, James

Reply:

The Tseung Kwan O Hospital (TKOH) expansion project has included, among other things, a plan to establish the obstetric wards, neonatal intensive care units (NICU) and special care baby units. The detailed arrangement, including the timing for the provision of these services, hinges on factors such as overall services demand and the supply of healthcare personnel etc.

The Hospital Authority (HA) has recently reviewed the overall healthcare needs of the Sai Kung District (SKD). As compared to 2011, the population of SKD is projected to increase by 15.5% by 2019, and that of the elderly population (i.e. those aged 65 or above) by 56.3% in the same period. This highlights the increase in population, in particular the elderly population in the district, and its impact on the overall healthcare services demand.

On the other hand, the projected number of births at public hospitals in SKD for the coming years is expected to be steady, ranging from 2 300 to 2 500 per annum. In this respect, it may be noted that following the recommendation of its Expert Committee on Obstetric and Gynaecology Services, HA has set a planning reference of 3 000 delivery per annum for the provision of safe and quality obstetric services in a public hospital.

In spite of the staff retention and recruitment measures taken by HA in recent years, there will still be manpower shortage for doctors and nurses for the coming years. It would therefore be necessary for HA to prioritise the services provision within the manpower constraints with due regard to the needs and demands of the community. According to the population based analysis of the medical needs of SKD, priority should be accorded to the enhancement of in-patient, ambulatory and other supporting specialised services in TKOH in the coming years.

The demand for obstetric services in the district could be served on a cluster basis with the United Christian Hospital providing delivery and NICU services and TKOH providing antenatal and postnatal services.

HA recognises the need for the provision of obstetric services in TKOH in the longer term, and will continue to make plan for the provision of manpower to prepare for the opening of such services in TKOH at a suitable time when sufficient manpower is available and safety standard can be assured. HA will regularly review the timeline for the provision of delivery and NICU services in TKOH and continue to communicate with the stakeholders on the progress.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)184

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3201

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:

(a) Please tabulate the following information in relation to the training of undergraduates, postgraduates, student dental technicians, student dental surgery assistants and student dental hygienists by the Prince Dental Hospital Hospital (PPDH) from 2008/09 to 2010/11 academic years:

(i) the number of students enrolled in each programme; and

(ii) the completion rate of each programme.

(b) Please tabulate the information of the tuition fees received from and the amounts of subsidies provided for each of the undergraduates, postgraduates, student dental technicians, student dental surgery assistants and student dental hygienists of the PPDH from 2008/09 to 2012/13 academic years.

Asked by: Hon. TIEN Puk-sun, Michael

Reply:

(a) The number of students enrolled in the undergraduate, postgraduate, student dental technician, student dental surgery assistant and student dental hygienist programmes/courses, and their completion rates, from 2008/09 to 2010/11 academic years are tabulated below:–

(i) Number of Students

Academic Year	Undergraduate	Postgraduate	Student Dental Technician	Student Dental Surgery Assistant	Student Dental Hygienist
2008/09	264	190	30	34	26
2009/10	260	197	34	33	31
2010/11	261	190	43	42	43

(ii) Completion Rates

Academic Year	Undergraduate	Postgraduate	Student Dental Technician	Student Dental Surgery Assistant	Student Dental Hygienist
2008/09	99%	95%	93%	85%	92%
2009/10	100%	96%	97%	79%	90%
2010/11	100%	100%	95%	86%	88%

(b) The undergraduate and postgraduate programmes are organized by the Faculty of Dentistry of the University of Hong Kong (HKU) and are not funded by Head 140. The role of PPDH is to provide facilities for these programmes.

As regards the training courses for dental ancillary personnel which are organized by PPDH or jointly organized with HKU, the tuition fee levels from 2008/09 to 2012/13 academic years are provided below:–

Academic Year	Student Dental Technician	Student Dental Surgery Assistant	Student Dental Hygienist
2008/09	$31,575 per annum	$28,000 per annum (full-time) $14,000 per annum (part-time)	$59,000 per annum
2009/10			
2010/11			
2011/12			
2012/13			$62,000 per annum

PPDH does not have a breakdown of its subvention showing the amount for individual courses.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)185

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0112

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the opening of additional beds in the Kowloon East Cluster :

1 What are the details? How many beds will be added in the Cluster? Please list out the number of beds for general, infirmary, mentally-ill and mentally-handicapped patients respectively.

2 How many beds are there in each of the hospitals in the Cluster? Please list out the number of beds for general, infirmary, mentally-ill and mentally-handicapped patients respectively. How many additional beds will be allocated to each of the hospitals in the Cluster? What are the criteria for determining the number of beds needed by various hospitals?

3 Please list out in table form the total number of beds in each of the hospital clusters upon the opening of additional beds and the estimated number of additional attendances.

4 What is the total estimated expenditure for the opening of additional beds? What is the average expenditure for each additional bed?

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

6 Please provide information on the estimated and actual provisions allocated to each hospital in the Cluster in the past five years (i.e. from 2008-2009 to 2012-2013).

Asked by: Hon. WONG Kwok-kin

Reply:

(1) & (2)

In 2013-14, the Kowloon East Cluster (KEC) will open a total of 116 general beds, with 80 in Tseung Kwan O Hospital and 36 in Haven of Hope Hospital.

The table below sets out the number of hospital beds in each KEC hospital as at 31 December 2012:

Bed Type	Haven of Hope Hospital (HHH)	Tseung Kwan O Hospital (TKOH)	United Christian Hospital (UCH)
General	309	543	1 323
Infirmary	116	0	0
Mentally ill	0	0	80
Mentally Handicapped	0	0	0

In planning for its services and allocating beds to different hospitals, the Hospital Authority (HA) has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as the organization of services of the clusters and hospitals and the service demand of local community.

(3)

With regard to the number of beds in each hospital cluster, the table below sets out the estimated number of hospital beds in each cluster as at 31 March 2014 and the estimated number of additional inpatient and day-patient discharges and deaths in 2013-14:

Cluster	Estimated number of hospital beds as at 31 March 2014	Estimated additional discharges and deaths in 2013-14
HKEC	3 031	2 690
HKWC	3 142	1 540
KCC	3 548	320
KEC	2 487	5 740
KWC	6 629	2 620
NTEC	4 518	12 220
NTWC	4 085	2 870

It should be noted that the inpatient and day-patient discharges and deaths in 2013-14 of respective clusters is estimated based on a number of factors including demographic changes, addition of new facilities and service programmes as well as changes in care delivery model. Increase in the number of beds is only one factor contributing to the estimated increase in inpatient and day-patient discharges and deaths.

(4)

HA has earmarked an additional $116 million for opening additional beds in KEC in 2013-14. HA's estimated average unit cost per general bed per patient day is $4,480 in 2013-14.

(5)

The KEC will deploy existing staff and recruit additional staff to cope with the opening of additional beds. The detailed additional manpower requirement and the expenditure involved are being worked out.

(6)

The table below sets out the allocation to hospitals in the KEC from 2008-09 to 2012-13:

Hospital	2008-09 ($ billion)	2009-10 ($ billion)	2010-11 ($ billion)	2011-12 ($ billion)	2012-13 ($ billion)
UCH	2.07	2.10	2.20	2.48	2.76
TKOH	0.69	0.72	0.74	0.86	1.00
HHH	0.27	0.27	0.27	0.31	0.34

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: 19.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)186

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1330

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 expansion of United Christian Hospital, what is the current progress of the project? Can the main works be commenced in phases in 2014-15 and the project be completed in 2021 as originally targeted? Will the project cost involved be increased? Before the completion of the project, what measures will be put in place by the Administration to provide temporary relief for the increasing demand for healthcare services in Kowloon East? As the demand for healthcare services in Kowloon East will increase with the growing and ageing population, has the Government planned to reserve land in the Kai Tak Development Area for the construction of a general hospital? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. WONG Kwok-kin

Reply:

The Finance Committee (FC) approved the funding of $352.3 million in money-of-the-day prices for the preparatory works of the expansion of United Christian Hospital (UCH) project in July 2012. Preparatory works comprising site inspection, surveying, detailed design, preparation of tender document and tender evaluation, etc. have commenced in August 2012 and are progressing as planned. Subject to the funding approval of Finance Committee, the Hospital Authority (HA) plans to commence the main works in stages from 2014-15 for completion of the whole project in 2021. The project cost for the main works is initially estimated to be around $7.6 billion in September 2012 prices.

To better cater for the increasing service demand in the region, HA has allocated additional resources to the Kowloon East Cluster (KEC) over the past few years to provide additional beds and implement new service programme initiatives. The new ambulatory care block of Tseung Kwan O Hospital (TKOH) has commenced services in 2012 and the overall expansion of TKOH will be completed in 2013. By then, the service capacity of KEC will be expanded to better meet its growing service demand. HA will continue to closely monitor and review its services in light of demographic changes, growth in service demand, service utilisation and manpower requirements and flexibly deploy its resources to ensure adequate services are provided to meet the service demand in the region.

The Government has reserved a site at the Kai Tak Development Area for hospital development. HA will undertake a thorough assessment to ensure that hospital facilities can be established in a timely manner to meet the long-term demand for healthcare services by the residents in Kowloon region, particularly the Kowloon East districts.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	21.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)187

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1406

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

Subhead (No. & title): -

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Pilot Scheme (the Pilot Scheme), please provide the following information:

(a) Since the launching of the Pilot Scheme, how many elders have participated? Please list out the voucher amount used and the types of services used respectively.

(b) Since the launching of the Pilot Scheme, how many elders have been eligible? What percentage of eligible elders have actually participated in the Scheme?

(c) If the age limit is lowered, how many more elders are expected to be benefited? What will be the expenditure required?

Eligible age	Number of eligible elders	Annual expenditure at voucher amount of $1,000 per elder per year
70 or above		
65 or above		
60 or above		

Asked by: Hon. WONG Kwok-kin

(a) Elders aged 70 or above are eligible to receive vouchers to subsidise their use of multi-disciplinary primary care services provided by ten categories of private healthcare professions. As at end-December 2012, about 470 900 eligible elders had made use of health care vouchers for receiving healthcare services from enrolled healthcare service providers, involving some 2.4 million voucher claim transactions. The cumulative voucher expenditure amounted to $348.2 million (i.e. for the four-year period from 2009 to 2012). Detailed breakdown of the voucher claim transactions by the enrolled healthcare service providers of the ten professions is as follows -

Profession	Number of voucher claim transactions
Medical Practitioner	2 103 340

Chinese medicine practitioner	235 458
Dentist	48 353
Nurse	1 303
Occupational therapist	243
Physiotherapist	7 474
Radiographer	2 382
Medical laboratory technologist	2 366
Chiropractor	1 117
Optometrist	1 228
Total :	2 403 264

(b) According to the Hong Kong Population Projections 2012-2041 published by the Census and Statistics Department, the number of elders aged 70 or above in 2012 was about 714 200. As at end-December 2012, about 470 900 eligible elders (or about 66% of the eligible elders) have made use of the vouchers.

(c) If hypothetically the eligible age of 70 were to be lowered to 65 or 60, with an annual voucher amount of $1,000 per eligible elder, the financial implications are estimated as follows *(taking the year of 2013 as an illustrative example)* –

Population Projections	Aged 70 or above	Aged 65 or above	Aged 60 or above
	723 500	1 018 400	1 460 800
(A) Maximum expenditure for providing $1,000 for each eligible elder based on elderly population projection ($ million)	723.5	1,018.4	1,460.8
(B) Estimated take-up rate	70%	70%	70%
(C) Adjusted requirement for participating voucher users [(A) x (B)] ($ million)	506.5	712.9	1,022.6
(D) Estimated cash flow requirement based on utilisation rate of 67.5% *(the utilisation rate for the first three-year pilot period (i.e. January 2009 to December 2011) is 67.5%)* [(C) x 67.5%] ($ million)	341.9	481.2	690.3

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)188

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0975

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information:

a. On the establishment of medical centres of excellence in the specialty areas of paediatrics and neuroscience, what is the estimated cost of construction? What is the expected time for completion?

b. By estimation, what is the establishment of its healthcare staff?

c. On managing the Health and Medical Research Fund (HMRF), what was the total number of research projects carried out in 2012-13 and what were the respective names of such? What was the amount of funding for each project?

d. On managing the HMRF, what was the total number of facilities funded in 2012-13? What were the names and the amount of funding for each facility?

Asked by: Hon. WONG Pik-wan, Helena

Reply:

(a) A site has been reserved in the Kai Tak Development for the establishment of the Centre of Excellence in Paediatrics (CEP), with an aim to enhance the quality of clinical services, research and training in the discipline of paediatrics. We plan to seek funding approval from the Finance Committee of the Legislative Council (LegCo) in mid-2013. The construction works are expected to commence in the second half of 2013 for completion by mid-2017, with the CEP targeted to commence services by phases from mid-2018. The estimated project cost is $13.8 billion. The development of the facilities for neuroscience services will be reviewed in the planning and development of other hospital sites in the Kai Tak Development.

(b) With the establishment of the CEP largely as a territory-wide referral centre, paediatric services in public hospitals will need to be re-organised. Details of the staffing arrangements for the CEP operation will be worked out after the HA has finalised its detailed service reorganisation plan for paediatrics services and facilities.

(c) On 9 December 2011, LegCo Finance Committee approved a new commitment of $1,415 million for setting up the Health and Medical Research Fund (HMRF), by consolidating the former Health and Health Services Research Fund (HHSRF) and the Research Fund for the Control of Infectious Diseases (RFCID), with a broadened scope for funding health and

medical research in Hong Kong. On-going research projects funded by the HHSRF and the RFCID have been subsumed under the HMRF and subject to continued monitoring.

The 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. It provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms, including investigator-initiated research projects, government-commissioned research programmes and research fellowships, under the strategic steer and direction of the Research Council chaired by the Secretary for Food and Health and comprising leading professionals in the medical and academic sectors.

The first open call of the HMRF was issued in July 2012 and 677 grant applications were received. Vetting of the application in accordance with international practices is underway. Research projects previously funded by the HHSRF and the RFCID for 2012-13 are given as below:

(i) HHSRF

Of the 227 grant applications received under the HHSRF, a total of 58 research projects amounting to $35.88 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Public health	Health services	Chinese medicine		
The Chinese University of Hong Kong (CUHK)	4	8	4	16	9.83
The University of Hong Kong (HKU)	7	1	1	9	3.84
The Hong Kong Polytechnic University (PolyU)	1	3	-	4	0.47
City University of Hong Kong (CityU)	1	-	-	1	0.62
CUHK with institutions from					
- Local[1]	5	3	1	9	6.89
- Local and/or overseas[2]	2	1	3	6	5.06
HKU with institutions from					
- Local[3]	5	-	1	6	4.56
- Local and/or overseas[4]	1	-	-	1	1
PolyU with					
- CUHK; SKH Chu Yan Primary School, Castle Peak Hospital, University of East Anglia (UK) and Kwai Chung Hospital	1	1	-	2	1.48
- Castle Peak Hospital, University of East Anglia, Kwai Chung Hospital	1	-	-	1	0.52
Hong Kong Baptist University (HKBU) with					
- CUHK	-	-	1	1	0.97
The Hong Kong Institute of Education (HKIEd) with					
- HKU,CUHK and Queen Elizabeth Hospital	-	1	-	1	0.56

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Public health	Health services	Chinese medicine		
Our Lady of Maryknoll Hospital with - HKU and other local hospitals	1	-	-	1	0.08
Total:	29	18	11	58	35.88

Notes:

[1] *Princess Margaret Hospital, United Christian Hospital, North District Hospital, Shatin Hospital, Tung Wah Eastern Hospital, PolyU, Department of Health (DH), The Hong Kong University of Science and Technology (HKUST), Tseung Kwan O Hospital, HKBU*

[2] *Southern Medical University (China), Queen Elizabeth Hospital, Tuen Mun Hospital, Monash University (Australia), Kaohsiung Medical University (Taiwan), University of the Ryukyus (Japan), University of Adelaide (Australia), HKBU, Kunming Institute of Botany (China), HKU, University of Macau, PolyU*

[3] *Kowloon Hospital, CUHK, Tai Po Hospital, Private Practice, HKUST, Kwai Chung Hospital, United Christian Hospital, HKBU*

[4] *University of Birmingham (UK)*

(ii) RFCID

Of the 187 grant applications received under the RFCID, a total of 62 research projects amounting to $48.71 million of funding were approved:

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Aetiology, epidemiology, surveillance and public health	Clinical & health services research	Basic research		
CityU	-	-	1	1	1
CUHK	3	-	11	14	10.61
HKU	6	1	19	26	21.61
Pasteur Research Ltd. of HKU	-	-	2	2	1.69
PolyU	-	-	1	1	0.26
CityU with - Queen Mary Hospital - HKU and CUHK	1 -	- -	- 1	1 1	0.97 1
CUHK with - HKU and CityU - DH - Overseas institutions[1]	1 1 1	- - -	- - 3	1 1 4	0.86 1 2.97
HKU with - Local institutions[2] - Overseas institutions[3]	2 -	1 -	- 5	3 5	0.96 3.79
HKUST with - Queen Elizabeth Hospital	1	-	-	1	1

Institution	Research theme			No. of projects	Approved Funding ($ million)
	Aetiology, epidemiology, surveillance and public health	Clinical & health services research	Basic research		
PolyU with - CUHK	-	-	1	1	0.99
Total:	16	2	44	62	48.71

Notes:

[1] *National Institutes of Health (Bethesda), Centers for Disease Control and Prevention of Shenzhen, Chinese Academy of Medical Sciences, Peking Union Medical College, Chinese Academy of Sciences, Kunming and Shenyang Pharmaceutical University*

[2] *Centre for Health Protection of DH, Queen Elizabeth Hospital, Queen Mary Hospital*

[3] *Columbia University College of Physicians and Surgeons (USA), European Bioinformatics Institute (UK), Osaka University (Japan), Genomics Research Center Academia Sinica (Taiwan), Sun Yat-Sen University (PRC), Tsurumi University School (Japan)*

(d) No facilities have been funded under the HMRF in 2012-13.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)189

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0982

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information:

(a) Regarding first appointment of specialist outpatient services, what are the number and estimated number of first priority and second priority patients in 2012, 2013 and 2014?

(b) Concerning the median waiting time for first appointment of specialist outpatient services, according to the revised estimate of 2013, the waiting time of first priority patients is increased from less than one week (actual data in 2012) to two weeks, while that of second priority patients is increased from five weeks (actual data in 2012) to eight weeks. What are the reasons?

(c) How many drugs are currently covered in the Hospital Authority Drug Formulary? How many drugs are expected to be added in 2013-14?

(d) What are the details of implementing measures to improve patients' access to specialist outpatient service?

Asked by: Hon.WONG Pik-wan, Helena

Reply:

(a)

The tables below set out the number of specialist outpatient new cases triaged as Priority 1 (urgent) and Priority 2 (semi-urgent) for 2011-12 and 2012-13 (up to 31 December 2012). Figures for 2013-14 are not yet available.

2011-12

	Specialty							
	ENT	MED	GYN	OPH	ORT	PAE	PSY	SUR
Priority 1	15 487	15 307	7 561	40 398	18 907	5 740	4 435	17 184
Priority 2	16 803	23 369	8 295	22 206	15 731	5 123	8 518	28 854

2012-13 (up to 31 December 2012) [Provisional Figures]

	Specialty							
	ENT	MED	GYN	OPH	ORT	PAE	PSY	SUR
Priority 1	12 020	10 986	5 220	32 285	14 266	4 091	3 362	12 782
Priority 2	12 800	16 357	7 326	17 564	12 403	3 834	6 506	24 003

(b)

It has been the target of the Hospital Authority (HA) to keep the median waiting time for first appointment at SOP clinics for priority 1 cases (i.e. urgent cases) and priority 2 cases (i.e. semi-urgent cases) to be within two weeks and eight weeks respectively. In 2011-12, HA's actual performance on median waiting time was less than one week for priority 1 patients, and five weeks for priority 2 patients, which represents that HA's actual performance was better than the target.

(c)

There are at present around 1 300 drugs with proven efficacy and safety in the HA Drug Formulary. In 2013-14, we plan to allocate an additional $44 million to HA for inclusion in the HA Drug Formulary two chemotherapeutic drugs for cancer treatment and expand the application of two special drugs for patients with advanced Parkinson's disease and cancer. Since appraisal of new drugs is an on-going process and driven by evolving medical evidence, latest clinical development and market dynamics, HA is unable to project the actual number of new drugs to be incorporated into the HA Drug Formulary in 2013-14.

(d)

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. HA will commence publishing waiting time information of its specialist services by phases in the HA internet website starting April 2013.

In 2013-14, HA will further enhance SOP services. Additional SOP sessions will be conducted to cater for patients who have waited for a considerable period of time. In addition, HA will identify pressure areas in different specialties and clusters and develop further measures to manage the waiting time.

Abbreviations

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

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)190

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0989

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Administration earmarked any provision for carrying out minor works at public hospitals for the addition of unisex toilets for patients, their families and carers? If yes, please provide details and the estimated expenditure for 2013-14.

Asked by: Hon. WONG Pik-wan, Helena

Reply:

The Hospital Authority (HA) has not earmarked any 2013-14 funding for carrying out minor works in public hospitals for the provision of unisex toilets. HA will look into the feasibility of provision of unisex toilets in public hospitals by examining the relevant factors including building structure and drainage connections. Funding will be earmarked at a later stage for the relevant works when the feasibility is confirmed.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Reply Serial No.

FHB(H)191

Question Serial No.

1232

Examination of Estimates of Expenditure 2013-14

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

What is the total number of enterprises in the local Chinese medicine manufacturing industry at present? What percentages of the overall number of enterprises do local enterprises and small and medium enterprises account for respectively? How many enterprises can meet the requirements under the Good Manufacturing Practice (GMP)? What measures has the Government put in place to support the development of these enterprises? What were the financial and manpower resources involved?

Asked by: Hon. WONG Ting-kwong

Reply:

In accordance with the Chinese Medicine Ordinance (Cap 549), proprietary Chinese medicine (pCm) manufacturers must apply for licences issued by the Chinese Medicines Board under the Chinese Medicine Council of Hong Kong (CMC). As of mid-March 2013, 296 pCm manufacturers have been licensed in Hong Kong, most of which are small and medium enterprises.

To ensure the safety of pCm and enhance its quality, and to keep up with international trends of developing GMP for medicines, it was announced in the 2010-11 Policy Address that the Government would actively engage the industry to work out a timetable for mandatory compliance with the GMP for the manufacture of pCm. As of mid-March 2013, eleven local pCm manufacturers have been awarded with Certificates for GMP.

Since 2011, representatives of the CMC and the Department of Health (DH) have organised briefings and sharing sessions with the Chinese medicines trade and attended meetings of trader associations to gather their views. An additional provision of $6.1 million has been allocated in 2011-12 on GMP requirements for the manufacturing of pCm and implementation of a pharmacovigilance programme for pCm. Guidelines on GMP have been developed and training will be provided to facilitate the trade to attain GMP standards. To this end, seven posts, namely one Senior Pharmacist, two Pharmacists, three Scientific Officers (Medical) and one general grade post, have been created under DH in 2011-12. A provision of $2.3 million has also been allocated for Government Laboratory to create four civil service posts, comprising one Chemist and three Science Laboratory Technicians II, to provide analytical support for GMP compliance check.

Besides, the Innovation and Technology Commission (ITC) also plays a role in supporting and facilitating the industry to upgrade and meet the various challenges ahead. In this connection, the Committee on Research and Development of Chinese Medicines, which was established under the ITC

and was chaired by the Commissioner for Innovation and Technology, has formed a Working Group of Chinese Medicines Manufacturing (WG) to study the subject as well as other important R&D and technical aspects of Chinese medicines manufacturing which would facilitate industry upgrading in the long run. The WG recommends that relevant training in a systematic manner should be organised to help local pCm manufacturers to get prepared for the future implementation of mandatory GMP requirements. To follow up on the WG suggestion, 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 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.

As announced in the 2013 Policy Address, a Chinese Medicine Development Committee (CMDC) has been established to 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.

The above work is absorbed into the regular duties of the Government and we do not have a breakdown of the financial expenditure and manpower involved.

Name in block letters: Richard YUEN

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

Date: 20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)192

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0796

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the vaccination programmes for pneumococcal and seasonal influenza, please answer the following:

(a) In the past three years (i.e. 2009-10, 2010-11 and 2011-12), how many vaccines has the Government purchased for the prevailing types of influenza?

(b) In the past three years, how many children and elderly people have received vaccination through the Government Vaccination Programme or Vaccination Subsidy Schemes? Among them, how many elderly people used the health care vouchers for the vaccination?

(c) In the past three years, how many vaccines have been disposed of due to overstocking or expiry?

Asked by: Hon. CHAN Han-pan

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide pneumococcal and influenza vaccination to eligible elders and children -

- Government Vaccination Programme (GVP), which provided free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 or above;

- Childhood Influenza Vaccination Subsidy Scheme (CIVSS), which provided subsidised influenza vaccination for children between the age of six months to less than six years; and

- Elderly Vaccination Subsidy Scheme (EVSS), which provided subsidised influenza and pneumococcal vaccination to elderly aged 65 or above.

In response to the three parts of the question -

(a) The following figures are the quantities of seasonal influenza vaccines that the Government had procured under GVP in the past three years:

Year	Number of doses
2009-10	333 000
2010-11	300 000
2011-12	300 000

(b) The statistics on the number of children and elderly people who have received vaccination through the aforementioned programme/schemes are detailed at the Annex. We have no records of how many elderly people used health care vouchers for the vaccination together with the vaccination subsidy schemes.

(c) Unused seasonal influenza vaccines are not used in the following year. Unused and expired vaccines are arranged for disposal by phases, in accordance with established procedures and arrangement. In the past three years, about 59 000 doses of expired vaccines were disposed.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Annex

Seasonal influenza vaccination provided under the Government Vaccination Programme (GVP), Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS)

Target groups	Vaccination programme	2009-10	2010-11	2011-12
		No. of recipients	No. of recipients	No. of recipients
Children between the age of 6 months and less than 6 years	GVP	6 700	3 900	2 700
	CIVSS	70 600	48 700	43 700
Elderly aged 65 or above	GVP	208 000	173 700	176 500
	EVSS	134 000	110 500	120 900
Total:		**419 300**	**336 800**	**343 800**

Pneumococcal vaccination* for the elderly under GVP and EVSS

Target groups	Vaccination programme	2009-10#	2010-11	2011-12
		No. of recipients	No. of recipients^	No. of recipients^
Elderly aged 65 or above	GVP	192 700	15 900	15 000
	EVSS	110 700	14 100	14 000
Total:		**303 400**	**30 000**	**29 000**

* Elders aged 65 or above do not require repeated pneumococcal vaccination.

\# Pneumococcal vaccination was introduced in 2009-10.

^ Refers to new recipients only.

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)193

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0797

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services of Maternal and Child Health Centres (MCHCs), please provide the following information-

	2009-10	2010-11	2011-12
(a) Number of healthcare workers at MCHCs			
Hong Kong Island			
Kowloon			
New Territories East			
New Territories West			
Islands			
(b) Number of pregnant women attending antenatal service (Please specify new and old cases)			
Hong Kong Island			
Kowloon			
New Territories East			
New Territories West			
Islands			
(c) Number of babies registered with MCHCs service (1 year old or below)			
Hong Kong Island			

Kowloon			
New Territories East			
New Territories West			
Islands			
(d) Number of babies attending MCHCs service whose parents are non-Hong Kong residents			
Hong Kong Island			
Kowloon			
New Territories East			
New Territories West			
Islands			

Asked by: Hon. CHAN Han-pan

Reply:

(a) The healthcare manpower of the Family Health Service (including MCHCs) for 2009-10 to 2011-12 is tabulated below:

Year (Position)	No. of Medical Officer	No. of Nursing Staff
2009-10 (as at 1.4.2010)	81	458 (Note)
2010-11 (as at 1.4.2011)	84	436
2011-12 (as at 1.4.2012)	84	459

Note: Including 20 Non-Civil Service Contract Staff

Deployment of manpower amongst 31 MCHCs and three Woman Health Centres in various districts is reviewed regularly having regard to the service needs.

(b) The numbers of new cases involving antenatal women and the total attendance for antenatal service over the past three years at MCHCs are at Annex 1.

(c)&(d) The numbers of new cases involving infants under one year of age and whose parents were non-eligible persons (NEPs) over the past three years at MCHCs are at Annex 2.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Annex 1

MCHC	Antenatal service					
	2010		2011		2012	
	No. of antenatal new cases	Total antenatal attendance	No. of antenatal new cases	Total antenatal attendance	No. of antenatal new cases	Total antenatal attendance
Hong Kong Island	4 924	21 267	5 053	22 970	5 476	26 285
Kowloon	4 005	17 890	4 529	18 258	5 358	22 064
New Territories East	7 462	35 741	8 964	42 102	9 019	48 446
New Territories West	8 573	51 234	9 899	55 849	10 142	62 947
Islands	669	3 352	681	3 321	760	3 819
Total (nearest hundred)	**25 600**	**129 500**	**29 100**	**142 500**	**30 800**	**163 600**

MCHC	Number of new cases (under 1 year of age)					
	2010		2011		2012	
	Total	Both parents are NEP#	Total	Both parents are NEP#	Total	Both parents are NEP#
Hong Kong Island	9 565	1 494	9 793	1 630	10 483	1 350
Kowloon	20 620	4 965	22 379	5 822	22 301	4 202
New Territories East	17 633	4 696	19 604	5 516	19 633	3 629
New Territories West	17 771	3 131	19 309	3 580	19 777	2 383
Islands	1 129	88	1 089	62	1 173	42
Total (nearest hundred)	**66 700**	**14 400**	**72 200**	**16 600**	**73 400**	**11 600**

NEP = Non-eligible persons

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)194

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0804

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding breastfeeding, please reply:

(a) Please list out the location and number of government premises or public places in the territory in which breastfeeding rooms are provided at present.

(b) Did the Administration promote breastfeeding by organising activities in the past? If yes, what were the details? What were the expenditures involved?

Asked by: Hon. CHAN Han-pan

Reply:

(a) The Government has been actively promoting the provision of babycare facilities in government offices and public places. The Government developed the Advisory Guidelines on Babycare Facilities in August 2008 for reference by government departments and public organisations. Besides, to encourage and facilitate the provision of babycare rooms in private commercial premises, the Government has issued a Practice Note on the Provision of Babycare Rooms in Commercial Buildings (the Practice Note) since February 2009. As at July 2012, there are some 170 babycare rooms in government premises which are listed in the table below:

	Total number of rooms specifically provided with babycare and breastfeeding facilities
Maternal and child health centres and health education centres under the Department of Health	32
Hospitals and clinics in Hospital Clusters under the Hospital Authority	64
Other government departments	82
Total	178

(b) The Department of Health (DH) has been actively promoting and supporting breastfeeding through different channels. This includes (i) training of maternal and child health professionals and production of a multi-media kit on breastfeeding for their self-learning; (ii) providing education for parents through workshops as well as production and distribution of educational materials such as booklets, videos and articles in newspapers; (iii) providing guidance and skills

support for breastfeeding mothers in maternal and child health centres and through the breastfeeding hotline; and (iv) conducting publicity activities to enhance the public awareness of breastfeeding.

Most of these activities are delivered through the Family Health Service (FHS) of DH, and form an integral part of FHS's services. They are absorbed in the provisions of FHS and no breakdown of expenditure / provision is available.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)195

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0900

Head: 37 Department of Health

Subhead (No. & title):

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In 2013-14, 106 new posts will be created in the Department of Health (DH). Please inform this Committee of the nature, salaries and ranks of these posts respectively; and the reason for an increase of 75 posts in DH to meet operational needs under "Programme (7)-Medical and Dental Treatment for Civil Servants". In addition, what are the details of an increase of seven posts in DH to meet operational needs under "Programme (2)-Disease Prevention"? Meanwhile, has DH reserved any resources to cope with the threat from the possible outbreak of novel coronavirus in the Middle East area?

Asked by: Hon. CHAN Kin-por

Reply:

Details of the net increase of 106 posts are at the Annex.

For the increase of 75 posts in DH to meet operational needs under "Programme (7) – Medical and Dental Treatment for Civil Servants", 57 posts are under dental service and the other 18 posts are under Professional Development and Quality Assurance. For the 57 posts under dental service, 54 posts are required for enhancing the dental services for civil service eligible persons and three posts are required for conversion of non-civil service contract positions to civil service posts for strengthening the provision of dental services for civil service eligible persons. The 18 posts under Professional Development and Quality Assurance are for the Kowloon Families Clinic (KFC), which will be relocated with expanded service in 2013-14. The new posts are required to support the expanded clinic with more consultation rooms and the dispensing service. The latter will also support other healthcare services (including a Dental Clinic and a Maternal and Child Health Centre) that share the new site with KFC.

For the net increase of seven posts in DH to meet operational needs under "Programme (2) – Disease Prevention", the increase is for strengthening the dispensing services of the Tung Chung Health Centre (including a Dental Clinic, an Elderly Health Centre, a Maternal and Child Health Centre and a Chest Clinic) and supporting the child and woman health services and non-communicable disease prevention and control. Please refer to the details of Progamme (2) at the Annex.

DH will have sufficient resources, using the existing manpower, for the prevention and control of Severe Respiratory Disease associated with Novel Coronavirus.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Annex

Creation and Deletion of Posts in Department of Health in 2013-14

Posts by Programme	No. of posts to be created/deleted	Annual recurrent cost of civil service posts ($)
Programme 1 – Statutory Functions		
(a) Enhancing the regulatory control in regulation of healthcare institutions and supporting private hospital development		
Senior Medical and Health Officer	1	1,125,120
Medical and Health Officer	1	860,340
Nursing Officer	1	571,560
Registered Nurse	1	360,300
Senior Pharmacist	1	1,125,120
Health Inspector I/II	1	420,570
Executive Officer I	1	598,440
Sub-total :	***7***	***5,061,450***
(b) Providing essential port health services		
Health Inspector I/II	1	420,570
Sub-total :	***1***	***420,570***
(c) Conversion of non-civil service contract position to civil service post for strengthening the control of medical devices		
Medical and Health Officer	1	860,340
Sub-total :	***1***	***860,340***
(d) Strengthening the executive support in the Boards and Councils Office		
Senior Executive Officer	1	824,820
Executive Officer I	-1	-598,440
Sub-total :	***0***	***226,380***
Total (Programme 1) :	***9***	***6,568,740***
Programme 2 – Disease Prevention		
(a) Strengthening the dispensing services provided to the public		
Senior Dispenser	1	454,320
Dispenser	1	216,450
Workman II	1	132,720
Sub-total :	***3***	***803,490***

Posts by Programme	No. of posts to be created/deleted	Annual recurrent cost of civil service posts ($)
(b) Conversion of non-civil service contract positions to civil service posts for strengthening the general support for the provision of child and woman health services		
Statistical Officer II/Student Statistical Officer	2	423,480
Clerical Assistant	12	2,003,040
Workman II	-12	-1,592,640
Sub-total :	***2***	***833,880***
(c) Conversion of non-civil service contract positions to civil service posts for strengthening the prevention and control of non-communicable diseases		
Scientific Officer (Medical)	2	1,507,440
Sub-total :	***2***	***1,507,440***
Total (Programme 2) :	***7***	***3,144,810***
Programme 4 – Curative Care		
Strengthening the dispensing services provided to the public		
Dispenser	7	1,515,150
Total (Programme 4) :	***7***	***1,515,150***
Programme 5 – Rehabilitation		
Meeting the increasing demand for child assessment service for autistic children		
Medical and Health Officer	1	860,340
Nursing Officer	1	571,560
Registered Nurse	1	360,300
Clinical Psychologist	1	753,720
Occupational Therapist I	1	571,560
Speech Therapist	1	475,680
Assistant Clerical Officer	1	214,020
Clerical Assistant	1	166,920
Total (Programme 5) :	***8***	***3,974,100***
Programme 7 – Medical and Dental Treatment for Civil Servants		
(a) Enhancing the dental services for civil service eligible persons		
Senior Dental Officer	2	2,250,240
Dental Officer	15	11,825,100
Senior Dental Surgery Assistant	2	756,600
Dental Surgery Assistant	15	3,620,700

Posts by Programme	No. of posts to be created/deleted	Annual recurrent cost of civil service posts ($)
Dental Hygienist	1	255,960
Executive Officer I	1	598,440
Assistant Clerical Officer	1	214,020
Clerical Assistant	9	1,502,280
Supplies Supervisor II	1	214,020
Laboratory Attendant	2	355,800
Workman II	5	663,600
Sub-total :	***54***	***22,256,760***
(b) Expansion of Kowloon Families Clinic		
Senior Medical and Health Officer	1	1,125,120
Medical and Health Officer	2	1,720,680
Nursing Officer	1	571,560
Registered Nurse	3	1,080,900
Dietitian	1	475,680
Dispenser	4	865,800
Assistant Clerical Officer	1	214,020
Clerical Assistant	3	500,760
Workman II	2	265,440
Sub-total :	***18***	***6,819,960***
(c) Conversion of non-civil service contract positions to civil service posts for strengthening the provision of dental services for civil service eligible persons		
Laboratory Attendant	3	533,700
Sub-total :	***3***	***533,700***
Total (Programme 7) :	***75***	***29,610,420***
Posts supporting more than one Programme		
(a) Extension of time-limited post for supporting outsourcing projects (from 1.4.2013 to 31.3.2015 inclusive)		
Executive Officer I	1	598,440
Executive Officer I	-1	-598,440
Sub-total :	***0***	***0***

Posts by Programme	No. of posts to be created/deleted	Annual recurrent cost of civil service posts ($)
(b) Strengthening nursing service		
Regional Nursing Officer	1	1,125,120
Senior Nursing Officer	-1	-753,720
Sub-total :	***0***	***371,400***
Total (across Programmes) :	***0***	***371,400***
Total (Overall) :	***106***	***45,184,620***

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)196

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2038

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under Programme (2), regarding disease prevention, the actual/estimated attendances of "no. of enrolment in elderly health centres, no. of attendances for health assessment and medical consultation at elderly health centres, and attendances at health education activities organised by elderly health centres and visiting health teams" have not increased for three consecutive years (2011, 2012 and 2013). However, there should be more elderly in need with the aging population. Why is there no increase on estimated attendances of the services? Are these services effective? What is the aim of the existing services if the elderly do not need them?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The Elderly Health Service (EHS) comprising 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs) was established in 1998 to provide primary healthcare services, especially preventive care services, for the elderly. The EHCs provide integrated health services including health assessment, treatment and health education to elderly aged 65 and over on a membership status. The VHTs adopt a multi-modality approach to health education and training of the elderly and their careers, as well as public education. EHCs are but one of many providers of primary healthcare services in the community, including other units of the Department of Health, the Hospital Authority, non-governmental organisations, private medical practitioners and other private healthcare providers. The number of attendances is determined by the service capacity of the EHCs which remains at 38 500 enrolment per year.

The performance of EHCs and VHTs is regularly monitored through enrolment and attendance statistics as well as ad hoc studies. Members of EHCs are highly satisfied with the services provided with a high re-enrolment rate of over 80%. A cohort study conducted by EHC which followed up over 20 000 members from 2001 to 2003 showed that a significant proportion had decreased behavioural risk factors (smoking, alcohol use, inadequate exercise and unhealthy dietary habit) after one to five years of enrolment. Through health education and training activities delivered by VHTs to residential care homes for the elderly, improvement has been shown in various aspects such as the use of individual health records and implementation of infection control measures.

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 to promote 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: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)197

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0425

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information:

(a) What plans does the Department of Health have to help the local Chinese medicine profession next year?

(b) Regarding the local proprietary Chinese medicine (pCm) manufacturing industry, does the Government have plans to assist with its development and overseas promotion?

Asked by: Hon. CHUNG Shu-kun, Christopher

Reply:

The Chinese Medicine Ordinance (Cap.549) (CMO) was enacted in 1999 to establish a regulatory regime for Chinese medicine (CM) so as to further safeguard public health and to ensure the safety, quality and efficacy of Chinese medicines. All provisions governing the regulation of Chinese medicines in the CMO, including those on registration of pCms and requirements on labelling and package insert for pCms, have already been in full implementation since 2011. A sound regulatory regime on the practice and use of CM helps to enhance public confidence in the use of Chinese medicines.

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 CM. 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.

At present, compliance with the Good Manufacturing Practice (GMP) is not a mandatory requirement for the local pCms manufacturing industry under the law. The Government will engage the trade to work out a timeframe for the introduction of mandatory GMP requirements to enhance the quality of pCms and ensure the safety of pCms while keeping up with international trends of developing GMP for medicines.

As announced in the 2013 Policy Address, a Chinese Medicine Development Committee (CMDC) has been established to give recommendations to the Government concerning the direction and long-term strategy of the future development of CM 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 medicines industry for formulation of relevant policy initiatives.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)198

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0426

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

There was a case of human-to-human transmission of the novel coronavirus (i.e. "New SARS") in the United Kingdom in mid February, resulting in seven deaths globally till present. It was reported that the capacity for transmission and death rate of the New SARS virus were even higher than those of SARS. In this connection, what measures or actions will be taken by the Department of Health and Centre for Health Protection to prevent such a novel virus from striking Hong Kong?

Asked by: Hon. CHUNG Shu-kun, Christopher

Reply:

To safeguard Hong Kong against the Severe Respiratory Disease associated with Novel Coronavirus (SRD-NCoV), the Department of Health (DH) has implemented the following actions in collaboration with the Hospital Authority (HA):

Enhanced Surveillance

i. SRD-NCoV has been made notifiable under the Prevention and Control of Disease Ordinance (Cap 599) since 28 September 2012. Any suspected or confirmed cases are required to be notified to DH.

ii. In addition to making the disease statutorily notifiable, the Centre for Health Protection (CHP) has worked with HA and private hospitals to enhance the laboratory testing for novel coronavirus in selected groups of patients (cases of pneumonia with unknown cause, pneumonia cases that require intensive care, clusters of pneumonia or health-care workers with pneumonia), irrespective of their travel history. DH will also review laboratory diagnostic strategy, enhance diagnostic service capacity, and stockpile necessary reagents and strengthen liaison with overseas counterparts on collection of updated information.

iii. CHP maintains liaison with the World Health Organization (WHO), the Mainland and overseas health authorities to monitor the latest development, obtain timely and accurate SRD-NCoV information from places outside Hong Kong, and will modify local surveillance activities according to recommendations issued by the WHO.

Enhanced Port Health Measures

iv. A series of port health measures have been implemented, which include display of posters about the disease at all boundary control points, delivery of health leaflets to arriving travellers coming from affected countries, regular updates to the tourism industry and relevant

government departments through meetings and correspondences, enhanced surveillance of sick travellers and referral of suspected cases to public hospitals for further investigation. In addition, DH has arranged with the airlines to conduct in-flight broadcast of health messages to alert travellers coming from the affected countries.

v. DH will continue to monitor and follow up relevant recommendations on port health measures made by the WHO and will step up control measures as appropriate.

Prompt Control and Transparency in Dissemination of Results

vi. Any suspected case notified to DH will be immediately isolated in a hospital setting. Specimens from the patient will be sent to CHP's Public Health Laboratory Centre for testing. The laboratory has established sensitive laboratory tests with confirmatory capacity, and is capable of providing test results within hours. DH will release the testing results to the public as soon as possible.

Infection Control in Healthcare Settings

vii. Guidelines on infection control have been provided to healthcare professionals, residential care homes and schools. Training has been organised for provision of updated information to the healthcare workers.

viii. DH has collaborated with HA to establish enhanced surveillance for unexplained pneumonia, reinforce timely risk communication, develop infection control measures, provide staff training, and set up referral mechanism for cases from private sectors. DH has also urged the management of all private hospitals to be vigilant and to enhance their preparedness against SRD-NCoV. They are also advised to review and update the infection control guidelines and contingency plans in view of the latest development of SRD-NCoV, and to ensure sufficient stock of personal protective equipment. Briefings for the hospital management and the healthcare workers will be arranged to provide them with the latest information on SRD-NCoV and training on the related infection control measures.

Enhanced Risk Communication

ix. DH has convened the Scientific Committee for Emerging and Zoonotic Diseases to assess the risk and local response and interdepartmental meeting to gear up other Government departments with necessary preparation.

x. DH promulgates in press releases/ public announcements that travellers returning from countries affected by SRD-NCoV presenting with respiratory symptoms are advised to wear face masks, seek medical attention and reveal their travel history to doctors. DH has also provided updates on the disease and health advice to members of the public.

xi. DH convened inter-departmental meetings and will continue to organise briefings to enhance preparedness in government and non-government sectors.

Contingency Plan and Drills for Concerted Interdepartmental Actions

xii. DH will continue to update contingency plans on major outbreaks of infectious diseases, as well as conduct interdepartmental exercises and drills with concerned parties and stakeholders in close partnership.

xiii. CHP has organised 12 exercises testing the preparedness and responsiveness of relevant departments on public health actions since it was established in 2004.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)199

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2819

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:

(1) Under the targets, the registration of pharmaceutical products within five months (% of applications) were 98% and 95% in 2011 and 2012 respectively and it is estimated to be over 90% in 2013. Please provide the following information:

(a) how many pharmaceutical products were not registered within five months in 2012?

(b) please explain the reasons for the yearly decrease in the past two years and the estimate for 2013.

(c) please list out the types of pharmaceutical products applied for registration in 2011 and 2012 respectively. What are the numbers of successful registration and rejected applications? What are the criteria for application for registration? What are the reasons for refusal of registration?

(2) Under the indicators, the numbers of registration applications of pharmaceutical products processed were 3 900 and 3 400 in 2011 and 2012 respectively, but it is estimated that 4 900 applications will be processed in 2013. Please explain the reasons for the substantial increase of the number in 2013. Although the number will increase substantially, the target of registration of pharmaceutical products within five months in 2013 is estimated to be over 90% only which is fewer than those in the past two years. Please state the reasons for this. Will there be an enhancement of manpower arrangement and estimate of expenditures as a result?

(3) The number of inspection of licensed retail drug premises in 2012 was 8 600. Please state the daily average number of inspection and the manpower arrangement for every inspection. How many cases are under prosecution? What are the reasons and punishment for violation of regulations?

Asked by: Hon. FANG Kang, Vincent

Reply:

(1) According to the Pharmacy and Poisons Ordinance (Cap. 138), all pharmaceutical products must be registered with the Pharmacy and Poisons Board (PPB) before they can be sold or distributed in the market. Once the registration is approved, the certificate of registration will be issued for a validity of five years subject to renewal. New registration applications of pharmaceutical products are mainly classified into New Chemical Entity (NCE) and non-NCE (commonly known as generic). Apart from the new registration applications, there are applications for renewal of certificate.

When all the required documents or information in support of an application are received, the application will be considered for approval based on the criteria of safety, quality and efficacy. For NCE applications, they will normally be approved after the NCE is listed in the Poisons List Regulation after legislative amendment.

A target of 90% has been set to measure the performance in processing all new registration applications of pharmaceutical products within five months.

In 2011, 731 new applications were processed and issued with registration certificates, of which 714 applications (98%) were completed within five months.

In 2012, 679 new applications were processed and issued with registration certificates, of which 647 (95%) applications met the performance target. The cases with processing times over five months in 2012 were all NCE applications which required a longer processing time for legislative amendment, therefore causing a decrease in the performance in 2012. No active application was refused in 2011 and 2012.

(2) The total number of applications processed with registration certificates issued, which included new registration applications of NCE and non-NCE and renewal applications, in 2011 and 2012 were 3 858 and 3 411 respectively, with the following breakdown:

	2011	2012
New application	731	679
Renewal application	3 127	2 732
Total	3 858	3 411

Due to the implementation of registration of pharmaceutical products in 1978 with a renewal cycle of every five years, it is anticipated that there will be a large number of registered pharmaceutical products with registration certificates expiring in 2013, causing an increase in the number of renewal applications. The processing of the increased number of applications will be absorbed by the existing manpower.

In 2011 and 2012, we have achieved 98% and 95% respectively in completing the new registration applications of pharmaceutical products within five month, which exceeded our target of 90%. For 2013, we aim to set the target as greater than 90%.

(3) In 2012, a total of 8 648 inspections of licensed medicine retailers were conducted, with on average of about 36 inspections conducted each day. In general, each inspection is conducted by one pharmacist.

47 licensed retailers were convicted in 2012, mainly due to offences under the Pharmacy and Poisons Ordinance (e.g. illegal sale of Part I poisons, illegal sale of prescription medicines, illegal sale of unregistered pharmaceutical products, etc), the Antibiotics Ordinance (illegal sale and possession of antibiotics) and the Dangerous Drugs Ordinance (illegal possession of dangerous drugs). The penalty ranged from a fine of $1,000 to $80,000 and up to four months imprisonment or 120 hours community service.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)200

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1338

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

1. How many reports of outbreaks of communicable diseases were received by the Administration in 2012? What are the types involved? How much time is generally needed for an investigation from its beginning to confirmation of the cause of an outbreak?

2. The Administration has been publicising the cervical cancer screening service. In this regard, what were the annual expenditures spent on this aspect in the past three financial years (2010-2011 to 2012-2013) respectively?

Asked by: Hon. HO Chun-yan, Albert

Reply:

1. The Centre for Health Protection (CHP) of the Department of Health (DH) investigates suspected infectious diseases or outbreaks reported to it. In 2012, CHP investigated 18 306 cases involving diseases or conditions listed in the statutory notifiable disease list. CHP investigated a further 2 191 reports of other outbreaks or infectious diseases.

For reported outbreaks, CHP will initiate investigations within 24 hours of receiving the reports. Depending on the nature of the diseases or outbreaks and the availability of laboratory results when the cases are reported to CHP, the length of time it takes to determine the causes of these outbreaks may vary.

2. DH operates the Cervical Screening Programme which is composed primarily of screening services for women aged 25 to 64 years; the corresponding laboratory tests; as well as the Cervical Screening Information System which manages smear results and reminds women of the next smear. Regular publicity and promotional activities are also part of the programme.

Annual expenditure of the Cervical Screening Programme in the last three years amounted to $12.1 million in 2010-11; $12.8 million in 2011-12; and $11.3 million in 2012-13 (up to February 2013).

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)201

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1343

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:

1. As regards enhancing the regulatory control of healthcare institutions, what is the additional provision in 2013-2014 and what are the details related to enhancing the regulatory control?

2. What is the additional provision for the establishment of a boundary control point at Kai Tak Cruise Terminal? What are the details related to the procurement of equipment? Please also list out the details of staff establishment of the control point.

Asked by: Hon. HO Chun-yan, Albert

Reply:

1. Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap.165), the Department of Health (DH) registers private hospitals, nursing homes and maternity homes, subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. The COP covers requirements on areas including organisation and administration of the institution, accommodation and equipment, human resources management, quality management of services, policies and procedures, rights of patients, patient care, risk management, medical records, reporting of incidents and standards on specific types of clinical services and support services.

   In response to the recommendations of the Audit Commission on the regulatory control of private hospitals and land grants for development of private hospitals, DH has stepped up monitoring compliance with the Ordinance, the COP and land grant conditions by private hospitals. DH is also assisting the Food and Health Bureau in the review of private healthcare facilities, including the work of the Steering Committee on Review of the Regulation of Private Healthcare Facilities and its working groups.

   In 2013-14, an additional provision of $6.0 million has been earmarked for the creation of seven posts and related operating expenses to enhance the regulatory control of healthcare institutions and to support private hospital development via licensing, enforcement, surveillance, quality assurance and review.

2. Port health services will be provided in the boundary control point of Kai Tak Cruise Terminal. The services include temperature checking and health screening of arriving passengers, as well as inspection of hygienic condition of the Terminal and arriving vessels. An additional provision of $7.7 million has been made to provide for an outsourcing contract for

implementation of temperature checking and health screening measures, employment of one Health Inspector to carry out environmental inspection as well as recurrent expenditure including electricity and maintenance of equipment. The Customs, Immigration, Quarantine and Police facilities at the Kai Tak Cruise Terminal will be able to clear a maximum of 3 000 passengers per hour.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)202

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1345

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding temporary staff under departmental expenses, how many staff are estimated to be recruited in 2013-14?

2. Are there any temporary staff employed as contract staff in the past three years (2010-11 to 2012-13)? If yes, what are the numbers of employees involved?

3. Does the Department of Health have any measures on giving priority to temporary staff to be recruited as contract staff? If yes, what are the details?

4. Regarding specialist supplies and equipment under departmental expenses, the estimate for 2013-14 is $160 million lower than the revised estimate for 2012-13. What are the reasons?

5. Regarding the reimbursement of vaccination fees, why is there a difference of over $90 million for the original and revised estimates in 2012-13?

Asked by: Hon. HO Chun-yan, Albert

Reply:

1. The financial provision for departmental expenses in respect of "temporary staff" is mainly for the employment of non-civil service contract (NCSC) staff for meeting service needs that is short-term or where the mode of delivery of the service is under review. The number of NCSC staff in the Department varies from time to time in accordance with the changing service needs. As at 31 December 2012, the Department engaged a total of 836 full-time NCSC staff.

2. As mentioned in paragraph 1 above, the temporary staff concerned are NCSC staff.

3. We adhere to the principle of openness and fairness in recruiting NCSC staff. We select the most suitable persons for NCSC positions through open recruitment.

4. The decrease in budget is mainly due to a substantial drop in expenditure by approximately $177 million for influenza pandemic antiviral stockpile, from $200 million in 2012-13 to $23 million in 2013-14. Such a drop of expenditure is due to the fact that the main bulk of antiviral drugs was replenished in 2012-13 and the stockpile level can be maintained as recommended by the Centre for Health Protection. Accordingly, the budget for purchase of antiviral drugs in 2013-14 will decrease.

5. The difference between the original estimate and the revised estimate for vaccination reimbursement for 2012-13 is due to the lower than expected demand for claims under the vaccination subsidy schemes.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)203

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0517

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the departmental records management work over the past three years (2010-11, 2011-12, 2012-13):

1. Please provide information on the number and rank of officers designated to perform such work. If there is no officer designated for such work, please provide information on the number of officers and the hours of work involved in records management duties, and the areas of records management duties they need to undertake in addition to their own duties;

2. Please list in the table below information on programme and administrative records which have been closed pending transfer to the Government Records Service (GRS) for appraisal:

Category of records	Years covered by the records	Number and linear meters of records	Retention period approved by GRS	Are they confidential documents

3. Please list in the table below information on programme and administrative records which have been transferred to GRS for retention:

Category of records	Years covered by the records	Number and linear meters of records	Year in which the records were transferred to GRS	Retention period approved by GRS	Are they confidential documents

4. Please list in the table below information on records which have been approved for destruction by GRS:

Category of records	Years covered by the records	Number and linear meters of records	Year in which the records were transferred to GRS	Retention Period approved by GRS	Are they confidential documents

Asked by: Hon. HO Sau-lan, Cyd

Reply:

Information regarding departmental records management work in the Department of Health (DH) over the past three years (2010-11, 2011-12, 2012-13) is tabulated below:

1(a) Officers who are fully engaged in records management duties:

Year	Grades of Staff	Number of Staff
2010-11	Clerical, secretarial and other support Grades [Note 1]	23
2011-12	Clerical, secretarial and other support Grades [Note 1]	23
2012-13	Clerical, secretarial and other support Grades [Note 1]	23

1(b) Officers who undertake records management duties in addition to their own duties:

Year	Grades of Staff	Number of Staff	Number of hours	
			Duties relating to records creation, classification, filing, retrieval, storage and maintenance	Duties relating to records scheduling and disposal, reviewing, monitoring and training
2010-11	Clerical, secretarial and other support Grades [Note 1] Administrative support Grades [Note 2] Professional and technical Grades [Note 3]	728 132 318 Total: 1 178	262 967	46 431
2011-12	Clerical, secretarial and other support Grades [Note 1]	702	259 646	44 925

	Administrative support Grades [Note2] Professional and technical Grades [Note 3]	136 320 Total: 1 158		
2012-13 (as at 31.12.2012)	Clerical, secretarial and other support Grades [Note 1] Administrative support Grades [Note 2] Professional and technical Grades [Note 3]	712 139 319 Total: 1 170	202 702	35 215

2. Information on programme and administrative records which have been closed pending transfer to the Government Records Service (GRS) for appraisal:

Year	Category of records	Years covered by the records	Number of records	Linear meters of records	Retention period approved by GRS	Are they confidential documents
2010-11	Administrative records	2007 - 2010	57	1.4	2 – 7 years	Partly yes (5 confidential records)
	Programme records	1997 - 2010	181 910	358.3	15 years	Partly yes (1 confidential record)
2011-12	Administrative records	2007 - 2011	64	1.6	2 – 7 years	Partly yes (1 confidential record)
	Programme records	1998 - 2011	17 983	119.3	6 years	Partly yes (1 confidential record)
2012-13 (as at 31.12.2012)	Administrative records	1987 - 2012	243	7.8	2 – 7 years	Partly yes (3 confidential records)
	Programme records	1988 - 2012	83 897	230.7	4 – 10 years	No

3. Information on programme and administrative records which have been transferred to GRS for retention:

Year	Category of records	Years covered by the records	Number of records	Linear meters of records	Retention period approved by GRS	Are they confidential documents
2010-11	Administrative records	-	Nil	Nil	-	-

	Programme records	1995 - 2010	219 423	286.2	2 – 15 years	No
2011-12	Administrative records	-	Nil	Nil	-	-
	Programme records	1996 - 2010	232 092	437.9	2 – 15 years	No
2012-13 (as at 31.12.2012)	Administrative records	1916 - 1995	841	1.1	1 year	No
	Programme records	1997 - 2010	304 557	382.6	2 – 15 years	No

4. Information on records which have been approved for destruction by GRS:

Year	Category of records	Years covered by the records	Number of records	Linear meters of records	Retention Period approved by GRS	Are they confidential documents
2010-11	Administrative records	1945 - 2009	3 032	130.8	2 – 7 years	Partly yes (60 confidential records)
	Programme records	1957 - 2009	1 893 048	787.2	2 – 10 years	No
2011-12	Administrative records	1954 - 2010	29 651	114.3	3 months – 7 years	No
	Programme records	1956 - 2010	993 678	550.5	1 – 12 years	No
2012-13 (as at 31.12.2012)	Administrative records	1974 - 2012	322	11.1	2 – 4 years	Partly yes (1 confidential record)
	Programme records	1980 - 2011	199 016	1 017.5	1 – 12 years	Partly yes (1 confidential record)

Note 1: Clerical, secretarial and other support Grades include:

Senior Clerical Officer
Clerical Officer
Assistant Clerical Officer
Clerical Assistant
Confidential Assistant
Personal Secretary I / II
Office Assistant
Typist
Supplies Supervisor I / II
Registration Supervisor
Registration Assistant
Project Assistant
General Clerk
Health Surveillance Supervisor
Health Surveillance Assistant

Note 2: Administrative support Grades include:

Chief Hospital Administrator
Senior Hospital Administrator
Hospital Administrator I / II
Senior Executive Officer
Executive Officer I / II
Senior Training Officer
Training Officer
Treasury Accountant
Senior Accounting Officer
Accounting Officer I / II
Statistician
Statistical Officer I / II
Librarian
Transport Service Officer
Analyst / Programmer I / II
Manager
Assistant Manager
Administrative Assistant

Note 3: Professional and technical Grades include:

Senior Medical & Health Officer
Medical & Health Officer
Physicist
Scientific Officer
Senior Nursing Officer
Nursing Officer
Registered Nurse
Enrolled Nurse
Senior Medical Technologist
Medical Technologist
Senior Radiographer
Mortuary Officer

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)204

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0544

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work on co-ordinating primary care development in Hong Kong and implementing policies and initiatives aiming to enhance primary care, please advise this Committee on the following:

1. various initiatives implemented to enhance primary care service, progress of such initiatives, clients served and breakdown of expenditures in the past three years (2010-11, 2011-12, 2012-13);

2. the current number of community health centres run by public and private sectors in various districts, types of services provided and clients served;

3. how does the department assess the effectiveness of the service model of community health centres in providing multi-disciplinary professional services;

4. the measures put in place to further facilitate primary care development in areas of clinical practices, training of medical staff and academic research; and

5. the ways adopted currently to monitor and assess the effectiveness of primary care development in the territory and the future schedule of assessment, as the department has originally adopted a cycle of four to five years for a review.

Asked by: Hon. HO Sau-lan, Cyd

Reply:

Enhancing primary care was one of the service reform proposals introduced during the first-stage public consultation on healthcare reform in 2008 which received broad public support. Under the direction of the Working Group on Primary Care, the Food and Health Bureau promulgated the "Primary Care Development Strategy Document" in 2010, setting out the following major strategies on enhancing primary care in Hong Kong -

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) developing a Primary Care Directory to promote the family doctor concept and a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks.

The Primary Care Office (PCO) was established in September 2010 under the Department of Health to support and co-ordinate the implementation of primary care development strategies and actions. The financial provision for PCO was $50 million in 2010-11, and $88 million respectively in 2011-12 and 2012-13. The latest progress and work plan of the major primary care initiatives under PCO are as follows-

(a) Primary care conceptual models and reference frameworks

Following the publication of the reference frameworks for diabetes and hypertension in 2011, the core documents of two reference frameworks on preventive care for older adults and children in primary care settings respectively were promulgated in December 2012.

(b) Primary Care Directory

A web-based Primary Care Directory giving details about the personal and practice-based information of doctors and dentists was launched in April 2011. The directory is being developed in phases, and the sub-directory for Chinese medicine practitioners was launched in October 2012.

(c) Community Health Centres/Networks (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service delivery model, was commissioned in mid-2012. We are exploring the feasibility of developing CHC projects in other districts and consider the scope of services and *modus operandi* that suit district needs most.

(d) Primary Care Campaign

A territory-wide Primary Care Campaign was launched in April 2011 to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action. To sustain the momentum of the Campaign, a themed competition was organised in 2012 to promote primary care and the family doctor concept.

The first purpose-built CHC, the Tin Shui Wai (Tin Yip Road) CHC, officially commenced operation in June 2012. This Centre provides integrated multi-disciplinary healthcare services, including primary medical care as well as health risk assessments, disease prevention and health promotion, and support for self-health awareness services, through medical, allied health and nursing services. The Administration will take into account the experience of the operation of this CHC in considering service delivery model for other CHC projects, and will continue to explore collaboration with the academic sector and other professional organisations in the areas of training and research.

We will continue to take forward the Primary Care Development Strategy and implement various projects to enhance primary care services, and will monitor and evaluate the arrangements and effectiveness of the projects underway. Based on the experience learnt and evaluation of the pilot projects, a cycle of four to five years will be adopted for a review of the overall primary care development strategy.

It should be noted that apart from PCO, other divisions of the Department of Health have been implementing projects and initiatives seeking to enhance primary care in Hong Kong. The staffing and expenditure form part of their respective budgets, i.e. they are not included in PCO's expenditure estimates.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)205

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1473

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the expenditure on enforcing laws on tobacco control in 2012-13, the estimated expenditure on enforcing laws on tobacco control in 2013-14, and the reasons for the change in expenditure.

Asked by: Hon. IP LAU Suk-yee, Regina

Reply:

The provision for carrying out enforcement duties by the Tobacco Control Office of the Department of Health is $38.1 million in 2013-14, against a revised estimate of $36.6 million in 2012-13. The change is mainly due to pay and inflationary adjustments.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)206

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1474

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the expenditures on co-ordinating primary care development in Hong Kong and implementing policies and initiatives in 2012-13, and the estimated expenditures on co-ordinating primary care development in Hong Kong and implementing policies and initiatives in 2013-14, and state the reasons for the changes related to the expenditures.

Asked by: Hon. IP LAU Suk-yee, Regina

Reply:

Enhancing primary care was one of the service reform proposals introduced during the first-stage public consultation on healthcare reform in 2008 which received broad public support. Under the direction of the Working Group on Primary Care, the Food and Health Bureau promulgated the "Primary Care Development Strategy Document" in 2010, setting out the following major strategies on enhancing primary care in Hong Kong -

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) developing a Primary Care Directory to promote the family doctor concept and a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks (CHCs).

The Primary Care Office (PCO) was established in September 2010 under the Department of Health (DH) to support and co-ordinate the implementation of primary care development strategies and actions. The financial provision for PCO is $88 million respectively in 2012-13 and 2013-14. The latest progress and work plan of the major primary care initiatives under PCO are as follows-

(a) Primary care conceptual models and reference frameworks

Following the publication of the reference frameworks for diabetes and hypertension in 2011, the core documents of two reference frameworks on preventive care for older adults and children in primary care settings respectively were promulgated in December 2012.

(b) Primary Care Directory

A web-based Primary Care Directory giving details about the personal and practice-based information of doctors and dentists was launched in April 2011. The directory is being developed in phases, and the sub-directory for Chinese medicine practitioners was launched in October 2012.

(c) Community Health Centres/Networks (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service delivery model, was commissioned in mid-2012. We are exploring the feasibility of developing CHC projects in other districts and consider the scope of services and *modus operandi* that suit district needs most.

(d) Primary Care Campaign

A territory-wide Primary Care Campaign was launched in April 2011 to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action. To sustain the momentum of the Campaign, a themed competition was organised in 2012 to promote primary care and the family doctor concept.

It should be noted that apart from PCO, other divisions of DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong. The staffing and expenditure form part of their respective budgets, i.e. they are not included in PCO's expenditure estimates.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)207

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2710

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The estimate for 2013-14 is 14.5% higher than the original estimate for 2012-13. Would the Administration advise on the reasons for this? What are the items that cause the increase in the estimate? Was enhancement of service or manpower involved? If yes, what were the enhanced service and manpower?

Asked by: Hon. KWOK Ka-ki

Reply:

The increase in provision for 2013-14 is mainly due to (a) impact of 2012 pay rise of $16.0 million; (b) additional provision of $6.0 million for creation of seven posts and related operating expenses to enhance the regulatory control of healthcare institutions; (c) additional provision of $7.7 million for creation of one post and related operating expenses to provide essential port health services in association with establishment of Kai Tai Cruise Terminal as a new boundary control point; and (d) increase in cash flow requirement of $45.1 million for replacement and procurement of equipment, including replacing a thermoluminescent dosimetry system, a standard radiological dosimetry calibration facility and procurement of mobile refrigerated mortuary units.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)208

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2711

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 tobacco control work in the past three years (i.e. 2010-2011, 2011-2012 and 2012-2013), would the Administration advise on:

(a) the expenditure, staff establishment and number of front-line enforcement staff of the Tobacco Control Office (TCO)?

(b) the number of complaints received, the number of proactive enforcement actions taken under the Smoking (Public Health) Ordinance and Fixed Penalty (Smoking Offences) Ordinance, and the number of prosecutions instituted?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) The expenditures / provision and the staffing situation of the Tobacco Control Office (TCO) of the Department of Health (DH) in the past three years are at **Annexes 1** and **2** respectively.

(b) TCO conducts inspection of all venues concerned in response to smoking complaints. The numbers of complaints, inspections, fixed penalty notices (FPNs) / summonses issued by TCO for the period from 2010 to 2012 for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2010	2011	2012
Complaints received		17 089	16 418	18 291
Inspections conducted		23 623	23 176	26 209
FPNs issued (for smoking offences)		7 952	7 637	8 019
Summonses issued	for smoking offences	93	170	179
	for other offences (such as willful obstruction and failure to produce identity document)	128	117	88

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 28.3.2013

Annex 1

Expenditures / Provision of the Department of Health's Tobacco Control Office

	2010-11 ($ million)	**2011-12** ($ million)	**2012-13 Revised Estimate** ($ million)
Programme 1: Statutory Functions	40.4	40.1	36.6
Programme 3: Health Promotion	57.8	72.6	112.4
(a) General health education and promotion of smoking cessation			
TCO	22.3	14.1	19.8
Subvention to the Council on Smoking and Health (COSH) – Publicity	13.2	11.4	11.5
(b) Provision for smoking cessation services			
TCO	6.1	15.6	36.3
Subvention to COSH		3.5	9.2
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	11.4	21.0	26.5
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture	4.8	5.8	6.0
Subvention to Po Leung Kuk – School-based smoking prevention activities		1.2	1.7
Subvention to Lok Sin Tong – Smoking cessation programme in workplace			1.4
Total	**98.2**	**112.7**	**149.0**

Staffing of Tobacco Control Office of the Department of Health

Rank	2010-11	2011-12	2012-13
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	2	2
Land Surveyor *	0	0	1
Police Officer	5	5	5
Tobacco Control Inspector *	30	19	0
Overseer/ Senior Foreman/ Foreman *	57	68	89
Senior Executive Officer/ Executive Officer *	12	12	9
Sub-total	*107*	*107*	*107*
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer/ Contract Doctor	2	2	2
Scientific Officer (Medical)	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	4	4	4
Hospital Administrator II/ Health Promotion Officer	6	6	6
Sub-total	*14*	*14*	*14*
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	20	20	19
Motor Driver	1	1	1
Sub-total	*25*	*25*	*24*
Total no. of staff	**147**	**147**	**146**

***** *Staff carrying out frontline enforcement duties*

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)209

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2712

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Centres (EHCs), would the Administration advise on the following in the past three years (i.e. 2010-11, 2011-12 and 2012-13):

(a) the number of enrolment in each of the EHCs. Please list out by age group;

(b) the number of elders on the waiting list for health assessment and medical consultation. What are the median waiting time and the longest waiting time?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) The numbers of enrolment in 18 EHCs categorised by age group are as follows-

Elderly Health Centre	2010					
	65-69	70-74	75-79	80-84	85 or over	**Total**
Sai Ying Pun	193	272	595	676	404	**2 140**
Shau Kei Wan	185	237	556	783	465	**2 226**
Wan Chai	222	144	559	755	445	**2 125**
Aberdeen	167	276	592	702	410	**2 147**
Nam Shan	152	337	623	708	408	**2 228**
Lam Tin	197	307	575	737	413	**2 229**
Yau Ma Tei	240	138	547	725	491	**2 141**
San Po Kong	169	184	537	795	435	**2 120**
Kowloon City	150	183	637	846	405	**2 221**
Lek Yuen	224	82	613	772	458	**2 149**
Shek Wu Hui	228	279	478	691	476	**2 152**
Tseung Kwan O	143	287	629	687	399	**2 145**
Tai Po	160	235	616	694	417	**2 122**
Tung Chung	74	537	791	600	254	**2 256**
Tsuen Wan	169	143	613	760	452	**2 137**
Tuen Mun Wu Hong	168	374	579	667	356	**2 144**
Kwai Shing	123	339	635	715	383	**2 195**
Yuen Long	160	405	611	686	370	**2 232**

Elderly Health Centre	2011					
	65-69	70-74	75-79	80-84	85 or over	**Total**
Sai Ying Pun	227	528	693	465	207	**2 120**
Shau Kei Wan	164	497	795	539	215	**2 210**
Wan Chai	144	570	742	462	235	**2 153**
Aberdeen	290	492	716	429	201	**2 128**
Nam Shan	295	547	730	461	173	**2 206**
Lam Tin	323	498	717	480	196	**2 214**
Yau Ma Tei	144	492	711	514	263	**2 124**
San Po Kong	212	438	818	468	186	**2 122**
Kowloon City	199	586	865	411	150	**2 211**
Lek Yuen	143	584	749	492	231	**2 199**
Shek Wu Hui	274	438	649	489	270	**2 120**
Tseung Kwan O	305	584	698	401	147	**2 135**
Tai Po	171	535	774	444	200	**2 124**
Tung Chung	573	728	625	253	80	**2 259**
Tsuen Wan	253	518	692	477	169	**2 109**
Tuen Mun Wu Hong	406	530	665	369	160	**2 130**
Kwai Shing	367	558	735	407	135	**2 202**
Yuen Long	391	570	697	381	180	**2 219**

Elderly Health Centre	2012					
	65-69	70-74	75-79	80-84	85 or over	**Total**
Sai Ying Pun	243	465	680	501	241	**2 130**
Shau Kei Wan	177	416	735	589	294	**2 211**
Wan Chai	145	480	732	526	258	**2 141**
Aberdeen	264	415	696	489	262	**2 126**
Nam Shan	279	535	692	499	201	**2 206**
Lam Tin	260	471	704	546	249	**2 230**
Yau Ma Tei	178	445	695	514	289	**2 121**
San Po Kong	183	366	800	528	244	**2 121**
Kowloon City	169	477	823	538	203	**2 210**
Lek Yuen	200	450	692	527	256	**2 125**
Shek Wu Hui	275	398	591	524	334	**2 122**
Tseung Kwan O	252	562	727	423	172	**2 136**
Tai Po	144	475	797	485	223	**2 124**
Tung Chung	555	658	650	279	103	**2 245**
Tsuen Wan	270	452	635	542	218	**2 117**
Tuen Mun Wu Hong	387	524	588	421	213	**2 133**
Kwai Shing	379	495	714	462	162	**2 212**
Yuen Long	421	527	645	419	205	**2 217**

(b) The numbers of elders on the waiting list for health assessment and the median waiting time in 18 EHCs are as follows-

Elderly Health Centre	Number of elders on the waiting list as at end December each year			Median waiting time (months)		
	2010	2011	2012	2010	2011	2012
Sai Ying Pun	198	551	794	2.9	7.5	13.4
Shau Kei Wan	510	664	1 000	20.5	8.4	14.4
Wan Chai	1 179	1 236	1 472	30.9	25.4	25.8
Aberdeen	144	199	300	4.0	5.1	6.7
Nam Shan	805	768	703	6.9	13.8	16.2
Lam Tin	841	268	367	7.4	3.9	4.6
Yau Ma Tei	801	817	811	38.0	32.9	23.7
San Po Kong	131	93	263	29.7	11.4	10.0
Kowloon City	1 160	482	666	34.5	16.2	16.4
Lek Yuen	1 511	1 290	1 374	46.4	43.5	36.2
Shek Wu Hui	256	239	262	14.0	9.3	9.9
Tseung Kwan O	703	733	930	21.7	16.6	14.5
Tai Po	448	529	654	18.6	17.5	21.9
Tung Chung	597	742	783	5.5	6.5	9.5
Tsuen Wan	936	724	798	43.8	19.7	11.3
Tuen Mun Wu Hong	472	573	738	9.7	8.9	9.9
Kwai Shing	332	252	335	8.8	6.2	6.5
Yuen Long	201	241	275	6.0	5.9	7.5
Total	**11 225**	**10 401**	**12 525**			

The overall median waiting times were 16.3, 10.4 and 12.3 months and the longest waiting times were 46.4, 43.5 and 36.2 months in 2010, 2011 and 2012 respectively.

Medical consultation service is available to all enrolled members at any time.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)210

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2713

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding woman health service, would the Administration advise on the following in the past three years (i.e. 2010-11, 2011-12 and 2012-13):

(a) the number of enrolment of women in each of the Woman Health Centres (WHCs) and Maternal and Child Health Centres (MCHCs);

(b) the number of women on the waiting list for woman health service. What are the median waiting time and the longest waiting time?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) In 2010, 2011 and 2012, the numbers of enrolment for woman health service in individual centres are:

Centre	**No. of enrolment**		
	2010	**2011**	**2012**
Ap Lei Chau MCHC	230	210	220
Chai Wan WHC	4 680	4 560	4 740
Fanling MCHC	430	450	690
Lam Tin WHC	5 540	5 720	5 670
Lek Yuen MCHC	1 300	1 530	1 320
Ma On Shan MCHC	390	410	420
Sai Ying Pun MCHC	80	50	60
South Kwai Chung MCHC	230	240	210
Tseung Kwan O Po Ning Road MCHC	230	240	270
Tsing Yi MCHC	160	170	140
Tuen Mun WHC	5 270	5 500	5 010
Wang Tau Hom MCHC	190	180	150
West Kowloon MCHC	270	240	300
Total	**19 000**	**19 500**	**19 200**

(b) Clients enrolling for woman health service will be given an appointment for consultation. The waiting time for the consultation varies among different centres and ranges from one week to 23 weeks, with the median waiting time of six weeks in March 2013.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)211

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2714

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding cervical screening service, would the Administration advise on:

(a) the number of women on the waiting list for the service in the past three years (i.e. 2010-11, 2011-12 and 2012-13). What are the median waiting time and the longest waiting time?

(b) the number of attendances for the service by age group in the past three years;

(c) the number of women who had received screening service referred for treatment by age group in the past three years.

Asked by: Hon. KWOK Ka-ki

Reply:

There are 31 Maternal and Child Health Centres (MCHCs) under the Family Health Service (FHS) of the Department of Health which provide cervical screening service to women aged between 25 and 64 years.

(a) Clients are given an appointment within four weeks of telephone booking. The actual appointment may vary from two days to four weeks.

(b) and (c) In 2010, 2011 and 2012, the numbers of attendance for cervical screening service at MCHCs were 99 000, 95 000 and 98 000 respectively. Referrals made to specialists for further management in the corresponding years were 5 000, 4 704 and 5 167 respectively.

Based on information kept by the Cervical Screening Information System, the age breakdown of women receiving cervical screening service at MCHCs in the last three years was fairly constant. The proportions of screened women belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 22.7%, 34.5%, 29.8% and 13.0% respectively. The FHS does not keep a database of age breakdown of clients who have been referred to specialists.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)212

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2715

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The estimate for provision for government sector in 2013-14 is 6.8% lower than the original estimate for 2012-13. Would the Administration advise on the reasons for this? What are the items that cause the reduction in the estimate? Was reduction of service or manpower involved? If yes, what were the reduced service and manpower?

Asked by: Hon. KWOK Ka-ki

Reply:

An additional provision of $19.4 million (as compared to the 2012-13 original estimate) has been included for subvention to non-government organisations for the expansion of their smoking prevention and cessation services in 2013-14; and as a result, the provision for government sector is adjusted accordingly.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)213

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2716

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The estimate for provision for subvented sector in 2013-14 has increased substantially by 21.7% over the original estimate for 2012-13. Would the Administration advise on the reasons for this? What are the items that cause the increase in the estimate?

Asked by: Hon. KWOK Ka-ki

Reply:

The increase is mainly due to an increase in the subvention to non-government organisations for the expansion of smoking prevention and cessation programmes, from $45.3 million in the 2012-13 estimate to $64.7 million in the 2013-14 estimate.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)214

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2717

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The estimate for 2013-14 is 12.8% higher than the original estimate for 2012-13. Would the Administration advise on the reasons for this? What are the items that cause the increase in the estimate? Was enhancement of service or manpower involved? If yes, what were the enhanced service and manpower?

Asked by: Hon. KWOK Ka-ki

Reply:

The financial provision for 2013-14 is higher than the original and revised estimate for 2012-13. This is mainly due to additional provision for meeting the increasing demand for assessment service for autistic children. Eight new posts would be created in 2013-14, including one Medical and Health Officer, one Nursing Officer, one Registered Nurse, one Clinical Psychologist, one Occupational Therapist I, one Speech Therapist, one Assistant Clerical Officer and one Clerical Assistant.

The additional manpower will be deployed to conduct assessments for children with suspected developmental disabilities / problems, implement and convene interim support activities for children and their families, and to conduct epidemiological studies about the prevalence and clinical profile of children with developmental disabilities of high prevalence and impact in Hong Kong.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)215

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2718

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding child assessment centres, would the Administration please advise on the following information:

(a) Please list out the number of children on the waiting list of Government's child assessment centres, the number of children who have received assessment and the number of children assessed to have developmental disabilities in the past three years (i.e. 2010-11, 2011-12 and 2012-13), and provide breakdowns by developmental problems of children?

(b) Please advise on the lower quartile, median, average and the longest waiting time for new cases of child assessment centres in the past three years?

(c) What is the staffing establishment of the centres? What types of professional staff are involved? What types of healthcare staff are involved? Please list out the posts of professional and healthcare staff respectively.

(d) For children who have rehabilitation plans formulated after developmental diagnosis, would the Administration advise whether follow-up service will be provided accordingly by staff of the centres? What is the manpower involved? What is the average and the longest follow-up period respectively? Please provide a breakdown by child developmental anomalies.

(e) Would the Administration advise on the numbers of parents and children who gained support through counseling, talks and support groups provided by the centres in the past three years? What are the percentages of the above parents and children against the numbers of parents and children who sought help?

(f) Would the Administration provide a breakdown of the numbers of children who were assessed to have the needs for appropriate pre-school and school placement for training, remedial and special education in the past three years?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) The numbers of referrals received, the numbers of children assessed and the numbers of newly diagnosed cases in 2010-11, 2011-12 and 2012-13 (provisional figures) in the Child Assessment Service (CAS) of the Department of Health (DH) are as follows –

	Year 2010-11	**Year 2011-12**	**Year 2012-13 (provisional figures)**
Number of new cases referred to CAS	8 433	8 550	8 840
Number of children assessed	14 903	14 571	14 426
Number of newly diagnosed conditions			
Attention Problems/ Disorders	2 122	2 221	2 195
Autistic Spectrum Disorder	1 744	1 597	1 544
Borderline Developmental Delay	1 920	1 891	1 886
Developmental Motor Coordination Problems/ Disorders	1 910	1 950	1 731
Dyslexia & Mathematics Disorder	690	601	499
Hearing loss (Moderate grade or worse)	75	97	102
Language Delay/Disorders and Speech Problems	2 532	2 676	2 801
Physical Impairment	60	46	45
Significant Developmental Delay/ Mental Retardation	1 127	1 140	1 028
Visual Impairment (Blind or Low Vision)	43	33	41

Note: A child might have more than one developmental disabilities/ problems.

(b) Nearly all new cases were seen within three weeks from 2010-11 to 2012-13. Assessments for over 90% of newly registered cases were completed within six months in the past three years. Statistics on the lower quartile, the median, the average and the longest waiting time for new cases over the past years are not readily available.

(c) The establishment of CAS as at 1 March 2013 is as follows –

Grades	**Number of posts**
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	15
Senior Nursing Officer / Nursing Officer / Registered Nurse	25
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	16
Occupational Therapist I	6
Physiotherapist I	5
Optometrist	2
Speech Therapist	9
Electrical Technician	2
Executive Officer I	1

Grades	Number of posts
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	10
Clerical Assistant	16
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**128**

(d) CAS provides comprehensive assessments, diagnosis, formulation of rehabilitation plan, interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support.

The multi-disciplinary group of healthcare and professional staff in CAS of the DH comprises paediatricians, public health nurses, audiologists, clinical psychologists, occupational therapists, optometrists, physiotherapists, speech therapists and medical social workers. A team approach is adopted and hence a breakdown of manpower involved in the provision of follow-up service is not available.

Nearly all new cases were seen within three weeks from 2010-11 to 2012-13. Assessments for over 90% of newly registered cases were completed within six months in the past three years. Duration for follow-up action on children depends on individual needs. Statistics on the average and longest follow-up period by developmental disorders/ problems are not available.

(e) The numbers of children/ family members participated in public health education activities (such as health talks and support groups etc.) in 2010-11 to 2012-13 (provisional figure) and the numbers of new cases referred to CAS are as follows:

	Year 2010-11	**Year 2011-12**	**Year 2012-13 (provisional figures)**
Number of children/ their families participated in public health education activities	5 791	7 011	7 871
Number of new cases referred to CAS	8 433	8 550	8 840

(f) The number of cases referred to pre-school and school placement for training, remedial and special education in 2010-11, 2011-12 and 2012-13 (provisional figures) were 9 502, 9 661 and 10 066 respectively. Case statistics by support service are not available.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)216

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1181

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the frequency of inspections of licensed institutions registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap.165) will not be less than once a year. In this regard, please advise on the numbers and types of institutions inspected, frequency of inspections, manpower and resources involved in 2011 and 2012. Does the Administration have any plan to allocate additional resources to increase the number of inspections each year? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap.165) (the Ordinance), the Department of Health (DH) registers private hospitals, nursing homes and maternity homes, subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. In addition, DH conducts inspections to private hospitals, nursing homes and maternity homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events. The numbers of inspections to healthcare institutions registered under the Ordinance in 2011 and 2012 are provided below:

	2011	2012
Type of Institution	Number of inspections	Number of inspections
Private hospital (including maternity home)	134	106
Nursing Home	112	131
Total	246	237

In 2011-12 and 2012-13, there were a total of 11.5 approved established posts in DH for the enforcement of the Ordinance through conducting inspections and investigating sentinel events and complaints to ensure compliance with the Ordinance and the COP. In 2013-14, an additional provision of $6 million has been earmarked for creation of seven posts and related operating expenses to enhance the regulatory control of healthcare institutions and to support private hospital development via licensing, enforcement, surveillance, quality assurance and review.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)217

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1182

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, as regards enhancing the regulatory control of healthcare institutions and supporting private hospital development via licensing, enforcement, surveillance, quality assurance and legislative review, please set out the progress and details of work, as well as the manpower and estimated expenditure involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap.165) (the Ordinance), the Department of Health (DH) registers private hospitals, nursing homes and maternity homes, subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. The COP covers requirements on areas including organisation and administration of the institution, accommodation and equipment, human resources management, quality management of services, policies and procedures, rights of patients, patient care, risk management, medical records, reporting of incidents and standards on specific types of clinical services and support services.

In response to the recommendations of the Audit Commission on the regulatory control of private hospitals and land grants for development of private hospitals, DH has stepped up monitoring of compliance with the Ordinance, the COP and land grant conditions by private hospitals. DH is also assisting the Food and Health Bureau in the review of the regulatory control of private healthcare facilities, including the work of the Steering Committee on Review of the Regulation of Private Healthcare Facilities and its working groups.

In 2013-14, an additional provision of $6 million has been earmarked for creation of seven posts and related operating expenses to enhance the regulatory control of healthcare institutions and to support private hospital development via licensing, enforcement, surveillance, quality assurance and review.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)218

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1183

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the provision for subvented sector for 2013-14 is reduced by 3.5% as compared with last year. Please advise on the related reasons, and the offices and types of services involved or affected.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Provision in 2013-14 for the subvented sector is reduced by 3.5% or $1.8 million as compared with 2012-13. This is mainly due to two one-off allocations granted to the Family Planning Association of Hong Kong in 2012-13 for (a) conducting "the 10th Knowledge, Attitude and Practice Survey on Family Planning in Hong Kong" which is held every five years ($1.3 million) and (b) procuring a number of equipment to expand its termination of pregnancy service ($1.1 million).

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)219

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1184

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the attendances at maternal and child health centres for child health service are increasing significantly. In this regard, has the Administration reserved sufficient resources, including manpower, to meet the demand in 2013-14? If yes, what are the manpower and resources involved and the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In 2012-13, an additional allocation of $32.2 million has been earmarked for the expansion of maternal and child health centres (MCHCs). Half of this has been used by the Department of Health (DH) for expanding the Fanling MCHC in 2012[#]. The remaining provisions involving another 25 civil service posts (three medical officers, 16 nurses, three allied health grades staff, and three clerical staff) will be used by DH in 2013-14 for launching a new MCHC in the new Joint-user Complex at Bailey Street, Hung Hom in 2013. As at 1.3.2013, 42 Non-Civil Service Contract staff (including one medical officer, 28 nurses and 13 other supporting staff) have been recruited in MCHCs to cope with the increasing service needs for maternal and child health services arising from the Dragon Year Effect.

[#] involving 25 civil service posts (three medical officers, 16 nurses, three allied health grades staff and three clerical staff)

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)220

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1185

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the attendances at maternal and child health centres for maternal health service are increasing significantly. In this regard, has the Administration reserved sufficient resources, including manpower, to meet the demand in 2013-14? If yes, what are the manpower and resources involved and the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In 2012-13, an additional allocation of $32.2 million has been earmarked for the expansion of maternal and child health centres (MCHCs). Half of this has been used by the Department of Health (DH) for expanding the Fanling MCHC in 2012[#]. The remaining provisions involving another 25 civil service posts (three medical officers, 16 nurses, three allied health grades staff, and three clerical staff) will be used by DH in 2013-14 for launching a new MCHC in the new Joint-user Complex at Bailey Street, Hung Hom in 2013. As at 1.3.2013, 42 Non-Civil Service Contract staff (including one medical officer, 28 nurses and 13 other supporting staff) have been recruited in MCHCs to cope with the increasing service needs for maternal and child health services arising from the Dragon Year Effect.

[#] involving 25 civil service posts (three medical officers, 16 nurses, three allied health grades staff and three clerical staff)

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)221

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1186

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the number of attendances for health assessment and medical consultation at elderly health centres has remained unchanged for many years. What are the reasons? Has the Administration set any target for the service and what is the current waiting time?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Elderly Health Service (EHS) comprising 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs) was established in 1998 to provide primary healthcare services, especially preventive care services, for the elderly. The EHCs provide integrated health services including health assessment, treatment and health education to elderly aged 65 and over on a membership status. The VHTs adopt a multi-modality approach to health education and training of the elderly and their carers, as well as public education. 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. The number of attendances is determined by the service capacity of the EHCs which remains at 38 500 enrolment per year.

The performance of EHCs and VHTs is regularly monitored through enrolment and attendance statistics as well as ad hoc studies. Members of EHCs are highly satisfied with the services provided with a high re-enrolment rate of over 80%. A cohort study conducted by EHC which followed up over 20 000 members from 2001 to 2003 showed that a significant proportion had decreased behavioural risk factors (smoking, alcohol use, inadequate exercise and unhealthy dietary habit) after one to five years of enrolment. Through health education and training activities delivered by VHTs to residential care homes for the elderly, improvement has been shown in various aspects such as the use of individual health records and implementation of infection control measures.

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 to promote preventive care for the elderly and encourage its provision in the community. We aim to launch the Programme in mid-2013.

The average waiting time and number of elders waiting to be enrolled at the 18 EHCs in 2012 were as follows-

Elderly Health Centre	Median waiting time (months)	Number of elders waiting to be enrolled as at end December 2012
Sai Ying Pun	13.4	794
Shau Kei Wan	14.4	1 000
Wan Chai	25.8	1 472
Aberdeen	6.7	300
Nam Shan	16.2	703
Lam Tin	4.6	367
Yau Ma Tei	23.7	811
San Po Kong	10.0	263
Kowloon City	16.4	666
Lek Yuen	36.2	1 374
Shek Wu Hui	9.9	262
Tseung Kwan O	14.5	930
Tai Po	21.9	654
Tung Chung	9.5	783
Tsuen Wan	11.3	798
Tuen Mun Wu Hong	9.9	738
Kwai Shing	6.5	335
Yuen Long	7.5	275

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)222

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1187

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this programme, as regards implementing the pilot project to promote preventive care for the elderly through launching a health assessment programme in collaboration with non-governmental organisations, would the Administration expect that this project can help shorten the current waiting time for health assessment service at the elderly health centres? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

To facilitate early identification of risk factors as well as to promote healthy ageing, the Government will launch the Elderly Health Assessment Pilot Programme (the Pilot Programme) in collaboration with non-governmental organisations (NGOs) by providing voluntary, protocol-based and subsidised health assessment. The health assessment seeks to identify risk factors (including lifestyle practices) and diseases of the elderly so that they can be managed in a timely and targeted manner. It also aims to encourage NGOs to provide preventive services in the community so that the pressure on public sector in providing relevant services to the elderly may be relieved.

The Pilot Programme is intended to provide health assessment to about 10 000 elders over a two-year period. The Government will conduct evaluation on the feasibility and acceptance of the Pilot Programme and assess its outcome and impact on the elderly health centres.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)223

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3257

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there will be an increase of nine posts in the Department of Health in 2013-14. Please advise on the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Details of the net increase of nine posts under this Programme are at the **Annex**.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Annex

Creation and Deletion of Posts in 2013-14 under

Programme (1) – Statutory Functions

	Major scope of responsibilities/Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service posts ($)
(a)	Enhancing the regulatory control in regulation of healthcare institutions and supporting private hospital development		
	Senior Medical and Health Officer	1	1,125,120
	Medical and Health Officer	1	860,340
	Nursing Officer	1	571,560
	Registered Nurse	1	360,300
	Senior Pharmacist	1	1,125,120
	Health Inspector I/II	1	420,570
	Executive Officer I	1	598,440
	Sub-total :	*7*	*5,061,450*
(b)	Providing essential port health services		
	Health Inspector I/II	1	420,570
	Sub-total :	*1*	*420,570*
(c)	Conversion of non-civil service contract position to civil service post for strengthening the control of medical devices		
	Medical and Health Officer	1	860,340
	Sub-total :	*1*	*860,340*
(d)	Strengthening the executive support in the Boards and Councils Office		
	Senior Executive Officer	1	824,820
	Executive Officer I	-1	-598,440
	Sub-total :	*0*	*226,380*
	Total :	**9**	**6,568,740**

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)224

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0661

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

To learn more about Government's assistance for the children with special education needs, please provide the following:

(a) the staff deployed for the assessment of children with special education needs in the Department of Health at present;

(b) the average number of children served by the assessment service for children with special education needs every year at present;

(c) in 2010/11 to 2012/13, the average waiting time of the user of the assessment service for children with special education needs;

(d) in 2010/11 to 2012/13, the average age of the user of the assessment service for children with special education needs;

(e) the number of school children with special education needs in Hong Kong at present?

Asked by: Hon. LEE Wai-king, Starry

Reply:

(a) The Child Assessment Service (CAS) of the Department of Health provides comprehensive assessments, diagnosis, formulation of rehabilitation plan, interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age suspected to have developmental problems and special education needs. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support.

The numbers of staff deployed for these duties are as follows–

Grades	Number of posts
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	15
Senior Nursing Officer / Nursing Officer / Registered Nurse	25
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	16
Occupational Therapist I	6

Grades	Number of posts
Physiotherapist I	5
Optometrist	2
Speech Therapist	9
Electrical Technician	2
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	10
Clerical Assistant	16
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**128**

(b) The number of children served in the six child assessment centres of CAS in 2012 was 20 525, most of them have special education needs.

(c) Nearly all new cases will be seen within three weeks from 2010-11 to 2012-13. Assessments for over 90% of newly registered cases were completed within six months in the past three years. Statistics on the waiting time for assessment by child assessment centres is not readily available.

(d) CAS provides comprehensive assessments, diagnosis, formulation of rehabilitation plan, interim child and family support, as well as review evaluation to children under 12 years of age suspected to have developmental problems. Statistics on the average age of client is not readily available.

(e) CAS does not have the number of school children with special education needs in the whole of Hong Kong. The number of new cases referred to CAS for assessment in 2012-13 (provisional figure) was 8 840, most of them have special education needs.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)225

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0662

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12 to 2013-14, how much resources will the Department of Health put in to strengthen public awareness of the children with special education needs? What are the details?

Asked by: Hon. LEE Wai-king, Starry

Reply:

The Child Assessment Service (CAS) of the Department of Health (DH) provides comprehensive assessments, diagnosis, formulation of rehabilitation plan, interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age suspected to have developmental problems.

The expenditure / financial provision for CAS from 2012-13 to 2013-14 is summarised below:

	2011-12	**2012-13**	**2013-14**
	(Actual)	(Revised Estimate)	(Estimate)
Financial provision ($ million)	84.9	91.0	100.2

Interim child and family support and public health education activities are important parts of the core business of CAS of the DH. Manpower resources put into these areas and clinical work are deployed in an integrated manner which could not be delineated.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)226

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1009

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health (DH) states that the target of the frequency of inspections of licensed institutions registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance will not be less than once a year. Please set out in detail in 2012-13 –

(a) the numbers of inspections of institutions conducted by DH; and

(b) the key areas and criteria for inspections, record method and manpower involved in the inspections.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap.165) (the Ordinance), the Department of Health (DH) registers private hospitals, nursing homes and maternity homes, subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out standards of good practice, with a view to enhancing patient safety and quality of service. In addition, DH conducts inspections to private hospitals, nursing homes and maternity homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and adverse events. In 2012, the number of healthcare institutions registered under the Ordinance and the number of inspections conducted by DH were 62 and 237, respectively.

(b) The Office for Registration of Healthcare Institutions of DH regulates private hospitals, nursing homes and maternity homes through conducting inspections and investigating complaints and sentinel events to ensure compliance with the Ordinance and the COP. The findings will be documented in inspection and investigation reports. In 2012-13, the number of posts involved in the enforcement of the Ordinance is 11.5.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)227

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1010

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Administration's financial provision includes "meeting claims under subsidised vaccination schemes". Regarding the vaccination programmes for pneumococcal and seasonal influenza for the elderly and young children, please list out the following information of the two vaccination programmes in 2011-12, 2012-13 and 2013-14(estimate) respectively:

a) the number of participating elders, its percentage in the number of eligible persons, and the amount of subsidy claims;

b) the number of participating young children, its percentage in the number of eligible persons, and the amount of subsidy claims; and

c) the number of participating doctors.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Department of Health (DH) has been administering the following vaccination programme/schemes to provide pneumococcal and influenza vaccination to eligible elders and children -

- Government Vaccination Programme (GVP), which provides free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 or above;

- Childhood Influenza Vaccination Subsidy Scheme (CIVSS), which provides subsidised influenza vaccination for children between the age of six months to less than six years; and

- Elderly Vaccination Subsidy Scheme (EVSS), which provides subsidised influenza and pneumococcal vaccination to elderly aged 65 or above.

The statistics on vaccinations under the programme/schemes are detailed at the Annex. It should be noted that many target group members may have received vaccination outside the Government's vaccination programme/schemes and hence not reflected in the statistics.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Annex

Seasonal influenza vaccination provided under the Government Vaccination Programme (GVP), Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS)

Target groups	Vaccination programme/scheme	2010-11			2011-12			2012-13 (as at 10 Mar 2013)		
		No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group	No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group	No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	GVP	3 900	Not applicable	12.3%	2 700	Not applicable	9.7%	2 600	Not applicable	12.2%
	CIVSS	48 700	3.9		43 700	3.5		59 300	7.7	
Elderly aged 65 or above	GVP	173 700	Not applicable	31.0%	176 500	Not applicable	31.7%	174 900	Not applicable	32.0%
	EVSS	110 500	4.4		120 900	15.7		139 800	18.2	
Total:		**336 800**	**18.3**		**343 800**	**19.2**		**376 600**	**25.9**	-

For 2013-14, it is estimated that a higher percentage of eligible persons will receive seasonal influenza vaccination under the vaccination programme/schemes. As such, DH has reserved $37.7 million and $85.1 million to meet the subsidy payments under CIVSS and EVSS respectively.

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme/scheme	2010-11			2011-12			2012-13 (as at 10 Mar 2013)		
		No. of recipients^	Subsidy Paid ($ million)	Percentage of population in the age group△	No. of recipients^	Subsidy Paid ($ million)	Percentage of population in the age group△	No. of recipients^	Subsidy Paid ($ million)	Percentage of population in the age group△
Elderly aged 65 or above*	GVP	15 900	Not applicable	35.6%	15 000	Not applicable	38.6%	11 600	Not applicable	39.6%
	EVSS	14 100	2.7		14 000	2.7		16 200	3.1	
Total:		**30 000**	**2.7**		**29 000**	**2.7**		**27 800**	**3.1**	-

* Elders aged 65 or above do not require repeated pneumococcal vaccination.

^ Refers to new recipients in 2011-12 and 2012-13 only.

△ Based on the accumulated number of recipients

For 2013-14, it is estimated that the same number of eligible elders will receive pneumococcal vaccination under the vaccination programme/schemes. As such, DH has reserved $3 million to meet the subsidy payments under EVSS.

Total number of doctors enrolled under CIVSS and EVSS

	2011-12	2012-13 (as at 10 Mar 2013)	2013-14 (Estimated)
Number of Enrolled doctors	1 500	1 600	1 600

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)228

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1020

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration set out in detail the following information on the services provided by social hygiene clinics under the Department of Health in the past five years (i.e. 2008-09 to 2012-13):

a) the percentage of male/female attendance;

b) the number of cases of various sexually transmitted infections;

c) the average unit cost for treating each type of sexually transmitted infection.

Asked by: Hon. LEUNG Ka-lau

Reply:

a) The proportions of male and female patients attending the social hygiene clinics under the Department of Health between 2008 and 2012 are shown below -

Year	**Male**	**Female**
2008	72.1%	27.9%
2009	71.1%	28.9%
2010	68.0%	32.0%
2011	67.0%	33.0%
2012	68.6%	31.4%

b) The numbers of new diagnoses of the five commonest sexually transmitted infections (STIs), namely, non-gonococcal urethritis/non-specific genital infection (NGU/NSGI), genital warts (GW), gonorrhoea (GC), syphilis, and genital herpes (GH), and the total number of all newly diagnosed STIs for the past five years are appended below:

Year	NGU/NSGI	GW	GC	Syphilis	GH	TOTAL*
2008	6 518	2 276	1 423	908	715	13 867
2009	6 928	2 140	1 401	1 024	603	13 689
2010	6 338	1 771	968	1 032	594	12 344
2011	5 805	1 677	1 202	989	583	11 780
2012	6 002	1 883	1 222	1 013	658	12 218

* The total number of all newly diagnosed STIs includes the five STIs listed above as well as other STIs.

c) A breakdown of the average unit cost for treating each type of STI is not available.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)229

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1113

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 Department of Health's "performance indicator" of "inspection of licensed retail drug premises", please list out the types of non-compliance, manpower, expenditure as well as the number and types of prosecutions and successful prosecutions involved in the inspection work in 2011-12 and 2012-13.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Drug Office of the Department of Health routinely conducts unannounced inspections of all licensed medicine retailers to ensure their compliance with the relevant legislation, including the Pharmacy and Poisons Ordinance (Cap. 138), Antibiotics Ordinance (Cap. 137) and Dangerous Drugs Ordinance (Cap. 134). The manpower and expenditure required for the above inspections are absorbed within the overall provision of the Drug Office and a breakdown of the financial expenditure and manpower involved is not available.

The enforcement figures in 2011-12 and 2012-13 are as follows:

	2011-12	2012-13 (up to February 2013)
No. of inspections of licensed drug retailers	8 255	8 104
No. of licensed retailer prosecuted	45	39
No. of licensed retailers convicted with offences under the Pharmacy and Poisons Ordinance, e.g. illegal sale of prescription medicine, illegal sale of Part I poisons, sale of unregistered pharmaceutical products	38 (One of the cases also involved an offence under the Dangerous Drugs Ordinance)	24 (One of the cases also involved an offence under the Antibiotics Ordinance)

No. of licensed retailers convicted with offences under the Antibiotics Ordinance, e.g. illegal sale and possession of antibiotics	5	4^ (see above)
No. of licensed retailers convicted with offences under the Dangerous Drugs Ordinance	1*	0

* This case has also been included in the 38 conviction cases involving offences under the Pharmacy and Poisons Ordinance.

^ One of the cases has also been included in the 24 conviction cases involving offences under the Pharmacy and Poisons Ordinance.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)230

Question Serial No.

1114

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In "Matters Requiring Special Attention in 2013-14", the Department of Health states that it will "provide essential port health services at new boundary control point, namely Kai Tak Cruise Terminal". Please list out the estimated manpower and expenditure involved as well as the number of attendances for the services concerned.

Asked by: Hon. LEUNG Ka-lau

Reply:

Port health services will be provided at the boundary control point of Kai Tak Cruise Terminal. The services include temperature checking and health screening of arriving passengers, as well as inspection of hygienic condition of the Terminal and arriving vessels. An additional provision of $7.7 million has been made to provide for an outsourcing contract for the implementation of temperature checking and health screening measures, the employment of one Health Inspector to carry out environmental inspection, as well as recurrent expenditure including electricity and maintenance of equipment. The Customs, Immigration, Quarantine and Police facilities at the Kai Tak Cruise Terminal will be able to clear a maximum of 3 000 passengers per hour.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)231

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1115

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:

It is estimated by the Department of Health (DH) that 2 086 civil servants working in the Hospital Authority (HA) are managed in 2013. Please:

(a) list out DH's expenditure involved in related management work as well as the numbers and ranks of staff;

(b) list out in the table below the ranks and expenditure on remunerations (including basic salaries, allowances, contributions for retirement schemes and other benefits) for the above civil servants working in HA:

	Number of staff	Expenditure on remunerations
list out by different ranks		

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The provision for the personnel management of civil servants working in the Hospital Authority (HA) in 2013-14 is $7.9 million. The number of staff responsible for this programme is 22, comprising 20 administration staff in Hospital Staff Unit (HSU) and two staff in Department of Health headquarters who indirectly provide support to this programme. The establishment in HSU is as follows-

Rank	Number
Senior Executive Officer	1
Executive Officer I	1
Senior Clerical Officer	2
Clerical Officer	4
Assistant Clerical Officer	7
Clerical Assistant	4
Office Assistant	1
Total	**20**

(b) A breakdown of the number of civil servants working in HA by rank is at the **Annex**. The provision of $968 million in 2013-14 (under Subhead 003 Recoverable salaries and allowance) is in respect of salaries and allowances for civil servants working in HA, which is fully reimbursed by HA.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Annex

Civil Servants Working in Hospital Authority by Ranks

GRADE/RANK	**1.4.2013**
MEDICAL & HEALTH OFFICER GRADES	
Consultant D2	3
Consultant(Hospital Services)	4
Senior Medical & Health Officer	22
Associate Consultant	3
Medical & Health Officer	62
Sub-total	**94**
NURSING & ALLIED GRADES	
Chief Nursing Officer	1
Senior Nursing Officer	16
Departmental Operations Manager	20
Ward Manager	97
Nurse Specialist	11
Nursing Officer	276
Nursing Officer (Education)	7
Registered Nurse	176
Enrolled Nurse	65
Senior Nursing Officer (Psychiatric)	5
Nursing Officer (Psychiatric)	83
Registered Nurse (Psychiatric)	66
Enrolled Nurse (Psychiatric)	87
Midwife	1
Sub-total	**911**

GRADE/RANK	1.4.2013
SUPPLEMENTARY MEDICAL GRADES	
Department Manager	15
Audiology Technician I	1
Chief Dispenser	12
Senior Dispenser	81
Dispenser	162
Senior Medical Technologist	6
Medical Technologist (Hospital Services)	1
Medical Technologist	33
Medical Laboratory Technician I	4
Associate Medical Technologist	1
Mould Laboratory Technologist	1
Senior Mould Laboratory Technician	1
Mould Laboratory Technician	3
Occupational Therapy Assistant	34
Pharmacist	6
Physicist	3
Senior Physiotherapist	5
Physiotherapist I	5
Prosthetist-Orthotist I	3
Senior Radiographer	16
Radiographer I	51
Scientific Officer (Med)	3
Sub-total	**447**
HOSPITAL ADMINISTRATOR GRADE	
Senior Hospital Administrator	6

Hospital Administrator I	4
General Manager (Administrative Services)	3
Sub-total	**13**

GRADE/RANK	**1.4.2013**
OTHER DEPARTMENTAL GRADES	
Senior Artisan	2
Artisan	38
Cook	22
Darkroom Technician	14
Chief Electrical Technician	4
Senior Electrical Technician	1
Electrical Technician	8
Senior Foreman	2
Foreman	8
Chief Hospital Foreman	2
Senior Hospital Foreman	10
Hospital Foreman	14
Hostel Manager/Manageress	1
Laboratory Attendant	38
Laundry Manager	1
Laundry Worker	19
Linen Production Unit Supervisor	1
Mortuary Attendant	3
Operating Theatre Assistant	32
X-Ray Mechanic	3
Health Care Assistant	71
Sub-total	**294**

MODEL SCALE I GRADES	
Barber	2
Ganger	3
Ward Attendant	88
Property Attendant	7
Workman I	11
Workman II	214
Sub-total	**325**
GENERAL GRADES	
Personal Secretary II	1
Telephone Operator	1
Sub-total	**2**
TOTAL	**2 086**

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)232

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1116

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health states in Programme (5) (Rehabilitation) that additional provision is required "for meeting the increasing demand for child assessment service for autistic children" and "an increase of eight posts to meet operational needs". Please list out the respective age groups and corresponding numbers of this type of children, the current and estimated (i.e. 2012-13 and 2013-14) numbers and attendance rate of child assessment service users, and the ranks of the eight additional posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Child Assessment Service (CAS) of the Department of Health provides comprehensive assessments, diagnosis, formulation of rehabilitation plan, interim child and family support, as well as review evaluation to children under 12 years of age suspected to have developmental problems. After assessment, children will be referred to other appropriate service providers for necessary management, including training and education support whenever indicated.

The number and age group of Autistic Spectrum Disorder cases being newly diagnosed at the six Child Assessment Centres of CAS in 2012-13 (provisional figure) and 2013-14 (projection) are as follows –

Newly diagnosed Autistic Spectrum Disorder cases	2012-13 (provisional figures)	2013-14 (projection)
Below six years old	1 306	1 306
Six years old and above	238	238

Note : A child might have more than one developmental disabilities/problems.

The number of referrals received and the attendance at the six Child Assessment Centres of CAS in 2012-13 (provisional figures) and 2013-14 (projection) are as follows –

	2012-13 (provisional figures)	2013-14 (projection)
Number of new cases referred to Child Assessment Centres	8 840	8 840
Number of attendance	33 800	33 800

Eight new posts to be created in 2013-14 include one Medical and Health Officer, one Nursing Officer, one Registered Nurse, one Clinical Psychologist, one Occupational Therapist I, one Speech Therapist, one Assistant Clerical Officer and one Clerical Assistant.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)233

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0130

Head: 37 Department of Health

Subhead (No. & title):

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In order to cultivate healthy eating habits for infants by promoting breastfeeding, would the Administration advise this Committee on the following –

(a) What specific initiatives have been implemented for promoting breastfeeding in the past five years (i.e. 2008-2009 to 2012-2013 financial years) and the related expenditures?

(b) According to the findings of the Survey of Infant and Young Child Feeding in Hong Kong, young children aged one to four years old are over-dependent on formula milk, which might lead to excessive protein intake and unbalanced diet. What publicity programmes targeted for mothers of newborn babies will be implemented by the Government in the 2013-2014 financial year to highlight the problems that may result from over-dependent on formula milk and the estimated expenditures of these programmes?

(c) What specific initiatives have been put in place by the Administration to encourage both public and private sectors to provide babycare rooms in order to facilitate breastfeeding by mothers?

(d) What are the specific plans and estimated funding of the Government to take forward the outcomes of the consultation of the Hong Kong Code of Marketing and Quality of Formula Milk and Related Products and Food Products for Infants and Young Children?

Asked by: Hon. MA Fung-kwok

Reply:

(a) & (b) The Department of Health (DH) has been actively promoting and supporting breastfeeding through different channels. This includes (i) training of maternal and child health professionals and production of a multi-media kit on breastfeeding for their self-learning; (ii) providing education for parents through workshops as well as production and distribution of educational materials such as booklets, videos and articles in newspapers; (iii) providing guidance and skills support for breastfeeding mothers in the Maternal and Child Health Centres (MCHCs) and through the breastfeeding hotline; and (iv) conducting publicity activities to enhance the public awareness of breastfeeding.

Based on the survey findings, DH has developed a set of health education resources to promote healthy balanced diet in infants and young children, including an appropriate milk intake. These include booklets, DVDs and web-based resources, which are provided to parents at MCHCs as well as available on the DH website. Publicity activities will also be conducted to disseminate the messages to the public through various channels.

Most of these activities are delivered through the Family Health Service (FHS) of DH, and form an integral part of FHS's services. They are absorbed in the provisions of FHS and no breakdown of expenditure / provision is available.

(c) To provide more support to breastfeeding women, the Government has been promoting the provision of babycare facilities in the public and private premises. The Government developed the Advisory Guidelines on Babycare Facilities in August 2008 and a Practice Note on the Provision of Babycare Rooms in Commercial Buildings in February 2009 for reference by government departments and public organisations, and commercial sectors respectively.

(d) The Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants & Young Children (HK Code) aims to contribute to the protection of breastfeeding and provision of safe and adequate nutrition for infants and young children, based on adequate and unbiased information and through appropriate marketing. Public consultation on the proposed HK Code was conducted from 26 October 2012 to 28 February 2013 to seek views from the public, the trade and relevant stakeholders. The Government will analyse and consider the views and comments received before finalising the HK Code.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)234

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0131

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The rate of the local adult population on alcohol drinking has increased from 30.9% in 2005 to 34.9% in 2010. The Government has also regularly conducted surveillance on the risk factors of binge drinking habit. In order to reduce alcoholism, would the Administration please advise this Committee on the following:

a. the measures of publicity on the harm of alcohol drinking and the related expenditures in the past five years (i.e. 2008-09 to 2012-13 financial years);

b. the number of people using the quit drinking service subvented by the Government, its effectiveness and related expenditures in the past five years (i.e. 2008-09 to 2012-13 financial years);

c. in the 2013-14 Budget, what are the Administration's specific measures and estimates of expenditures for the implementation of the Action Plan to Reduce Alcohol-related Harm; and

d. does the Government have any plans to prohibit retail shops from selling alcohol to minors aged under 18 by legislation?

Asked by: Hon. MA Fung-kwok

Reply:

a. The Department of Health (DH) has been educating the public about alcohol-related harm through printed materials, telephone education hotline, websites, electronic publications, the 'Junior Health Pioneer Workshop' for primary school students and the Adolescent Health Programme for secondary school students. Resources for these activities are absorbed by the Department's overall provision on health promotion.

b. DH does not provide subvention to treatment services for drinkers.

c. The "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" was developed by DH in October 2008. The Secretary for Food and Health chairs a high-level multi-disciplinary Steering Committee to make recommendations on actions for, among other things, prevention of alcohol-related harm. In the coming years, DH will work with relevant parties to implement an Action Plan of 17 specific actions with a view to reducing alcohol-related harm and preventing underage drinking. Financial resources for these actions will be absorbed by DH's recurrent expenditure on disease prevention.

d. Currently, there is no law prohibiting retail shops from selling alcohol to minors. The Government will take into account overseas evidence and local circumstances when considering the need to tighten off-premise alcohol sales to minors.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)235

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0154

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The indicator "number of enrolment in Elderly Health Centres (EHCs)" remains at 38 500 only. Please advise on -

1. the population of elders in Hong Kong aged 65 or above in the past five years (2008, 2009, 2010, 2011, 2012);

	Mid-year population of elders aged 65 or above
2008	
2009	
2010	
2011	
2012	

* the estimated population of elders in Hong Kong aged 65 or above in the coming five years (2013, 2014, 2015, 2016, 2017);

	Mid-year population of elders aged 65 or above
2013	
2014	
2015	
2016	
2017	

2. the average expenditure required to serve each elder in EHC at present;

3. the average waiting time and number of elders on the waiting list in each of the 18 EHCs; and

4. whether more enrolments will be added in 2011-12? If yes, what are the details? What is the estimated expenditure involved? If no, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. The population of elders in Hong Kong aged 65 or above from 2008 to 2012 as estimated by the Census and Statistics Department was as follows-

	Mid-year population of elders aged 65 or above
2008	882 700
2009	898 600
2010	918 500
2011	941 400
2012	980 300

According to the population projections conducted by the Census and Statistics Department, the estimated population of elders in Hong Kong aged 65 or above from 2013 to 2017 is as follows-

	Mid-year population of elders aged 65 or above
2013	1 015 000
2014	1 061 100
2015	1 114 600
2016	1 165 400
2017	1 217 300

2. The expenditure required to serve each elder covers health assessment and any follow-up services needed. Such expenditure varies according to individual needs. For the health assessment only, the average cost for each member in 2012-13 was $1,140.

3. The average waiting time and number of elders waiting to be enrolled to 18 EHCs in 2012 were as follows-

Elderly Health Centre	Median waiting time (months)	Number of elders waiting to be enrolled as at end December 2012
Sai Ying Pun	13.4	794
Shau Kei Wan	14.4	1 000
Wan Chai	25.8	1 472
Aberdeen	6.7	300
Nam Shan	16.2	703
Lam Tin	4.6	367
Yau Ma Tei	23.7	811
San Po Kong	10.0	263
Kowloon City	16.4	666
Lek Yuen	36.2	1 374
Shek Wu Hui	9.9	262
Tseung Kwan O	14.5	930
Tai Po	21.9	654
Tung Chung	9.5	783
Tsuen Wan	11.3	798
Tuen Mun Wu Hong	9.9	738
Kwai Shing	6.5	335
Yuen Long	7.5	275

4. The Elderly Health Service (EHS) comprising 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs) was established in 1998 to provide primary healthcare services, especially preventive care services for the elderly. The EHCs provide integrated health services including health assessment, treatment and health education to elderly aged 65 and over on a membership status. The VHTs adopt a multi-modality approach to health education and training of the elderly and their careers, as well as public education. EHCs are but one of many providers of primary healthcare services in the community, including other units of the Department of Health, the Hospital Authority, non-governmental organisations, private medical practitioners and other private healthcare providers. The number of attendances is determined by the service capacity of the EHCs which remains at 38 500 enrolment per year.

The performance of EHCs and VHTs is regularly monitored through enrolment and attendance statistics as well as ad hoc studies. Members of EHCs are highly satisfied with the services

provided with a high re-enrolment rate of over 80%. A cohort study conducted by EHC which followed up over 20 000 members from 2001 to 2003 showed that a significant proportion had decreased behavioural risk factors (smoking, alcohol use, inadequate exercise and unhealthy dietary habit) after one to five years of enrolment. Through health education and training activities delivered by VHTs to residential care homes for the elderly, improvement has been shown in various aspects such as the use of individual health records and implementation of infection control measures.

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 to promote 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: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)236

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0155

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 continual enforcement of Smoking (Public Health) Ordinance (Cap. 371) and Fixed Penalty (Smoking Offences) Ordinance (Cap. 600),

(a) what are the numbers of prosecutions successfully initiated against the offences under the above two Ordinances since they came into effect? Please list out the figures by years.

(b) what are the numbers of smokers in the past ten years? Please list out the figures by sex and age groups.

(c) what are the expenditures incurred in the smoking cessation services provided by the public sector in the past five years?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a) The amended Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) came into effect on 1 January 2007 and 1 September 2009 respectively. The number of successful prosecutions by the Tobacco Control Office (TCO) of the Department of Health (DH) for the period from 2007 to 2012 for smoking and other offences under Cap. 371 and Cap. 600 are as follows:

		2007	**2008**	**2009**	**2010**	**2011**	**2012**
Fixed penalty notices		-	-	1 477	7 952	7 637	8 019
No. of successful prosecutions by summons	Smoking offences	3 726	7 050	4 027	87	161	136
	Other offences (such as willful obstruction and failure to produce identity document)	52	116	106	115	110	70

(b) The Census and Statistics Department (C&SD) conducts Thematic Household Surveys from time to time regarding smoking prevalence. In the past ten years, the proportion of daily smokers (people who have a habit of smoking daily) aged 15 and above declined from 14.4% of the population in 2002-03 to 11.1% in end 2010. The smoking prevalence by gender and age group in surveys conducted by C&SD over the past ten years are at ***Annex 1***.

(c) Smoking cessation is an integral part of the Administration's tobacco control measures to protect public health. Over the years, DH and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation.

The expenditures / provision of tobacco control activities managed by TCO from 2008-09 to 2012-13 are at ***Annex 2***. Other than TCO, various DH services also contribute to the provision of health promotion activities relating to smoking cessation. However, such expenditure forms an integral part of the respective DH's services and could not be separately identified and included here.

Apart from smoking cessation services provided by DH, HA has been providing its smoking cessation services since 2002 and is now operating 9 full-time and 43 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counselling and treatment. HA provides smoking cessation services as an integral part of its overall services provision; therefore, a breakdown of the expenditure on such services is not available.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 27.3.2013

Annex 1

Number and Rate of Daily Cigarette Smokers by Age Group and Gender in the Past Ten Years

Age group / Gender		Survey Period							
		Nov 2002 – Feb 2003		Feb - May 2005		Dec 2007 – Mar 2008		Oct - Dec 2010	
		No. of persons	Rate*	No. of persons	Rate*	No. of persons	Rate*	No. of persons	Rate*
15 - 19	Male	11 800	*5.3%*	11 300	*4.9%*	7 900	*3.5%*	8 200	*3.7%*
	Female	4 900	*2.3%*	4 400	*2.0%*	2 500	*1.2%*	2 600	*1.3%*
	All	16 700	*3.8%*	15 700	*3.5%*	10 500	*2.4%*	10 800	*2.5%*
20 - 29	Male	104 400	*23.2%*	93 500	*20.9%*	81 000	*18.4%*	67 800	*15.2%*
	Female	30 000	*6.2%*	28 800	*7.0%*	26 900	*6.1%*	21 000	*4.5%*
	All	134 400	*14.4%*	122 300	*14.3%*	107 800	*12.2%*	88 800	*9.7%*
30 - 39	Male	153 600	*28.3%*	149 100	*29.4%*	121 000	*25.7%*	116 700	*25.4%*
	Female	30 100	*4.3%*	34 600	*5.8%*	35 400	*6.4%*	28 300	*5.2%*
	All	183 700	*14.7%*	183 700	*16.6%*	156 400	*15.3%*	145 000	*14.4%*
40 - 49	Male	187 100	*30.0%*	176 200	*27.4%*	145 700	*24.2%*	133 800	*24.3%*
	Female	18 000	*2.7%*	20 700	*3.0%*	20 700	*3.1%*	17 900	*2.8%*
	All	205 100	*16.0%*	196 900	*14.9%*	166 400	*13.2%*	151 700	*12.7%*
50 - 59	Male	131 900	*33.5%*	126 900	*28.6%*	122 700	*24.2%*	136 200	*24.3%*
	Female	6 000	*1.6%*	9 700	*2.2%*	10 500	*2.1%*	10 400	*1.9%*
	All	137 900	*17.9%*	136 600	*15.4%*	133 300	*13.2%*	146 600	*13.1%*
≥ 60	Male	121 600	*25.0%*	122 000	*24.2%*	92 600	*17.3%*	102 700	*17.1%*
	Female	18 800	*3.6%*	16 100	*3.0%*	9 900	*1.7%*	11 500	*1.8%*
	All	140 400	*14.0%*	138 100	*13.2%*	102 500	*9.2%*	114 100	*9.2%*
Overall	Male	710 400	*26.1%*	678 900	*24.5%*	571 000	*20.5%*	565 300	*19.9%*
	Female	107 800	*3.6%*	114 300	*4.0%*	105 900	*3.6%*	91 600	*3.0%*
	All	818 200	*14.4%*	793 200	*14.0%*	676 900	*11.8%*	657 000	*11.1%*

*Note: * As a percentage of all persons in the respective age and sex sub-groups. For example, among all males aged 15 to 19, 5.3% were daily cigarette smokers based on the survey conducted during November 2002 to February 2003.*

Source: Various rounds of Thematic Household Survey on Pattern of Smoking conducted by the Census and Statistics Department

Annex 2

Expenditure / Provision of the Department of Health's Tobacco Control Office

	2008-09 ($ million)	**2009-10** ($ million)	**2010-11** ($ million)	**2011-12** ($ million)	**2012-13 Revised Estimate** ($ million)
Enforcement					
Programme 1: Statutory Functions	23.1	30.8	40.4	40.1	36.6
Health Education and Smoking Cessation					
Programme 3: Health Promotion	35.8	44.5	57.8	72.6	112.4
(a) General health education and promotion of smoking cessation					
TCO	22.4	28.2	22.3	14.1	19.8
Subvention to the Council on Smoking and Health (COSH) – Publicity	10.9	12.6	13.2	11.4	11.5
(b) Provision for smoking cessation services					
TCO	-	-	6.1	15.6	36.3
Subvention to COSH	-	-		3.5	9.2
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	2.5	3.7	11.4	21.0	26.5
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture	-	-	4.8	5.8	6.0
Subvention to Po Leung Kuk – School-based smoking prevention activities	-	-	-	1.2	1.7
Subvention to Lok Sin Tong – Smoking cessation programme in workplace	-	-	-	-	1.4
Total	**58.9**	**75.3**	**98.2**	**112.7**	**149.0**

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)237

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1144

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

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding "dental service is provided to hospital patients, emergency cases and groups with special oral healthcare needs", please provide the following information:

1) In each dental clinic in the past five years (i.e. 2008-2009 to 2012-2013):

   a) the average number of discs allocated in one service session;

   b) the number of attendances and average utilisation rate by age group each year;

   c) the number of dentists, nurses and other staff;

   d) the average cost of service and overall expenditure by service;

2) Will the Government consider to provide additional resources for the general public sessions at the government dental clinics in order to increase the quota of dental service for the general public? If yes, what are the details? What is the estimated expenditure involved? If no, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1) Under Programme 4, the Department of Health (DH) provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery & Dental Units (OMS&DUs) of seven public hospitals. The provision of specialist dental care service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners and there is no set quota. DH also provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. Patients holding discs for a particular session will be seen during that session.

a) In financial years 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13, the maximum numbers of disc allocated per GP session are as follows:

Dental clinics with GP sessions	**Service session**	**Max. no. of discs allocated per session**				
		2008-09	**2009-10**	**2010-11**	**2011-12**	**2012-13**
Lee Kee Government Dental Clinic	Monday (AM)	84	84	84	84	84
	Thursday (AM)	42	42	42	42	42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84	84	84	84	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	84	84	84	84
	Friday (AM)	84	84	84	84	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	50	50	50	50
Mona Fong Dental Clinic	Thursday (PM)	42	42	42	42	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	42	42	42	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84	84	84	84	84
	Friday (AM)	84	84	84	84	84
Yan Oi Dental Clinic	Wednesday (AM)	42	42	42	42	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	42	42	42	42
	Friday (AM)	42	42	42	42	42
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	32	32	32	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	32	32	32	32

b) In financial years 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13, the average numbers of attendances per GP session are as follows:

Dental clinic with GP sessions	**Service session**	**Average no. of attendances per session**				
		2008-09	**2009-10**	**2010-11**	**2011-12**	**2012-13 (up to January 2013)**
Lee Kee Government Dental Clinic	Monday (AM)	81	67	72	75	79
	Thursday (AM)	40	33	36	38	39
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	81	77	78	81	82
Kennedy Town Community Complex Dental Clinic	Monday (AM)	45	59	53	52	54
	Friday (AM)	45	59	53	52	54
Fanling Health Centre Dental Clinic	Tuesday (AM)	47	41	43	45	47
Mona Fong Dental Clinic	Thursday (PM)	36	36	36	39	39
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	40	40	40	39	40
Tsuen Wan Dental Clinic	Tuesday (AM)	82	81	79	81	82
	Friday (AM)	82	81	79	81	82
Yan Oi Dental Clinic	Wednesday (AM)	40	40	40	42	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	40	40	39	40	41
	Friday (AM)	40	40	39	40	41
Tai O Dental Clinic	2nd Thursday (AM) of each month	10	18	12	11	13
Cheung Chau Dental Clinic	1st Friday (AM) of each month	22	21	19	21	20

The average utilisation rates of GP sessions in financial years 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13 are as follows:

Financial year	**2008-09**	**2009-10**	**2010-11**	**2011-12**	**2012-13 (up to January 2013)**
% Utilisation rate of GP sessions	87.1%	85.1%	84.6%	86.8%	88.8%

The breakdown by age group for the number of attendances of GP sessions 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 numbers of dentists, dental surgery assistants, clerical staff and other supporting staff in the 11 government dental clinics with GP sessions are as follows:

Dental clinic with GP sessions	**Number of staff**			
	Dentist	**Dental Surgery Assistant**	**Clerical (Assistant Clerical Officer /Clerical Assistant)**	**Other supporting staff**
Lee Kee Government Dental Clinic	3	3	2	1
Kwun Tong Jockey Club Dental Clinic	2	2	1	1
Kennedy Town Community Complex Dental Clinic	7	7	4	2
Fanling Health Centre Dental Clinic	8	8	3	2
Mona Fong Dental Clinic	2	2	1	1
Tai Po Wong Siu Ching Dental Clinic	4	4	2	1
Tsuen Wan Dental Clinic	3	4	2	1
Yan Oi Dental Clinic	3	3	1	1
Yuen Long Jockey Club Dental Clinic	3	3	1	1
Tai O Dental Clinic	1	1	1	0
Cheung Chau Dental Clinic				

d) The expenditures on Oral Maxillofacial Surgery & Dental Units and GP session are absorbed in the provisions for dental service under this Programme and are not separately identifiable.

2) 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. 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. In response to the calls from community, 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: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)238

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1147

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the indicator "number of attendances for health assessment and medical consultation at elderly health centres", the figure remains at 175 000 only. Please advise on -

a. the number of attendances for health assessment and medical consultation in each of the elderly health centres respectively in the past five years (i.e. 2008 to 2012);

b. the number of attendances for medical consultation by the types of diseases respectively in the past five years (i.e. 2008 to 2012).

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

a. The attendance statistics for health assessment and consultation in 18 Elderly Health Centres (EHCs) from 2008 to 2012 were as follows-

Elderly Health Centre	2008	2009	2010	2011	2012
Sai Ying Pun	9 800	9 700	10 300	9 200	8 900
Shau Kei Wan	9 300	8 100	9 100	9 000	9 000
Wan Chai	9 700	8 800	9 000	9 100	9 000
Aberdeen	11 400	11 300	11 000	10 500	10 700
Nam Shan	8 500	8 600	8 800	9 200	10 000
Lam Tin	9 300	9 300	9 300	8 900	8 500
Yau Ma Tei	9 900	9 400	9 300	9 000	9 200
San Po Kong	9 800	9 800	9 800	9 600	9 800
Kowloon City	8 900	9 200	9 500	9 000	8 800
Lek Yuen	10 700	11 100	10 800	11 200	10 100
Shek Wu Hui	12 100	12 300	12 900	12 600	13 000
Tseung Kwan O	11 200	11 200	10 600	10 300	10 400
Tai Po	10 300	10 400	10 100	9 900	9 500
Tung Chung	7 900	8 100	8 300	8 300	8 700
Tsuen Wan	10 600	10 600	10 300	10 300	10 000
Tuen Mun Wu Hong	10 300	9 900	9 600	9 700	10 000
Kwai Shing	8 200	8 300	8 100	8 100	8 300
Yuen Long	8 000	8 300	8 300	8 400	8 500
Total	**175 900**	**174 400**	**175 100**	**172 300**	**172 400**

b. The consultation attendance statistics categorised by type of diseases are not available. The most commonly encountered chronic diseases among EHC-enrolled members include cataract, joint symptoms, hypertension, hypercholesterolaemia, hearing loss and diabetes.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)239

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1149

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding continuation with publicity efforts to promote organ donation and registration with the Centralised Organ Donation Register in collaboration with relevant organisations -

a. What are the estimated expenditures involved in publicity work?

b. Has the Administration set any indicator for publicity work so as to assess its effectiveness? If yes, what are the details? If no, what are the reasons?

c. Please list out the number of people who have registered with the Centralised Organ Donation Register for organ donation in the past five years (i.e. 2008 to 2012).

d. Please list out the number of cases receiving organ transplant by types of organs in the past five years (i.e. 2008 to 2012).

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

a. The expenditure on publicity for promoting organ donation cannot be separately identified and included here as it is absorbed as part of the overall expenditure for health promotion under the Department of Health.

b. The primary goal of promoting organ donation is to encourage people to sign up on the Centralised Organ Donation Register (CODR) and by so doing, lessen reluctance of individuals and family members to donate organs after death. In the long term, the goal is to nurture a caring culture and atmosphere in the society which recognises voluntary organ donation as a commendable act of charity and something that is the norm rather than the exception.

c. Since the launch of the CODR in November 2008, the number of registrations made in the past years are as follows -

	2008 to 2009 [Note 1]	2010	2011	2012 [Note 2]
Number of registrations during the year (as at 31 December)	45 150	23 896	22 610	27 518
Cumulative total	45 150	69 046	91 656	115 578

Note 1: The CODR was established in November 2008 and statistics on CODR registrations during
2008 and 2009 were counted as a whole.

Note 2: For more accurate reflection of the number of persons registering their wish to donate after death, figures in 2012 present the number of persons after elimination of multiple entries.

d. The number of organ/tissue donations for transplant in public hospitals in the past five years is shown as follows -

	2008	2009	2010	2011	2012
Kidney	77	95	81	67	99
Heart	6	10	13	9	17
Lung	1	2	2	1	3
Liver	68	84	95	74	78
Cornea (piece)	211	203	250	238	259
Bone	1	0	6	0	3
Skin	19	17	23	21	6
	383	411	470	410	465

The Hospital Authority has not kept statistics on the success or otherwise of the subsequent transplant cases.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)240

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2510

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

a. In matters requiring special attention in financial year 2013-2014, the Department of Health (DH) will promote preventive care for the elderly in collaboration with non-governmental organisations, but why is that the financial provision for subvented sector under disease prevention is 3.5% less than the revised estimate for financial year 2012-2013?

b. In matters requiring special attention in financial year 2013-2014, DH will enhance the preparedness for influenza pandemic and other emergencies. Please advise on the resources and manpower allocated for financial year 2013-2014.

Asked by: Hon. POON Siu-ping

Reply:

a. Provision in 2013-14 for the subvented sector is reduced by 3.5% or $1.8 million as compared with 2012-13. This is mainly due to two one-off allocations granted to the Family Planning Association of Hong Kong in 2012-13 for (a) conducting "the 10th Knowledge, Attitude and Practice Survey on Family Planning in Hong Kong" which is held every five years ($1.3 million) and (b) procuring a number of equipment to expand its termination of pregnancy service ($1.1 million).

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

The resource requirement to prepare for influenza pandemic and other emergencies is absorbed within the allocation for this Programme. It is therefore not possible to provide a separate breakdown of the resources involved.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)241

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2516

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In early October last year, a horrifying "medical beauty incident" happened and attracted grave concern from our community. There were four women victims and one of them died in this incident. The Administration stated that regulation of private healthcare facilities would be enhanced.

(a) However, according to the "no. of inspections of licensed institutions registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance", the number of inspections in 2011 was more than that in 2012. Would the Administration please explain for this?

(b) Why does the estimated number of inspections become fewer and fewer in 2013-14, only 230 times?

(c) What places has the Administration inspected after the incident happened?

(d) What are the estimates of expenditure and manpower expenses in financial year 2013-14 under the above Ordinance?

(e) What are the details of the new measures as a result of this incident? Could these measures prevent the recurrence of such tragedies?

Asked by: Hon. POON Siu-ping

Reply:

(a) Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap.165) (the Ordinance), the Department of Health (DH) registers private hospitals, nursing homes and maternity homes, subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out standards of good practice, with a view to enhancing patient safety and quality of service. In addition, DH conducts inspections to private hospitals, nursing homes and maternity homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events. The numbers of inspections to healthcare institutions registered under the Ordinance in 2011 and 2012 were 246 and 237, respectively. The number of inspections in 2011 was more than that of 2012 because additional inspections were conducted in 2011 for a one-off survey on electricity systems of private hospitals.

(b) One of the 12 private hospitals was closed in September 2012 and additional inspections were conducted to ensure that smooth operation of the hospital was maintained before its closure. With the decrease in the number of private hospitals registered under the Ordinance, it is estimated that the total number of inspections in 2013 will decrease.

(c) Since October 2012, DH has enhanced the screening of advertisement of beauty services and work with the Consumer Council to analyse complaints, conduct inquiries and take proactive inspection and where necessary, enforcement actions against beauty services companies suspected of involving in the provision of high-risk medical treatments/procedures to customers. As of 11 March 2013, DH conducted unannounced visits to 33 beauty companies with advertisements promoting invasive procedures. No irregularities were found.

(d) The Office for Registration of Healthcare Institutions (ORHI) of DH regulates private hospitals, nursing homes and maternity homes through conducting inspections and investigating sentinel events and complaints to ensure compliance with the Ordinance and the COP. The financial provision for ORHI in 2013-14 is $17.0 million, of which $13.8 million is for personal emoluments.

(e) The Steering Committee on Review of the Regulation of Private Healthcare Facilities (Steering Committee), chaired by the Secretary for Food and Health, was set up in October 2012 to conduct a review on the regulatory regime for private healthcare facilities in Hong Kong. One of the working groups underpinning the Steering Committee is tasked to differentiate between medical treatments and ordinary beauty services currently available in the market and to make recommendations on procedures that should be performed by registered medical practitioners. The working group is chaired by the Director of Health with members from relevant medical specialties, the beauty industry and consumer groups. It is expected to put forward initial recommendations to the Steering Committee in mid 2013.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)242

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2517

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the increase of 106 posts in the Department of Health (DH) in financial year 2013-14, please provide the following information:

(a) In connection with the increase of posts in DH, please list out the number of the posts to be deleted and created under each Programme in terms of offices, ranks and functions.

(b) Please list out the establishment and strength of each rank in financial year 2012-13 and the estimate for financial year 2013-14 by Programmes.

(c) Please list out the number of non-civil service contract (NCSC) staff employed by DH in financial year 2012-13 and the estimate for financial year 2013-14 in terms of Programmes, ranks, functions and length of contracts.

(d) Please list out the expenditure spent on the three types of contract service by DH in financial year 2012-13 and the estimate for financial year 2013-14 in terms of "NCSC staff", "agency workers" and "outsourced services".

Asked by: Hon. POON Siu-ping

Reply:

(a) Details of the net increase of 106 posts are at **Annex A**.

(b) Details of the projected establishment as at 31.3.2013, actual strength as at 1.3.2013 and projected establishment as at 31.3.2014 are at **Annex B**. As some posts support more than one Programme, it is not possible to present the establishment and strength of each rank by individual Programmes.

(c) Details of the NCSC staff employed by DH in 2012-13 (as at 31.12.2012) are at **Annex C**. As some NCSC positions support more than one Programme, it is not possible to provide a breakdown by individual Programmes. The number of NCSC staff to be employed in 2013-14 will depend on the service needs which vary from time to time.

(d) The expenditure of DH on the engagement of NCSC staff, agency workers and outsourced services in 2012-13 (as at 31.12.2012) are $91.2 million, $27.9 million and $69.2 million respectively. The estimated expenditure for 2013-14 is comparable to 2012-13.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Annex A

Creation and Deletion of Civil Service Posts in Department of Health in 2013-14

Service	Function/Rank	No. of posts to be created/deleted
Programme (1) – Statutory Functions		
Boards and Councils Office	**Administrative and general support**	
	Senior Executive Officer	1
	Executive Officer I	-1
Medical Device Control Office	**Medical support**	
	Medical and Health Officer	1
Office for Registration of Healthcare Institutions	**Medical support**	
	Senior Medical and Health Officer	1
	Medical and Health Officer	1
	Nursing support	
	Nursing Officer	1
	Registered Nurse	1
	Professional support	
	Senior Pharmacist	1
	Technical support	
	Health Inspector I/II	1
	Administrative and general support	
	Executive Officer I	1
Port Health Office	**Technical support**	
	Health Inspector I/II	1
Sub-total :		***9***

Service	Function/Rank	No. of posts to be created/deleted
Programme (2) – Disease Prevention		
Elderly Health Service	**Technical support**	
	Senior Dispenser	1
	Dispenser	1
	Administrative and general support	
	Workman II	1
Family Health Service	**Administrative and general support**	
	Statistical Officer II/Student Statistical Officer	2
	Clerical Assistant	12
	Workman II	-12
Non-Communicable Disease Division	**Professional support**	
	Scientific Officer (Medical)	2
Sub-total :		***7***
Programme (4) – Curative Care		
Tuberculosis and Chest Service	**Technical support**	
	Dispenser	7
Sub-total :		***7***

Service	Function/Rank	No. of posts to be created/deleted
Programme (5) – Rehabilitation		
Child Assessment Service	**Medical support**	
	Medical and Health Officer	1
	Nursing support	
	Nursing Officer	1
	Registered Nurse	1
	Professional support	
	Clinical Psychologist	1
	Occupational Therapist I	1
	Speech Therapist	1
	Administrative and general support	
	Assistant Clerical Officer	1
	Clerical Assistant	1
Sub-total :		***8***
Programme (7) – Medical and Dental Treatment for Civil Servants		
Dental Service	**Dental/Para-dental support**	
	Senior Dental Officer	2
	Dental Officer	15
	Senior Dental Surgery Assistant	2
	Dental Surgery Assistant	15
	Dental Hygienist	1
	Technical support	
	Laboratory Attendant	5
	Administrative and general support	
	Executive Officer I	1

Service	Function/Rank	No. of posts to be created/deleted
	Assistant Clerical Officer	1
	Clerical Assistant	9
	Supplies Supervisor II	1
	Workman II	5
Professional Development and	**Medical support**	
Quality Assurance Service	Senior Medical and Health Officer	1
	Medical and Health Officer	2
	Nursing support	
	Nursing Officer	1
	Registered Nurse	3
	Professional support	
	Dietitian	1
	Technical support	
	Dispenser	4
	Administrative and general support	
	Assistant Clerical Officer	1
	Clerical Assistant	3
	Workman II	2
Sub-total :		***75***

Posts supporting more than one programme

Departmental Administration	**Administrative and general support**	
Section	Executive Officer I	1
	Executive Officer I	-1

Service	Function/Rank	No. of posts to be created/deleted
Public Health Nursing Division	**Nursing support**	
	Regional Nursing Officer	1
	Senior Nursing Officer	-1
Sub-total :		***0***
Total:		***106***

Annex B

Establishment and Strength of Department of Health

Rank	Projected establishment as at 31.3.2013	Strength * as at 1.3.2013	Projected establishment as at 31.3.2014
Director of Health	1	2	1
Deputy Director of Health	1	0	1
Assistant Director of Health	7	6	7
Consultant	20	17	20
Principal Medical & Health Officer	13	12	13
Senior Medical & Health Officer	120	98	122
Medical & Health Officer	330	331	335
Controller, Centre for Health Protection	1	1	1
Dental Consultant	9	8	9
Principal Dental Officer	1	1	1
Senior Dental Officer	55	49	57
Dental Officer	224	210	239
Chief Pharmacist	2	2	2
Senior Pharmacist	16	10	17
Pharmacist	108	115	108
Scientific Officer (Medical)	75	75	77
Principal Nursing Officer	1	0	1
Regional Nursing Officer	0	0	1
Chief Nursing Officer	3	4	2
Senior Nursing Officer	19	13	19
Nursing Officer	300	277	303
Registered Nurse	829	831	834
Enrolled Nurse	186	177	186
Senior Inoculator	4	5	4
Inoculator	28	26	28

Rank	Projected establishment as at 31.3.2013	Strength * as at 1.3.2013	Projected establishment as at 31.3.2014
Midwife	5	1	5
Dental Hygienist	11	9	12
Dental Inspector	0	1	0
Senior Dental Surgery Assistant	49	46	51
Dental Surgery Assistant	258	254	273
Senior Dental Technologist	1	1	1
Dental Technologist	2	2	2
Dental Technician I	36	31	36
Dental Technician II	8	8	8
Tutor Dental Therapist	2	2	2
Senior Dental Therapist	28	25	28
Dental Therapist	272	260	272
Chief Medical Technologist	1	1	1
Senior Medical Technologist	18	17	18
Medical Technologist	95	93	95
Medical Laboratory Technician I	23	15	23
Medical Laboratory Technician II	124	129	124
Chief Dispenser	3	0	3
Senior Dispenser	21	16	22
Dispenser	39	42	51
Senior Radiographer	3	3	3
Radiographer I	13	13	13
Radiographer II	22	23	22
Radiographic Technician	4	4	4
Senior Clinical Psychologist	2	1	2
Clinical Psychologist	30	29	31
Senior Dietitian	1	1	1

Rank	Projected establishment as at 31.3.2013	Strength * as at 1.3.2013	Projected establishment as at 31.3.2014
Dietitian	15	13	16
Senior Occupational Therapist	1	0	1
Occupational Therapist I	13	14	14
Senior Physiotherapist	1	0	1
Physiotherapist I	12	13	12
Optometrist	15	13	15
Senior Physicist	2	1	2
Physicist	10	12	10
Speech Therapist	11	11	12
Orthoptist I	3	2	3
Orthoptist II	0	1	0
Occupational Hygienist/Assistant Occupational Hygienist	2	2	2
Electrical Technician	5	5	5
Overseer	6	4	6
Senior Foreman	27	18	27
Foreman	95	102	95
Senior Hospital Foreman	3	3	3
Hospital Foreman	8	7	8
Mortuary Officer	7	7	7
Mortuary Technician	3	3	3
Mortuary Attendant	28	29	28
Senior Electronics Engineer	2	2	2
Electronics Engineer/Assistant Electronics Engineer	0	1	0
Senior Health Inspector	3	4	3
Health Inspector I/II	20	16	22
Social Work Officer	1	1	1

Rank	Projected establishment as at 31.3.2013	Strength * as at 1.3.2013	Projected establishment as at 31.3.2014
Assistant Social Work Officer	1	1	1
Superintendent of Police	1	1	1
Chief Inspector of Police	2	2	2
Police Sergeant	4	4	4
Land Surveyor /Assistant Land Surveyor	1	1	1
Senior Systems Manager	2	2	2
Systems Manager	5	5	5
Analyst/Programmer I	5	5	5
Analyst/Programmer II	4	4	4
Computer Operator I	2	2	2
Administrative Officer Staff Grade C	1	1	1
Senior Administrative Officer	1	1	1
Senior Principal Executive Officer	1	1	1
Principal Executive Officer	2	2	2
Chief Executive Officer	7	7	7
Senior Executive Officer	42	35	43
Executive Officer I	63	49	64
Executive Officer II	56	71	56
Chief Hospital Administrator	1	1	1
Senior Hospital Administrator	10	8	10
Hospital Administrator I	14	8	14
Hospital Administrator II	25	32	25
Chief Treasury Accountant	1	0	1
Senior Treasury Accountant	2	3	2
Treasury Accountant	5	5	5
Senior Accounting Officer	2	1	2
Accounting Officer I	4	5	4

Rank	Projected establishment as at 31.3.2013	Strength * as at 1.3.2013	Projected establishment as at 31.3.2014
Accounting Officer II	8	8	8
Senior Statistician	1	1	1
Statistician	4	4	4
Statistical Officer I	9	9	9
Statistical Officer II/Student Statistical Officer	40	40	42
Chief Information Officer	1	0	1
Principal Information Officer	0	1	0
Senior Information Officer	2	0	2
Information Officer	3	3	3
Senior Official Languages Officer	1	1	1
Official Languages Officer I	2	2	2
Official Languages Officer II	3	3	3
Calligraphist	1	1	1
Librarian	3	3	3
Senior Clerical Officer	16	11	16
Clerical Officer	103	101	103
Assistant Clerical Officer	424	397	427
Clerical Assistant	534	484	559
Office Assistant	51	46	51
Confidential Assistant	3	3	3
Senior Personal Secretary	2	1	2
Personal Secretary I	25	25	25
Personal Secretary II	19	20	19
Typist	2	6	2
Telephone Operator	2	2	2
Senior Supplies Officer	1	1	1
Supplies Officer	2	1	2

Rank	Projected establishment as at 31.3.2013	Strength * as at 1.3.2013	Projected establishment as at 31.3.2014
Assistant Supplies Officer	3	4	3
Supplies Supervisor I	5	3	5
Supplies Supervisor II	17	19	18
Supplies Assistant	14	14	14
Supplies Attendant	4	4	4
Senior Training Officer	1	1	1
Training Officer I	1	1	1
Transport Services Officer I	1	1	1
Motor Driver	56	57	56
Photographer I	3	3	3
Artisan	10	6	10
Darkroom Technician	12	6	12
Laboratory Attendant	62	64	67
Ganger	1	0	1
Property Attendant	26	24	26
Workman I	5	5	5
Workman II	479	389	475
Sub-total :	**5 943**	**5 613**	**6 049**
Post accommodating a general grades officer working in general out-patient clinics of Hospital Authority			
Telephone Operator	1	1	1
Sub-total :	**1**	**1**	**1**
Total :	**5 944**	**5 614**	**6 050**

* Including officers proceeding on terminal leave

Annex C

Engagement of Non-civil Service Staff in Department of Health
(as at 31.12.2012)

Non-Civil Service Contract Position	Length of Contract					
	< 1 Year Note 1	1 Year	> 1 Year and < 2 Years	2 Years	3 Years	Total
Administrative Assistant	1	13				14
Assistant Chinese Medicine Officer		7				7
Assistant Manager	1	9				10
Assistant Tobacco Control Inspector		2				2
Chinese Medicine Assistant	1	27				28
Chinese Medicine Officer		5				5
Contract Accounting Manager		1		1		2
Contract Auditor		1				1
Contract Dentist (Endodontics)		1				1
Contract Doctor	4	3				7
Contract Doctor (Special Duties)		1				1
Contract Engineer (Biomedical)		2				2
Contract Nurse		20				20
Contract Senior Information Technology Manager				1	1	2
Darkroom Assistant		1				1
Dental Workshop Helper	1	2				3
General Worker		61				61
Health Programme Assistant	2	2				4
Health Programme Attendant		1				1
Health Promotion Officer	1					1
Health Surveillance Assistant	25	527	9			561
Health Surveillance Supervisor		13				13
Manager		4				4

Non-Civil Service Contract Position	Length of Contract					
	< 1 Year [Note 1]	1 Year	> 1 Year and < 2 Years	2 Years	3 Years	Total
Media & Marketing Manager		1				1
Project Assistant	3	20				23
Project Officer (Chinese Medicines)		4				4
Research Assistant	1	3				4
Registration Assistant	1	4				5
Registered Pharmacist		6				6
Registration Supervisor	2	7	1			10
Research Officer	3	7	1			11
Service Administrator				1		1
Senior Tobacco Control Inspector I	2					2
Tobacco Control Inspector I	1					1
Part-time Contract Dentist (Orthodontics) [Note 2]		1				1
Part-time Contract Doctor (Special Duties) [Note 2]		6				6
Part-time Contract Doctor [Note 2]		1				1
Part-time Contract Senior Doctor [Note 2]		1				1
Contract Midwife [Note 2]		8				8
Total	49	772	11	3	1	836

Note :

1. Contracts of less than one year were offered because of special operational need and uncertain schedule for converting to civil service posts.

2. Staff worked on part-time basis and paid on hourly rate above the Statutory Minimum Wage level.

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)243

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2828

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The specific work of the Department of Health (DH) under the programme of disease prevention includes providing woman health service, maternal health service and cervical screening service, etc. DH's revised estimate for this programme in 2012-13 is over $2,235 million, which is 7.5% lower than the original estimate of over $2,415 million. As for the 2013-14 estimate, however, the Government shall allocate a provision of over $2,490 million for the programme of disease prevention, which is $255 million (11.4%) higher than the revised estimate for 2012-13, representing a significant change. In this connection:

(1) Would DH please explain in detail the reasons for the decrease of 7.5% of the revised estimate for 2012-13 as compared with the original estimate and provide a breakdown by items, manpower resources and actual expenditures involved? If not, what are the reasons?

(2) While DH has explained the reasons for the increase in provision for 2013-14, would DH please provide a breakdown by items, manpower resources and financial arrangement involved? If not, what are the reasons?

Asked by: Hon. QUAT, Elizabeth

Reply:

(1) The decrease in 2012-13 revised estimate is mainly due to the lower than expected demand for claims under the vaccination subsidy schemes and Health Care Voucher Pilot Scheme.

(2) The increase in provision for 2013-14 is mainly due to (a) more subsidy payments in anticipation of a higher number of recipients under the vaccination subsidy schemes and (b) full-year effect of increased annual voucher amount from $500 to $1,000 per eligible elders under Health Care Voucher Scheme as from 1 January 2013.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)244

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0497

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

Programme: (3) Health Promotion and (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the indicator of "utilisation of the AIDS telephone enquiry service" under Programme (3), the number has increased from 14 600 in 2011 to 17 300 in 2012. Moreover, in "HIV/AIDS" under the indicator of "attendances at specialised outpatient clinics" of Programme (4), the number of people has increased from 14 000 in 2011 to 16 300 in 2012. In this respect, please provide the following information:

(a) Will the Administration increase the manpower to meet service demand due to the increase of relevant figures? If yes, what are the expenditures involved? If no, what are the reasons?

(b) What are the numbers of people attending "HIV/AIDS" services in the past ten years (i.e. 2003 to 2012)? Please list out the figures by sex, age groups and routes of infection.

(c) How does the Administration assess the trend of the number of AIDS patients? Are there any corresponding measures to enhance publicity and education on prevention of infection and treatment service? If yes, what are the details? What are the expenditures involved? If no, what are the reasons?

Asked by: Hon. TANG Ka-piu

Reply:

(a) The Department of Health will closely monitor the situation and will make necessary arrangement, including re-deployment of existing manpower and resources, to cope with the increase in demand.

(b) The requisite information is only available for the period from 2008 to 2012. Please see **Annex** for the attendance numbers.

(c) The number of reported HIV cases has increased steadily in recent years and the projected numbers in the next five years are:

Year	Projected number of HIV cases
2013	498
2014	510
2015	532
2016	557
2017	575

An Advisory Council on AIDS (ACA) has been set up to advise the Government on the strategies for prevention, care and control of AIDS in Hong Kong. The ACA has published its latest recommendations in the document "Recommended HIV/AIDS Strategies for Hong Kong (2012-2016)". In collaboration with other community partners, the Department of Health has enhanced the relevant targeted measures, including intervention for MSM (men having sex with men) infections and patient treatment and care services. An increase in expenditure of $12 million on the HIV/AIDS programme in 2013-14 is projected.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 3.4.2013

Annex

Route of Infection	Age Group (years)	2008		2009		2010		2011		2012		Total	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Heterosexual	0 - 4	0	0	0	0	0	0	0	0	0	0	0	0
	5 - 9	0	0	0	0	0	0	0	0	0	0	0	0
	10 - 14	0	0	0	2	0	0	0	0	0	0	0	2
	15 - 19	32	16	50	19	46	36	14	36	6	2	148	109
	20 - 24	243	97	186	131	229	125	270	124	11	47	939	524
	25 - 29	507	163	543	206	397	240	471	242	83	137	2 001	988
	30 - 34	546	261	485	239	395	268	457	314	194	262	2 077	1 344
	35 - 39	689	413	583	374	534	426	584	341	275	364	2 665	1 918
	40 - 44	648	261	590	333	590	364	557	426	486	383	2 871	1 767
	45 - 49	698	182	649	171	679	162	722	216	566	176	3 314	907
	50 - 54	467	113	490	162	595	148	597	128	547	139	2 696	690
	55 - 59	273	69	367	49	371	42	425	35	354	50	1 790	245
	60 - 64	217	44	209	52	213	55	223	63	246	60	1 108	274
	65 - 69	155	26	131	29	143	40	159	67	157	46	745	208
	70 - 74	103	7	122	12	170	16	143	7	160	5	698	47
	75-79	54	4	75	7	78	5	77	10	56	15	340	41
	80-84	16	0	8	0	8	0	7	0	24	0	63	0
	85 and above	8	0	8	0	7	0	10	0	21	1	54	1
Men having sex with men (MSM)*	0 - 4	0	0	0	0	0	0	0	0	0	0	0	0
	5 - 9	0	0	0	0	0	0	0	0	0	0	0	0
	10 - 14	0	0	0	0	0	0	0	0	0	0	0	0
	15 - 19	55	0	37	0	33	0	26	0	24	0	175	0

	20 - 24	260	0	239	0	281	0	320	0	261	0	1 361	0
	25 - 29	484	0	542	0	569	0	596	0	575	0	2 766	0
	30 - 34	706	0	678	0	788	0	825	0	945	0	3 942	0
	35 - 39	980	0	972	0	1 114	0	993	0	976	0	5 035	0
	40 - 44	899	4	946	4	1 059	3	1 072	4	1 166	2	5 142	17
	45 - 49	461	0	544	0	650	0	818	0	981	1	3 454	1
	50 - 54	236	0	243	0	351	0	361	0	379	0	1 570	0
	55 - 59	107	0	91	0	139	0	199	0	201	0	737	0
	60 - 64	47	0	63	0	78	0	106	0	143	0	437	0
	65 - 69	24	0	33	0	26	0	29	0	25	0	137	0
	70 - 74	34	0	44	0	64	0	46	0	45	0	233	0
	75-79	16	0	13	0	7	0	11	0	21	0	68	0
	80-84	6	0	2	0	0	0	2	0	3	0	13	0
	85 and above	0	0	3	0	4	0	3	0	4	0	14	0
Injecting drug use	0 - 4	0	0	0	0	0	0	0	0	0	0	0	0
	5 - 9	0	0	0	0	0	0	0	0	0	0	0	0
	10 - 14	0	0	0	0	0	0	0	0	0	0	0	0
	15 - 19	6	0	2	0	2	0	2	0	0	0	12	0
	20 - 24	44	2	14	5	7	2	6	0	0	0	71	9
	25 - 29	133	4	116	10	68	12	50	15	15	14	382	55
	30 - 34	170	35	188	21	86	3	66	15	47	15	557	89
	35 - 39	131	2	116	2	109	15	107	8	88	11	551	38
	40 - 44	30	2	46	6	106	6	73	11	81	8	336	33
	45 - 49	21	0	15	0	30	0	35	0	27	0	128	0
	50 - 54	35	0	43	0	32	0	49	0	40	0	199	0
	55 - 59	8	0	11	0	31	0	25	0	22	0	97	0

	60 - 64	0	0	0	0	0	0	0	0	4	0	4	0
	65 - 69	0	0	0	0	0	0	0	0	0	0	0	0
	70 - 74	0	0	0	0	0	0	0	0	0	0	0	0
	75-79	0	0	0	0	0	0	0	0	0	0	0	0
	80-84	0	0	0	0	0	0	0	0	0	0	0	0
	85 and above	0	0	0	0	0	0	0	0	0	0	0	0
Blood/Blood product transfusion	0 - 4	0	0	0	0	0	0	0	0	0	0	0	0
	5 - 9	0	0	0	0	0	0	0	0	0	0	0	0
	10 - 14	0	0	0	0	0	0	0	0	0	0	0	0
	15 - 19	0	7	0	3	0	5	0	1	0	0	0	16
	20 - 24	2	0	0	0	0	0	13	2	5	6	20	8
	25 - 29	0	0	0	0	2	0	0	0	0	0	2	0
	30 - 34	0	0	2	0	2	0	0	0	0	7	4	7
	35 - 39	12	16	9	24	8	15	3	4	2	0	34	59
	40 - 44	18	5	29	13	28	12	29	24	20	12	124	66
	45 - 49	24	0	28	0	22	0	13	5	17	8	104	13
	50 - 54	3	0	3	0	9	0	15	0	12	0	42	0
	55 - 59	0	0	15	0	12	0	5	0	2	0	34	0
	60 - 64	0	0	0	0	0	0	6	0	12	0	18	0
	65 - 69	0	0	0	0	0	0	0	0	0	0	0	0
	70 - 74	0	0	0	0	0	0	0	0	0	0	0	0
	75-79	0	0	0	0	0	0	0	0	0	0	0	0
	80-84	0	0	0	0	0	0	0	0	0	0	0	0
	85 and above	0	0	0	0	0	0	0	0	0	0	0	0
Others	0 - 4	9	6	5	1	3	0	1	2	2	2	20	11
	5 - 9	0	4	16	0	3	3	8	0	5	2	32	9

	10 - 14	15	0	3	2	2	4	10	4	7	2	37	12
	15 - 19	26	11	24	17	19	30	33	22	22	24	124	104
	20 - 24	81	70	32	63	44	91	57	73	53	111	267	408
	25 - 29	31	81	47	67	69	103	67	101	58	86	272	438
	30 - 34	58	51	53	56	40	80	69	53	112	76	332	316
	35 - 39	46	67	58	80	46	76	40	87	63	84	253	394
	40 - 44	67	138	48	111	44	101	39	80	25	77	223	507
	45 - 49	51	81	46	86	28	118	39	95	42	138	206	518
	50 - 54	21	98	43	94	43	93	32	90	22	99	161	474
	55 - 59	22	42	29	68	15	59	20	61	23	92	109	322
	60 - 64	13	7	20	24	21	26	19	23	18	24	91	104
	65 - 69	2	2	7	6	13	3	32	1	17	3	71	15
	70 - 74	5	2	3	1	4	2	1	7	7	1	20	13
	75-79	7	2	4	3	6	0	5	0	9	1	31	6
	80-84	0	0	1	0	0	0	0	0	1	0	2	0
	85 and above	0	0	0	3	2	2	0	0	0	0	2	5
	Total	10 062	2 395	10 022	2 556	10 574	2 791	11 092	2 797	9 815	2 593	51 565	13 132
Undetermined		**31**		**12**		**69**		**115**		**3 888**			
Yearly Total		**12 488**		**12 590**		**13 434**		**14 004**		**16 296**			

***** Remark: Transgender male to female appear as female in the MSM category

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)245

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0498

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the indicator of "no. of attendances for health assessment and medical consultation at elderly health centres", the number of attendances is 175 000 in both 2011 and 2012. Please provide the following information:

(a) What are the respective sex ratios among the attendances?

(b) The Department of Health (DH) currently runs the "Men's Health Programme". What are the annual expenditures of the Programme in the past five years (i.e. 2008-2009 to 2012-2013)? Has the Administration set targets for the Programme so as to assess its effectiveness? If yes, what are the details?

(c) Has the Administration reviewed the effectiveness of the Programme since its launch in 2002? If yes, what are the results of the review? If no, what are the reasons?

(d) According to DH, the life expectancy of men is shorter than that of women. In this connection, will the Administration consider setting up men's specialist clinics to provide specialist medical services for men? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. TANG Ka-piu

Reply:

(a) Health services provided to the elderly aged 65 and over who are enrolled at Elderly Health Centres (EHCs) as members include health assessment, physical check-up, counselling, treatment and health education. The total attendance for health assessment and all other consultations in both 2011 and 2012 was about 175 000.

The pattern of attendance for health assessment by sex in EHCs in 2011 and 2012 is as follows-

	Male	Female
2011	35.7%	64.3%
2012	35.1%	64.9%

Attendance statistics by sex for other consultations are not available.

(b) The Men's Health Programme of the Department of Health (DH) consists primarily of the Men's Health website that provides customer-centric information, useful links and advice upon request to raise public awareness and increase understanding of men's health issues. Other modes of health communication include printed materials, media and web-based publicity and a telephone education hotline. Resources for these activities are absorbed by the Department's overall provision on disease prevention and cannot be separately accounted for.

(c) A review of the programme content and communication channels is being planned.

(d) Specialist treatment services for men are established within the public hospital system and a number of programmes run by non-governmental organisations. DH will continue to promote men's health through health promotion and disease prevention actions.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)246

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1824

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 (DH), please list out the following:

a) What is the age distribution of patients provided with dental treatment from 2008 to 2012?

b) What is the number of dentists working at the dental clinics under DH? What is the ratio of dentists to patients?

c) What was the expenditure spent by each dental clinic under DH from 2008 to 2012? What was the total expenditure?

d) What is the cost of general dental service provided for each patient?

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 breakdown by age group for the number of attendances of GP sessions 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%

b) The number of dentists in the 11 government dental clinics with GP sessions and the maximum numbers of disc allocated per GP session are as follows:

Dental clinics with GP sessions	Service session	Number of Dentist	Max. no. of discs allocated per session
Lee Kee Government Dental Clinic	Monday (AM)	3	84
	Thursday (AM)		42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	2	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	7	84
	Friday (AM)		84
Fanling Health Centre Dental Clinic	Tuesday (AM)	8	50
Mona Fong Dental Clinic	Thursday (PM)	2	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	4	42
Tsuen Wan Dental Clinic	Tuesday (AM)	3	84
	Friday (AM)		84
Yan Oi Dental Clinic	Wednesday (AM)	3	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	3	42
	Friday (AM)		42
Tai O Dental Clinic	2nd Thursday (AM) of each month	1	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month		32

Patients holding discs for a particular GP session will be seen by dentists in the clinic during that session.

c) The expenditures on GP sessions are absorbed within the provisions for dental service under Programme 4 and are not separately identifiable. In the financial years 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13, the annual expenditures on dental service under this Programme are as follows:

Financial year	Annual expenditure on dental service ($ million)
2008-09	40.9
2009-10	40.8
2010-11	40.8
2011-12	47.1
2012-13 (Revised Estimate)	46.1

d) The figure with respect to the cost of general dental service per patient is not readily available.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)247

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1848

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Student Health Service (SHS) currently implemented by the Department of Health (DH) for primary school students, please list out –

a) the number of primary school students participating in SHS from 2008/09 to 2012/13 school year;

b) the amount of government subvention for SHS from 2008-09 to 2012-13.

Asked by: Hon. TIEN Puk-sun, Michael

Reply:

a) The numbers of primary school students participating in Student Health Service (SHS) from 2008/09 to 2012/13 school year are as follows-

School year	No. of primary students participated in SHS
2008/09	349 780
2009/10	330 764
2010/11	316 112
2011/12	308 035
2012/13 (as at 28.2.2013)	301 640

b) SHS is provided by DH without engaging other parties through subvention. The expenditure / provision from 2008-09 to 2012-13 (revised estimate) are as follows-

	$ million
2008-09	155.1
2009-10	152.6
2010-11	155.5
2011-12	168.1
2012-13 (revised estimate)	173.0

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)248

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0173

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the employment of "agency workers", please provide the following information:

	2012-13 (up to the latest position)
Number of agency contracts	( )
Contract sum paid to each agency	( )
Total amount of commission paid to each agency	( )
Length of contract for each agency	( )
Number of agency workers	( )
Distribution of posts held by agency workers	
Monthly salary range of agency workers	
$30,001 or above	( )
$16,001 to $30,000	( )
$8,001 to $16,000	( )
$6,501 to $8,000	( )
$6,240 to $6,500	( )
below $6,240	( )
Length of service of agency workers	
more than 15 years	( )
10 to 15 years	( )
5 to 10 years	( )
3 to 5 years	( )
1 to 3 years	( )
less than 1 year	( )

Percentage of agency workers to total number of staff in the department	( )
Percentage of amount paid to agencies to total departmental staff cost in the department	( )
Number of workers with paid meal break	( )
Number of workers without paid meal break	( )
Number of workers on five-day week	( )
Number of workers on six-day week	( )

Figures in ( ) denote percentage changes as compared with the same period in 2011-12

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding agency contracts under the Department of Health (DH) during 2012-13 is tabulated below-

	2012-13 (as at 31.12.2012)
Number of agency contracts	38 (+8.6%)
Contract sum paid to each agency ($ million)	0.05 - 19.7
Total amount of commission paid to each agency	Commission of agency contractors has not been specified in quotation documents/contracts. We do not have such information.
Length of contract for each agency	6 – 9 months
Number of agency workers	320 (+3.9%)
Distribution of posts held by agency workers	Agency workers are temporary manpower deployed to fulfill short-term urgent service needs. No specific posts are assigned to them.
Monthly salary range of agency workers	
$30,001 or above	1 (-50%)
$16,001 to $30,000	1 (-50%)
$8,001 to $16,000	292 (+201%)

$6,501 to $8,000	26 (-87%)
$6,240 to $6,500	0 (-100%)
below $6,240	0 (N/A as no such agency worker in 2011-12)
Length of service of agency workers more than 15 years 10 to 15 years 5 to 10 years 3 to 5 years 1 to 3 years less than 1 year	We do not keep information on years of service of agency workers. The employment agency may arrange different employees or replacement workers to work for the Department during the contract period for different reasons.
Percentage of agency workers to total number of staff in the department	4.9% (+4.3%)
Percentage of amount paid to agencies to total departmental staff cost in the department	1.3% (+62.5%)
Number of workers with paid meal break Number of workers without paid meal break	Whether agency workers have paid meal break is determined by the employment contract between agency workers and their employment agencies.
Number of workers on five-day week	216 (0%)
Number of workers with other work patterns [Note]	104 (+13%)

Figures in ( ) denote percentage changes as compared with the same period in 2011-12

DH also hires information technology support services through the bulk contracts under the Office of the Government Chief Information Officer. The number of agency workers under these contracts was 166 in 2012-13 (as at 31.12.2012).

Note: Other work patterns include 5.5 days work per week, alternate Saturday off and other shift patterns.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)249

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0174

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the employment of "outsourced workers", please provide the following information:

	2012-13 (up to the latest position)
Number of outsourced service contracts	( )
Total amount paid to outsourced service providers	( )
Length of contract for each outsourced service provider	( )
Number of workers engaged through outsourced service providers	( )
Distribution of posts held by outsourced workers (e.g. customer service, property management, security, cleaning, information technology, etc.)	( )
Monthly salary range of outsourced workers	
• $30,001 or above	( )
• $16,001 to $30,000	( )
• $8,001 to $16,000	( )
• $6,501 to $8,000	( )
• $6,240 to $6,500	( )
• below $6,240	( )
Length of service of outsourced workers	
• more than 15 years	( )
• 10 to 15 years	( )
• 5 to 10 years	( )
• 3 to 5 years	( )
• 1 to 3 years	( )

• less than 1 year	( )
Percentage of outsourced workers in the total number of staff in the department	( )
Percentage of amount paid to outsourced service providers in the total departmental staff cost	( )
Number of workers with paid meal break Number of workers without paid meal break	( ) ( )
Number of workers on 5-day week Number of workers on 6-day week	( ) ( )

Figures in ( ) denote percentage changes as compared with the same period in 2011-12

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding the employment of "outsourced workers" by the Department of Health in 2012-13 is tabulated below-

	2012-13 (as at 31.12.2012)
Number of outsourced service contracts	228 (+54.1%)
Total amount paid to outsourced service providers	$69.2 million (+4.7%)
Length of contract for each outsourced service provider	1-6 months : 55 7-12 months : 173
Number of workers engaged through outsourced service providers	Full-time : 321 (+45.2%) Part-time : 44[1] (+10.0%)
Distribution of posts held by outsourced workers (e.g. customer service, property management, security, cleaning, information technology, etc.)	• Security : 101 • Cleaning : 99 • Information Technology : 84 • Health Screening : 72 • General Support Service : 9
Monthly salary range of outsourced workers • $30,001 or above • $16,001 to $30,000	 59 25

	2012-13 (as at 31.12.2012)
• $8,001 to $16,000	21
• $6,501 to $8,000	138
• $6,240 to $6,500	3
• below $6,240	3[1] Part-time: 44[1]
• Number of workers with unspecified salaries	72
Length of service of outsourced workers • more than 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • less than 1 year	We do not keep information on years of service of outsourced workers. The outsourced service providers may arrange different employees or replacement workers to work for the Department during the contract period for different reasons.
Percentage of outsourced workers in the total number of staff in the department	5.54% (+38.5%)
Percentage of amount paid to outsourced service providers in the total departmental staff cost	3.36% (-5.4%)
Number of workers with paid meal break Number of workers without paid meal break	Whether outsourced workers have paid meal breaks is determined by the employment contract between outsourced workers and outsourced service providers.
Number of workers on 5-day week	122 (+221.1%)
Number of workers on 6-day week	85 (0%)
Number of workers on other work patterns[2]	86 (+72.0%)
Number of workers whose work pattern is not specified in the contracts	72 (-18.2%)

Figures in ( ) denote percentage changes as compared with the same period in 2011-12

Notes:
1. Staff were paid above the Statutory Minimum Wage level.
2. Other work patterns include 5.5-day week, alternative Saturday off and other shift patterns.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)250

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0175

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the employment of non-civil service contract (NCSC) staff, please provide the following information:

	2012-13 (up to the latest position)
Number of NCSC staff	( )
Distribution of NCSC staff posts	
Expenditure on the salaries of NCSC staff	( )
Monthly salary range of NCSC staff	
· $30,001 or above	( )
· $16,001 to $30,000	( )
· $8,001 to $16,000	( )
· $6,501 to $8,000	( )
· $6,240 to $6,500	( )
· Below $6,240	( )
Length of service of NCSC staff	
· More than 15 years	( )
· 10 to 15 years	( )
· 5 to 10 years	( )
· 3 to 5 years	( )
· 1 to 3 years	( )

· less than 1 year	( )
Number of NCSC staff successfully turning into civil servants	( )
Number of NCSC staff failing to turn into civil servants	( )
Percentage of NCSC staff in the total number of staff in the department	( )
Percentage of staff costs on NCSC staff in the total staff costs in the department	( )
Number of NCSC staff with paid meal break Number of NCSC staff without paid meal break	( ) ( )
Number of NCSC staff on 5-day week Number of NCSC staff on 6-day week	( ) ( )
Number of NCSC staff applied for paternity leave Number of NCSC staff granted paternity leave	( ) ( )

Figures in ( ) denote percentage changes as compared with the same period in 2011-12

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding NCSC staff engaged by the Department of Health (DH) during 2012-13 is tabulated below -

	2012-13 (as at 31.12.2012)
Number of NCSC staff	836 (-7.2%)
Distribution of NCSC staff posts	Please see Annex
Expenditure on the salaries of NCSC staff ($ million)	91.2 (+9.2%)
Monthly salary range of NCSC staff	
· $30,001 or above	54 (-8.5%)
· $16,001 to $30,000	74 (+45.1%)
· $8,001 to $16,000	706 (-10.7%)
· $6,501 to $8,000	2[1] (N/A as no such NCSC staff in 2011-12)
· $6,240 to $6,500	0
· Below $6,240	0
·	

Length of service of NCSC staff	
· More than 15 years	0
· 10 to 15 years	69 (+32.7%)
· 5 to less than 10 years	340 (+17.2%)
· 3 to less than 5 years	198 (-15.4%)
· 1 to less than 3 years	162 (+23.7%)
· less than 1 year	67 (-65.5%)
Number of civil servants appointed who were previously NCSC staff in DH (for recruitment conducted by DH in the year)	10 (+66.7%)
Number of NCSC staff who failed in civil service recruitment in DH excluding those who did not meet shortlisting criteria (for recruitment conducted by DH in the year)	10 (+100%)
Percentage of NCSC staff in the total number of staff in the department	12.7% (-8.0%)
Percentage of staff costs on NCSC staff in the total staff costs in the department	4.4% (0%)
Number of NCSC staff with paid meal break	760 (-7.7%)
Number of NCSC staff without paid meal break	76 (-2.6%)
Number of NCSC staff on 5-day week	197 (-13.6%)
Number of NCSC staff with other work patterns[2]	639 (-5.1%)
Number of NCSC staff applied for paternity leave	3 (N/A)[3]
Number of NCSC staff granted paternity leave	3 (N/A)[3]

Figures in ( ) denote percentage changes as compared with the same period in 2011-12

Notes:

1. Staff paid on hourly rate above the Statutory Minimum Wage level.

2. Other work patterns include 5.5 days work per week, alternate Saturday off and other shift patterns.

3. Comparison with previous year is not applicable as paternity leave has only been introduced to eligible male government employees with effect from 1 April 2012.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Annex

Distribution of NCSC Positions in DH as at 31.12.2012

Job Title	No.
Administrative Assistant	14
Assistant Chinese Medicine Officer	7
Assistant Manager	10
Assistant Tobacco Control Inspector	2
Chinese Medicine Assistant	28
Chinese Medicine Officer	5
Contract Accounting Manager	2
Contract Auditor	1
Contract Dentist (Endodontics)	1
Contract Doctor	7
Contract Doctor (Special Duties)	1
Contract Engineer (Biomedical)	2
Contract Nurse	20
Contract Senior Information Technology Manager	2
Darkroom Assistant	1
Dental Workshop Helper	3
General Worker	61
Health Programme Assistant	4
Health Programme Attendant	1
Health Promotion Officer	1
Health Surveillance Assistant	561
Health Surveillance Supervisor	13
Manager	4
Media & Marketing Manager	1
Project Assistant	23
Project Officer (Chinese Medicines)	4
Registered Pharmacist	6
Registration Assistant	5
Registration Supervisor	10
Research Assistant	4
Research Officer	11
Senior Tobacco Control Inspector I	2
Service Administrator	1
Tobacco Control Inspector I	1
Contract Midwife	8
Part-time Contract Doctor (Special Duties)	6

Part-time Contract Senior Doctor	1
Part-time Contract Doctor	1
Part-time Ct Dentist (Orthodontics)	1
Total :	836

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)251

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2383

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list out by year the number of enforcement actions taken by the Tobacco Control Office (TCO) of the Department of Health (DH), the number of prosecutions initiated in these actions, and the percentage of actions in which prosecutions were initiated among all enforcement actions in the past three years (up to 2012).

Asked by: Hon. WONG Yuk-man

Reply:

TCO conducts inspection of all venues concerned in response to smoking complaints. The numbers of inspections, fixed penalty notices (FPNs)/ summonses issued by TCO and percentage of actions in which prosecutions were initiated for the period from 2010 to 2012 for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2010	2011	2012
Inspections conducted		23 623	23 176	26 209
FPNs issued (for smoking offences)		7 952	7 637	8 019
Summonses issued	for smoking offences	93	170	179
	for other offences (such as willful obstruction and failure to produce identity document)	128	117	88
Total number of FPNs and summonses issued (percentage of cases in which prosecutions were initiated)		8 173 (34.6%)	7 924 (34.2%)	8 286 (31.6%)

In summary, prosecutions with FPNs or summonses were initiated in about one-third of all the inspections conducted in the period.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)252

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2384

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

With aging population in Hong Kong, the elderly health centres which fall short of demand currently will face greater pressure. It is even worse in districts such as Sham Shui Po and Shek Kip Mei, etc. Would the Department of Health advise on:

(1) the plan to improve the flow of enrolment and appointment services of the elderly health centres this year so as to cut down the unnecessary administration procedures to benefit more elderly?

(2) the plan to identify sites for new elderly health centres this year?

Asked by: Hon. WONG Yuk-man

Reply:

(1) The Elderly Health Service (EHS) regularly reviews the health assessment protocol and administration procedures in Elderly Health Centres (EHCs) and will continue to do so this year, taking reference to the primary care conceptual models and reference frameworks published by the Food and Health Bureau. The EHS regularly releases updated lists of EHCs with shorter waiting time for enrolment to provide information for elders' choices.

(2) Over the years, the physical environment of existing EHCs has been improved and upgraded to improve accessibility and facilitate smoother work flow, through renovation, relocation and/or expansion. For example, the Kennedy Town EHC was relocated to Sai Ying Pun Jockey Club Polyclinic in May 2010 (renamed as Sai Ying Pun EHC) with larger floor area, and the Wanchai EHC at Southorn Centre expanded by acquiring floor space of the ex-General Outpatient Clinic in March 2008. However, there is no plan to expand the service of the EHC.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)253

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2385

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health's estimate for disease prevention this year is $255.4 million higher than the revised estimate for 2012-13. What is the increase of estimated expenditure on elderly health care vouchers?

Asked by: Hon. WONG Yuk-man

Reply:

The provision for providing health care vouchers under the Elderly Health Care Voucher Scheme in 2013-14 is $507 million. As compared to the 2012-13 revised estimate of $242 million, there is an increase of $265 million.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)254

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2386

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Among the patients who received dental treatment service from the Department of Health (DH) in 2011 and 2012, how many of them were over 65 years old?

Does DH have any plan to enhance dental treatment service provided for elderly people this year? Does it include the setting up of dental clinics for elderly people? If no, what are the reasons?

Asked by: Hon. WONG Yuk-man

Reply:

Under Programme 4, the Department Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. DH does not keep separate statistics on patients who are over 65 years old. In the financial years 2011-12 and 2012-13, among the patients who received dental treatment at GP sessions, the breakdown of their attendances by age group of 61 years old or above is as follows:

	Attendances by Age Group			
Age Group	**2011-12**		**2012-13 (up to January 2013)**	
	No. of attendances	**% distribution**	**No. of attendances**	**% distribution**
61 or above	18 980	54.4%	16 600	55.2%

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. 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. Starting 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 in 2014.

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. DH will continue its efforts in promotion and education to improve oral health of the public.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)255

Question Serial No.

0533

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Head: 708 - Capital Subventions and Major Systems and Equipment

Subhead:

Programme:

Controlling Officer: Director of Architectural Services

Director of Bureau: Secretary for Food and Health

Question: The Budget states that the Administration is "preparing for the redevelopment of Queen Mary Hospital, Kwong Wah Hospital and United Christian Hospital. The estimated costs will be as high as $25 billion." What is the amount to be allocated for the expansion of United Christian Hospital?

Asked by: Hon. CHAN Kam-lam

Reply: Among the total estimated cost of $25 billion for the 3 hospital projects, about $8 billion is for the expansion of United Christian Hospital.

Name in block letters: K K LEUNG

Post Title: Director of Architectural Services

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)256

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0560

Head: 708 – Capital Subventions and Major Systems and Equipment

Subhead:

Programme:

Controlling Officer: Director of Architectural Services

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 92 of the Budget Speech that the Administration plans to use $20 billion for the construction and refurbishment of several public hospitals and clinics, including the construction of Tin Shui Wai Hospital and the Centre of Excellence in Paediatrics, the refurbishment of Hong Kong Buddhist Hospital as well as the reprovisioning of the Yau Ma Tei Specialist Clinic. What are the respective expenditures involved? What is the planned timetable? What is the completion and commissioning schedule? What is the estimated number of medical staff involved or how many additional medical staff will be hired?

Asked by: Hon. TO Kun-sun, James

Reply:

1. The estimated project cost, tentative works schedule and facility commissioning date on the enquired projects are as follows:

Name of project	Estimated Project Cost $ billion	Works Start Date	Tentative Works Completion Date	Tentative Facility Commissioning Date
Tin Shui Wai Hospital (TSWH)	3.9	27 Feb 2013	2nd Quarter 2016	2nd Quarter 2017
Establishment of Centre of Excellence in Paediatrics (CEP)	13.8	3rd Quarter 2013 (tentative)	2nd Quarter 2017	2nd Quarter 2018
Reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital (YMTSC)	1.9	2nd Quarter 2013 (tentative)	2nd Quarter 2016	3rd Quarter 2016
Refurbishment of Hong Kong Buddhist Hospital (HKBH) Note	0.2	3rd Quarter 2013 (tentative)	2nd Quarter 2015	2nd Quarter 2016

Note We are reviewing the scope and programme of the refurbishment of HKBH project, hence, the estimated project cost and works programme are subject to change.

2. Employment of medical staff:

The Hospital Authority (HA) estimates that approximately 1 000 staff including about 70 doctors and 270 nurses are required for the TSWH. Detailed operational and staffing arrangements for the CEP, which will involve certain service re-organisation of HA's paediatrics services, will be worked out by HA at a later stage after the detailed design and commission plan have been finalised. For HKBH and YMTSC, as the former one is a refurbishment project while the latter one is a reprovisioning one, HA expects that no additional manpower is required.

Name in block letters: K K LEUNG

Post Title: Director of Architectural Services

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)257

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3732

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of babies born in the New Territories East hospital cluster under the Hospital Authority in the past 3 years (i.e. 2010-11, 2011-12, 2012-13) with a breakdown by "both parents are Hong Kong residents", "one parent is a Hong Kong resident", "both parents are Mainlanders" and "both parents are persons of other nationalities".

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the number of live births by eligible persons (EP) and non-eligible persons (NEP) in the New Territories East Cluster (NTEC) of the Hospital Authority (HA) in the past three years (i.e. 2010-11 to 2012-13). Pregnant patients using obstetric services of HA are not obliged to disclose the particulars of their spouses. The numbers of NEPs who claimed that their husbands were Hong Kong residents provided below are based on information available to HA and are only indicative.

Year	**Numbers of live births in NTEC**		**Total**
	Eligible Persons (EPs)	**Non-eligible Persons (NEPs) (Figures in bracket are NEPs who claimed that their husbands were Hong Kong residents)**	
2010-11	5 706	1 626 (681)	7 332
2011-12	6 340	851 (313)	7 191
2012-13 (Up to 31 December 2012) [Provisional figures]	5 450	120 (56)	5 570

Note: EP is defined as patients falling into the following categories:

(a) a holder of Hong Kong Identity Card issued under the Registration of Persons Ordinance;
(b) children who are Hong Kong resident and under 11 years of age; or
(c) other persons approved by the Chief Executive of HA.

Persons who are not EP are classified as NEP.

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)258

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3733

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 paediatric services in the New Territories East Cluster of the Hospital Authority, please provide the numbers of beds and in-patients, bed occupancy rate and ratio of healthcare personnel to patients over the past 3 years (i.e. 2010-11, 2011-12 and 2012-13). Among those paediatric patients, how many have parents who are both non-Hong Kong residents? Has the Administration earmarked resources for strengthening the paediatric in-patient services at Prince of Wales Hospital, or opening new paediatric wards and providing related services at other hospitals in the Cluster?

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the number of beds, inpatient discharges and deaths, and bed occupancy rate of the paediatric specialty in the New Territories East Cluster (NTEC) of the Hospital Authority (HA) in the past three years (2010-11 to 2012-13).

	2010-11	2011-12	2012-13 (Up to 31 December 2012) [Provisional figures]
Number of beds (as at the end of the financial year)	165	165	166
Number of inpatient discharges & deaths	11 441	12 000	9 195
Bed occupancy rate	85%	87%	82%

HA only keeps record of the particulars of the patients using public healthcare services pertaining to the treatment of their cases. HA does not maintain separate record on the residence status of the parents of the patients, and hence does not have statistical figures on the number of paediatric patients with parents who are both non-Hong Kong residents.

The table below sets out the number of doctors and nurses working in the paediatric specialty in the NTEC in the past three years (2010-11 to 2012-13)

Staff Group (Note 1)	2010-11 (as at 31 March 2011)	2011-12 (as at 31 March 2012)	2012-13 (as at 31 December 2012)
Doctors (Note 2)	51	54.2	57.71
Nurses	207	235.96	244.45

Note 1: Manpower on full-time equivalent includes permanent, contract and temporary staff in HA's workforce covering both paediatrics and neonatal services

Note 2: Excluding Interns

In planning its services and allocating beds to different hospitals, including those related to the paediatrics, HA takes into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as the organisation of services of the clusters and hospitals as well as the service demand of the community. HA will continue to enhance the paediatric services at NTEC covering ambulatory and inpatient services to meet service demand, including that arising from children whose parents are both non-Hong Kong residents.

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)259

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3734

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 improvement of service in the Kowloon East Cluster, please advise on the number of deliveries in the Kowloon East Cluster in the past 3 years (i.e. 2010-11, 2011-12 and 2012-13). Among the pregnant women there, how many reported that they lived in Tseung Kwan O or Sai Kung? Has any additional manpower been deployed in the Kowloon East Cluster for introducing obstetric and gynaecological in-patient service in Tseung Kwan O Hospital?

Asked by: Hon. CHAN Hak-kan

Reply:

The table below sets out the number of deliveries in the Kowloon East Cluster (KEC) of the Hospital Authority (HA) in the past three years (2010-11 to 2012-13), with breakdown on the number of pregnant women with reported address in Tseung Kwan O or Sai Kung districts.

Reported district of residence	2010-11	2011-12	2012-13 (Up to 31 December 2012) [Provisional figures]
Tseung Kwan O or Sai Kung	1 462	1 561	1 223
Other districts	4 118	3 812	2 645
Total number of deliveries in KEC	5 580	5 373	3 868

The Tseung Kwan O Hospital (TKOH) expansion project has included, among other things, a plan to establish the obstetric wards, neonatal intensive care units (NICU) and special care baby units. The detailed arrangement, including the timing for the provision of these services, hinges on factors such as overall services demand, and the supply of healthcare personnel etc.

HA has recently reviewed the overall healthcare needs of the Sai Kung District (SKD). As compared to 2011, the population of SKD is projected to increase by 15.5% by 2019, and that of the elderly population (i.e. those aged 65 or above) by 56.3% in the same period. This highlights the increase in population, in particular the elderly population in the district, and its impact on the overall healthcare services demand.

On the other hand, the projected number of births at public hospitals in SKD for the coming years is expected to be steady, ranging from 2 300 to 2 500 per annum. In this respect, it may be noted that following the recommendation of its Expert Committee on Obstetric and Gynaecology Services, HA has set a planning reference of 3 000 delivery per annum for the provision of safe and quality obstetric services in a public hospital.

In spite of the staff retention and recruitment measures taken by HA in recent years, there will still be manpower shortage for doctors and nurses for the coming years. It would therefore be necessary for HA to prioritise the services provision within the manpower constraints with due regard to the needs and demands of the community. According to the population based analysis of the medical needs of SKD, priority should be accorded to the enhancement of in-patient, ambulatory and other supporting specialised services in TKOH in the coming years.

The demand for obstetric services in the district could be served on a cluster basis with the United Christian Hospital providing delivery and NICU services and TKOH providing antenatal and postnatal services.

HA recognises the need for the provision of obstetric services in TKOH in the longer term, and will continue to make plan for the provision of manpower to prepare for the opening of such services in TKOH at a suitable time when sufficient manpower is available and safety standard can be assured. HA will regularly review the timeline for the provision of delivery and NICU services in TKOH and continue to communicate with the stakeholders on the progress.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)260

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3349

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

Subhead (No. & title): 000 Operational Expenses

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The promotion of breastfeeding helps reduce Hong Kong babies' demand for infant formula milk. In this connection, will the Administration allocate resources in 2013-14 to implement measures which promote and support breastfeeding and to study the formulation of new support measures? If yes, please provide the work plan, timetable, details of the specific measures, and a breakdown on the estimated expenditure. If no, what are the reasons?

Asked by: Hon. CHAN Ka-lok, Kenneth

Reply:

The Government has all along endeavoured to promote, protect and support breastfeeding, and implements this policy through the Department of Health (DH) and Hospital Authority (HA).

The Government has been actively promoting and supporting breastfeeding through different channels. This includes (i) training of maternal and child health professionals and production of a multi-media kit on breastfeeding for their self-learning; (ii) providing education for parents through workshops as well as production and distribution of educational materials such as booklets, videos and articles in newspapers; (iii) providing guidance and skills support for breastfeeding mothers in the Maternal and Child Health Centres and through the breastfeeding hotline; (iv) conducting publicity activities to enhance the public awareness of breastfeeding; (v) collaboration with local voluntary organisations to organise regular activities to support breastfeeding mothers in the community.

In 2013-14, DH will continue the effort in promoting and supporting breastfeeding. Most of these activities are delivered through the Family Health Service (FHS) of DH, and form an integral part of FHS's services. They will be absorbed in the provisions of FHS and no breakdown is available.

To provide more support to breastfeeding women, the Government has been promoting the provision of babycare facilities in the public and private premises. In 2013-14, the Government will allocate $4.5 million to HA to increase the number of lactation specialists to further promote and support breastfeeding in HA hospitals. The Government developed the Advisory Guidelines on Babycare Facilities in August 2008 and a Practice Note on the Provision of Babycare Rooms in Commercial Buildings in February 2009 for reference by government departments and public organisations, and commercial sectors respectively.

The Government has set up a Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes to develop a draft document of the Hong Kong Code of Marketing and Quality of Formula Milk and Related

Products, and Food Products for Infants & Young Children (HK Code). Its aim is to contribute to the protection of breastfeeding and provision of safe and adequate nutrition for infants and young children, based on adequate and unbiased information and through appropriate marketing. Pubic consultation on the proposed HK Code was conducted from 26 October 2012 to 28 February 2013 to seek views from the public, the trade and relevant stakeholders. The Government will carefully analyse and consider the views and comments received in finalising the HK Code.

Name in block letters: Richard YUEN

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

Date: 28.3.2013

Reply Serial No.

FHB(H)261

Question Serial No.

4851

Examination of Estimates of Expenditure 2013-14

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

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

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Has the Bureau ever mobilised resources or manpower to handle the Hong Kong Baptist University's application for using the site of the former campus of the Hong Kong Institute of Vocational Education (Lee Wai Lee)? If yes, what are the details and the expenditure involved?

Asked by: Hon. CHAN Ka-lok, Kenneth

Reply:

The Hong Kong Baptist University (HKBU) submitted a proposal to the Food and Health Bureau (FHB) in November 2011 on a joint project with the Tsim Sha Tsim Kai Fong Welfare Association (TSTKFWA) to develop a Chinese medicine hospital by redeveloping an existing TSTKFWA building in Tsim Sha Tsui. HKBU provided further information to FHB on its proposal in September 2012.

On 18 February 2013, HKBU wrote to FHB to withdraw its joint project with TSTKFWA and submitted a non-site specific proposal on the development of a Chinese medical teaching hospital (CMTH). It also suggested that the site formally occupied by the Hong Kong Institute of Vocational Education (Lee Wai Lee) (ex-IVE (LWL) site) would be the most suitable location for the CMTH. The HKBU's proposals have been handled by FHB as part of its normal duty. A breakdown of the expenditure involved is not available.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)262

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4893

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

Subhead (No. & title):

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

To alleviate the current imbalance in the use of public and private hospitals, what measures will be taken in 2013-14 to support the development of private hospitals and what is the estimated expenditure?

Asked by: Hon. CHAN Ka-lok, Kenneth

Reply:

The healthcare system of Hong Kong runs on a dual-track basis encompassing both public and private elements. The private healthcare sector is an integral part of the dual-track system. One of our healthcare reform initiatives is to promote and facilitate private healthcare development. This will help redress the imbalance between the public and private sectors in hospital services, and increase the overall capacity of the healthcare system in Hong Kong to cope with the rising service demand.

To facilitate private hospital development, the Government put out two sites reserved for this purpose for open tender from April to July last year. The two sites are at Wong Chuk Hang (Aberdeen Inland Lot No. 458) and Tai Po (Tai Po Town Lot No. 207). The Government announced the result of the tenders for the development of private hospitals at the Wong Chuk Hang and Tai Po sites on 13 March 2013. The tender for the Wong Chuk Hang site was awarded to GHK Hospital Limited, whereas that for the Tai Po site was, in the absence of any conforming tender, cancelled pursuant to the Government's Stores and Procurement Regulations.

We will examine the experience gained from this exercise, review the market response and assess the needs of the community in formulating the way forward for the future development of private hospitals and the disposal arrangement for the other three reserved sites.

The Food and Health Bureau will carry out the work related to private hospital developments with existing resources and manpower and we do not have a breakdown of the estimated expenditure in this regard.

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Reply Serial No.

FHB(H)263

Examination of Estimates of Expenditure 2013-14

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5345

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

Subhead (No. & title): 000 Operational expenses

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

In January 2013, the Chief Executive announced in the Policy Address the setting up or proposed setting up of a total of 14 councils/authorities, committees and working groups. The Financial Secretary stated in his Budget Speech that he would provide financial resources. What are the work plans and estimated expenditures of the Chinese Medicine Development Committee and Steering Committee on the Review of the Operation of the Hospital Authority in 2013-14? Please provide a breakdown for individual committees.

Asked by: Hon. CHAN Ka-lok, Kenneth

Reply:

In his Policy Address delivered in January 2013, the Chief Executive announced the establishment of the Chinese Medicine Development Committee (CMDC) and the Steering Committee on the Review of the Hospital Authority (HA). Information requested in respect of these two committees is as follows.

CMDC

CMDC has been established to 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, CMDC 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. To focus the study on the above specific areas of concern, CMDC has endorsed at its first meeting the formation of the Chinese Medicine Practice Sub-committee (CMPSC) and the Chinese Medicines Industry Sub-committee (CMISC).

Steering Committee on the Review of HA

The Steering Committee on the Review of HA 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.

In respect of the financial resources required for the CMDC and the Steering Committee on the Review of HA, we will support the work of both committees with existing resources of the Food and Health Bureau. We do not have a breakdown of the financial expenditure of both committees at this stage.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)264

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5225

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What were the unit costs (per day) of inpatient services for general (including acute and convalescent), infirmary, mentally ill and mentally handicapped in the past ten years (i.e. 2003-04 to 2012-13)?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The table below sets out the average cost per patient day by types of beds in the Hospital Authority (HA) for the past 10 years. The higher average costs (notably for general inpatient services) in 2003-04 was mainly due to the significant reduction in the volume of activities of HA services caused by the Severe Acute Respiratory Syndrome (SARS) outbreak.

Year	Cost per patient day			
	General (acute & convalescent) ($)	Infirmary ($)	Mentally ill ($)	Mentally Handicapped ($)
2003-04	3,930	1,180	1,440	1,060
2004-05	3,310	1,040	1,420	1,000
2005-06	3,280	1,040	1,470	980
2006-07	3,290	990	1,560	960
2007-08	3,440	1,030	1,720	1,030
2008-09	3,650	1,090	1,890	1,050
2009-10	3,590	1,130	1,780	1,070
2010-11	3,600	1,130	1,750	1,070
2011-12	3,950	1,270	1,930	1,190
2012-13 (Revised Estimate)	4,310	1,360	2,090	1,290

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	20.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)265

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5226

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the median waiting time for first appointment at psychiatric specialist outpatient (SOP) clinics in various hospital clusters of the Hospital Authority (HA) over the past five years (i.e. 2008-09 to 2012-13)? If adolescent and adult patients are on separate waiting lists, please provide the median waiting time of both lists. Besides, please elaborate whether the Administration has plans to shorten the relevant waiting time.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The table below sets out the overall median waiting time (weeks) for first appointment at psychiatric specialist out-patient clinics (SOPC) in each cluster in the past five years (from 2008-09 to 2012-13).

Cluster	**Median waiting time (weeks) for first appointment at psychiatric specialist out-patient clinics**				
	2008/09	**2009/10**	**2010/11**	**2011/12**	**2012/13 (as at 31 December 2012)**
HKEC	2	1	< 1	2	5
HKWC	5	7	4	4	5
KCC	3	3	4	5	4
KEC	5	5	5	8	8
KWC	4	4	4	4	15
NTEC	4	4	6	8	6
NTWC	4	2	4	7	7
Overall	4	4	4	6	7

Note:
The surge in the median waiting time in 2012/13 in the KWC, as compared to that of previous years, is due to an adjustment made to align the measurement of waiting time with that adopted by other clusters.

As at 31 December 2012, the median waiting time for first appointment at child and adolescent psychiatric SOPC and adult psychiatric SOPC are 18 weeks and 5 weeks respectively.

To help address the long waiting time and increasing service demand in psychiatric SOPC, HA in 2010 set up common mental disorder clinics at the psychiatric SOPCs in all seven clusters to enhance the assessment and consultation services for patients with common mental disorders. In addition, HA in 2011 expanded the child and adolescent psychiatric teams, comprising healthcare professionals in various disciplines, to provide early identification, assessment and treatment services for children suffering from autism and attention deficit hyperactivity disorders.

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: 4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)266

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5235

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) How many resources will be deployed to women's specialist medical centres?

(b) Will the number of women's specialist medical centres be increased to meet women's needs?

(c) How many Chinese medicine clinics are opened/planned to be opened?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

(a) & (b)

The public healthcare services delivered by the Hospital Authority (HA) are disease-based under various clinical specialties, which cater for the divergent healthcare needs of the population. HA does not organise services on gender basis. HA will enhance its services to meet the demand of the community having regard to the population growth, demographic changes and updates in disease patterns.

(c)

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 over the territory. HA will soon commence renovation works for the last CMC to be set up in the Islands District.

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)267

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5249

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What are the actual expenditure on general outpatient service for the past five years (from 2008-2009 to 2012-2013) and the estimated expenditure in the financial year of 2013-2014?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

Public general out-patient services are primarily targeted at serving the elderly, the low-income group and the chronically ill. The costs for operating the 74 general out-patient clinics (GOPCs) under the Hospital Authority (HA) from 2008-09 to 2013-14 are as follows –

Year	Costs of General Outpatient Services ($ million)
2008-09	1,405
2009-10	1,369
2010-11	1,465
2011-12	1,776
2012-13	2,055 (Revised Estimate)
2013-14	2,161 (Estimate)

Note: HA has been implementing various initiatives under primary care settings to enhance chronic disease management since 2008-09, including the Risk Factor Assessment and Management Programme, the Patient Empowerment Programme, the Nurse and Allied Health Clinics, the General Out-patient Clinic Public-Private Partnership Programme, the Shared Care Programme and smoking cessation service. Starting from 2012-13, these programmes have been implemented on a recurrent basis and the corresponding funding has been included in the overall general outpatient service estimate.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)268

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5273

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Government proposes to roll out the Case Management Programme on mental health to three more districts in 2013-14 and achieve full coverage in the coming two years. Please advise the estimated number of patients in different districts to benefit from this Programme in the coming five years (i.e. from 2013-14 to 2017-18).

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

In April 2010, the Hospital Authority (HA) launched the Case Management Programme (the Programme) in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalised support for patients with severe mental illness (SMI). By 2012-13, the Programme has been extended to a total of 12 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Kowloon City, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long).

As at 31 December 2012, the Programme has provided personalised and intensive community support to about 11 500 patients with SMI under the the Programme.

In 2013-14, the Programme will be further extended to cover three more districts (Wong Tai Sin, Sai Kung and North). It is estimated that an additional 56 case managers including nurses and allied health professionals will be recruited to provide support for about 2 800 more patients. As the projected service demand of the Programme is affected by a number of factors including population growth, demographic changes, changes in health services utilisation patterns and service delivery models, HA does not have the projection of patients to be benefited from this Programme in the coming five years.

Name in block letters: Richard YUEN

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

Date: 8.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)269

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5287

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the total number of patients waiting for hyperactivity disorder services and the average waiting time.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

As at 31 December 2012, there were a total of 4 485 children and adolescents on the waiting list of the Hospital Authority's psychiatric specialist outpatient services. The median waiting time was around 18 weeks.

HA does not have statistics on the total number of patients waiting for hyperactivity disorder services.

Name in block letters: Richard YUEN

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

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)270

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5300

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What were the median waiting times for first appointment at psychiatric specialist outpatient clinics in various clusters under the Hospital Authority (HA) in the past five years (i.e. from 2008 to 2012)? If adolescent and adult patients are put on different waiting lists, please provide the median waiting times of these two groups of patients. Besides, please advise if the Administration has any plan to shorten the waiting time.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The table below sets out the overall median waiting time (weeks) for first appointment at psychiatric specialist out-patient clinics (SOPC) in each cluster in the past five years (from 2008-09 to 2012-13).

Cluster	**Median waiting time (weeks) for first appointment at psychiatric specialist out-patient clinics**				
	2008/09	**2009/10**	**2010/11**	**2011/12**	**2012/13 (as at 31 December 2012)**
HKEC	2	1	< 1	2	5
HKWC	5	7	4	4	5
KCC	3	3	4	5	4
KEC	5	5	5	8	8
KWC	4	4	4	4	15
NTEC	4	4	6	8	6
NTWC	4	2	4	7	7
Overall	4	4	4	6	7

Note:
The surge in the median waiting time in 2012/13 in the KWC, as compared to that of previous years, is due to an adjustment made to align the measurement of waiting time with that adopted by other clusters.

As at 31 December 2012, the median waiting time for first appointment at child and adolescent psychiatric SOPC and adult psychiatric SOPC are 18 weeks and 5 weeks respectively.

To help address the long waiting time and increasing service demand in psychiatric SOPC, HA in 2010 set up common mental disorder clinics at the psychiatric SOPCs in all seven clusters to enhance the assessment and consultation services for patients with common mental disorders. In addition, HA in 2011 expanded the child and adolescent psychiatric teams, comprising healthcare professionals in various disciplines, to provide early identification, assessment and treatment services for children suffering from autism and attention deficit hyperactivity disorders.

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: 4.2013

Examination of Estimates of Expenditure 201314

Reply Serial No.

FHB(H)271

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5304

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:

1. Please provide in table form the turnover rates (including departure and retirement) of government doctors for each specialty and district in the past five financial years (i.e. 2008-09 to 2012-13).

2. Please list by district and total number the overall ratio of doctors (including both public and private sectors) to members of the public.

3. Has the Government drawn up any longterm plan to increase the ratio of healthcare personnel (including doctors, nurses and therapists) to population? If yes, what are the timetable and objectives? What standards or countries will be made reference to?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

1.

The table below sets out the attrition rate of doctors by major specialties in each cluster of the Hospital Authority (HA) in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13.

Cluster	**Specialty**	**2008-09**	**2009-10**	**2010-11**	**2011-12**	**2012-13 (Rolling 12 months from 1 Jan 12 to 31 Dec 12)**
HKEC	Accident & Emergency	1.9%	3.8%	7.8%	2.0%	1.9%
	Anaesthesia	0	3.3%	6.9%	3.2%	3.1%
	Family Medicine	14.3%	8.7%	6.4%	4.0%	1.9%
	Medicine	4.2%	4.9%	3.5%	2.1%	4.0%
	Neurosurgery	9.5%	0	0	0	8.8%
	Obstetrics & Gynaecology	10.3%	16.4%	20.6%	9.7%	0
	Ophthalmology	5.6%	5.2%	5.2%	10.0%	13.3%
	Orthopaedics & Traumatology	17.0%	3.3%	3.2%	6.4%	3.2%
	Paediatrics	8.0%	15.1%	7.2%	14.8%	26.3%
	Pathology	0	12.3%	0	0	0
	Psychiatry	0	3.2%	0	0	6.0%
	Radiology	3.3%	6.0%	5.8%	8.6%	2.8%
	Surgery	4.4%	0	4.1%	10.0%	11.7%
	Others	5.3%	2.6%	7.8%	5.2%	7.7%
	Total	**5.6%**	**5.3%**	**5.3%**	**4.8%**	**5.6%**

Cluster	Specialty	2008-09	2009-10	2010-11	2011-12	2012-13 (Rolling 12 months from 1 Jan 12 to 31 Dec 12)
HKWC	Accident & Emergency	11.7%	0	0	0	0
	Anaesthesia	5.9%	9.5%	3.7%	9.0%	6.8%
	Cardiothoracic Surgery	9.4%	10.3%	0	10.1%	9.8%
	Family Medicine	0	6.5%	3.0%	2.8%	0
	Medicine	4.8%	6.3%	3.9%	6.9%	7.6%
	Neurosurgery	7.7%	7.4%	0	0	0
	Obstetrics & Gynaecology	4.6%	0	4.0%	3.8%	7.4%
	Ophthalmology	0	0	9.5%	0	0
	Orthopaedics & Traumatology	12.1%	3.5%	0	10.1%	6.7%
	Paediatrics	2.5%	2.4%	7.1%	4.6%	4.7%
	Pathology	4.4%	8.7%	8.4%	0	3.9%
	Psychiatry	9.8%	0	0	17.8%	8.1%
	Radiology	5.9%	5.7%	5.6%	8.0%	2.7%
	Surgery	2.7%	8.0%	6.4%	8.8%	9.9%
	Others	2.8%	0	5.2%	5.3%	0
	Total	**5.0%**	**5.2%**	**4.2%**	**6.5%**	**5.5%**
KCC	Accident & Emergency	8.0%	2.6%	13.2%	2.6%	7.8%
	Anaesthesia	2.2%	4.2%	0	0	0
	Cardiothoracic Surgery	0	7.1%	15.3%	0	0
	Family Medicine	5.8%	6.2%	4.0%	5.9%	5.9%
	Medicine	4.4%	5.7%	4.3%	2.1%	4.2%
	Neurosurgery	0	0	6.4%	0	5.1%
	Obstetrics & Gynaecology	7.9%	12.0%	12.9%	0	3.2%
	Ophthalmology	5.9%	2.7%	0	2.8%	0
	Orthopaedics & Traumatology	6.3%	0	0	0	2.8%
	Paediatrics	5.1%	5.1%	5.2%	10.9%	2.6%
	Pathology	0	3.8%	0	0	6.7%
	Psychiatry	3.2%	3.0%	18.2%	5.5%	2.7%
	Radiology	0	0	4.9%	2.3%	0
	Surgery	10.0%	5.8%	1.9%	5.6%	3.8%
	Others	4.2%	0	5.8%	5.8%	7.7%
	Total	**4.7%**	**4.1%**	**5.1%**	**3.2%**	**3.7%**
KEC	Accident & Emergency	4.4%	4.4%	0	13.3%	5.3%
	Anaesthesia	5.4%	4.9%	9.9%	5.1%	10.1%
	Family Medicine	3.8%	5.2%	4.0%	4.9%	3.5%
	Medicine	4.1%	5.8%	1.6%	1.5%	8.0%
	Neurosurgery	0	0	0	0	0
	Obstetrics & Gynaecology	4.2%	0	7.4%	7.3%	10.7%
	Ophthalmology	18.2%	13.9%	6.6%	0	15.4%
	Orthopaedics & Traumatology	5.3%	10.6%	10.6%	7.7%	5.1%
	Paediatrics	2.6%	0	12.6%	13.0%	5.2%
	Pathology	0	5.3%	0	0	0
	Psychiatry	7.5%	0	0	0	2.8%
	Radiology	0	0	0	4.1%	4.0%
	Surgery	4.1%	1.8%	1.7%	5.1%	5.1%
	Others	5.2%	4.9%	6.8%	8.9%	8.4%
	Total	**4.3%**	**4.4%**	**4.1%**	**5.3%**	**6.3%**
KWC	Accident & Emergency	6.4%	4.5%	6.3%	4.6%	8.4%
	Anaesthesia	3.9%	6.5%	3.9%	6.3%	8.7%
	Family Medicine	9.9%	5.0%	6.8%	5.9%	8.3%
	Medicine	3.9%	6.0%	5.4%	4.6%	2.8%
	Neurosurgery	4.2%	8.0%	0	17.1%	17.8%
	Obstetrics & Gynaecology	2.1%	14.3%	8.4%	0	1.9%
	Ophthalmology	8.5%	0	8.4%	21.5%	0
	Orthopaedics & Traumatology	1.5%	3.0%	5.8%	4.2%	4.1%
	Paediatrics	6.6%	2.7%	9.6%	8.2%	5.2%
	Pathology	2.2%	0	2.1%	4.2%	6.4%
	Psychiatry	1.6%	3.0%	3.1%	1.4%	5.7%
	Radiology	3.8%	9.8%	3.7%	3.8%	3.7%

Cluster	Specialty	2008-09	2009-10	2010-11	2011-12	2012-13 (Rolling 12 months from 1 Jan 12 to 31 Dec 12)
	Surgery	2.9%	5.5%	6.2%	1.7%	6.0%
	Others	4.8%	1.5%	3.0%	2.8%	2.6%
	Total	**4.7%**	**5.1%**	**5.5%**	**4.8%**	**5.4%**
NTEC	Accident & Emergency	2.8%	1.4%	8.7%	11.8%	2.9%
	Anaesthesia	7.6%	5.3%	3.5%	5.2%	1.8%
	Cardiothoracic Surgery	0	0	0	0	0
	Family Medicine	7.9%	7.5%	11.0%	2.3%	5.6%
	Medicine	6.8%	5.0%	6.1%	7.6%	5.3%
	Neurosurgery	0	0	12.9%	0	13.8%
	Obstetrics & Gynaecology	5.9%	12.6%	6.2%	6.2%	0
	Ophthalmology	4.3%	4.2%	21.3%	17.6%	19.2%
	Orthopaedics & Traumatology	6.7%	3.2%	9.9%	3.3%	5.0%
	Paediatrics	7.9%	1.9%	3.8%	3.7%	5.3%
	Pathology	0	0	3.2%	0	0
	Psychiatry	7.9%	0	6.8%	1.7%	4.8%
	Radiology	18.5%	0	8.4%	0	2.5%
	Surgery	5.2%	5.0%	2.4%	3.7%	0
	Others	3.0%	2.8%	7.0%	2.7%	3.9%
	Total	**6.3%**	**3.9%**	**7.0%**	**5.0%**	**4.2%**
NTWC	Accident & Emergency	3.1%	1.5%	3.1%	3.3%	8.4%
	Anaesthesia	0	7.2%	0	10.3%	4.3%
	Cardiothoracic Surgery	0	0	0	0	0
	Family Medicine	1.4%	5.5%	4.2%	5.8%	2.8%
	Medicine	6.1%	1.6%	9.0%	4.9%	5.5%
	Neurosurgery	0	0	0	0	0
	Obstetrics & Gynaecology	10.6%	0	10.3%	3.4%	3.2%
	Ophthalmology	5.3%	0	5.2%	0	4.7%
	Orthopaedics & Traumatology	2.5%	2.4%	4.7%	2.3%	7.1%
	Paediatrics	14.9%	2.7%	0	5.4%	8.5%
	Pathology	0	9.8%	0	0	0
	Psychiatry	2.8%	2.8%	8.2%	2.6%	6.3%
	Radiology	7.0%	0	0	3.2%	3.0%
	Surgery	2.2%	2.0%	0	3.4%	7.9%
	Others	7.1%	4.7%	0	6.9%	4.3%
	Total	**4.3%**	**2.9%**	**4.2%**	**4.3%**	**5.3%**

Note:

i. Rolling Attrition Rate = Total number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

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

iii. The manpower figures provided in this reply 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.

According to statistics maintained by the Medical Council of Hong Kong, as at 31 December 2012, there were 13 006 doctors with full registration, 275 with provisional registration and 175 with limited registration in Hong Kong. These doctors include doctors serving both the public and private sectors. As at 31 December 2012, the ratio of the number of doctors with full registration to 1 000 population in Hong Kong was 1.8. When including doctors with provisional and limited registration, the ratio of the number of doctors to 1 000 population in Hong Kong was 1.9. The number of doctors practising in private healthcare sector and its ratio per 1 000 population were not available.

As to the public sector, the table below sets out the number and ratio of doctors in HA per 1 000 population in each cluster in 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13.

	2008-09		2009-10		2010-11		2011-12		2012-13 (as at 31 December 2012)	
Cluster	**Number of doctors**	**Ratio per 1 000 population**	**Number of doctors**	**Ratio per 1 000 population**	**Number of doctors**	**Ratio per 1 000 population**	**Number of doctors**	**Ratio per 1 000 population**	**Number of doctors**	**Ratio per 1 000 population**
HKEC	532	0.6	541	0.7	550	0.7	555	0.7	572	0.7
HKWC	543	1.0	559	1.0	569	1.1	588	1.1	597	1.1
KCC	613	1.3	635	1.3	648	1.3	662	1.3	679	1.3
KEC	552	0.6	566	0.6	590	0.6	603	0.6	617	0.6
KWC	1 170	0.6	1 183	0.6	1 192	0.6	1 208	0.6	1 249	0.7
NTEC	809	0.6	842	0.7	835	0.6	861	0.7	875	0.7
NTWC	634	0.6	657	0.6	656	0.6	674	0.6	684	0.6

Note:

i. It should be noted that the ratio of doctors per 1 000 population varies among the clusters and the variances do not necessarily correspond to the difference in the population among the clusters because:

(a) patients can receive care in hospitals other than those in their own residential districts and cross-cluster utilisation of services is rather common; and

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

ii. The manpower to population ratios involve the use of the population figures based on the 2011 Population Census by the Census & Statistics Department and the latest projection by the Planning Department.

3.

The Government has set up a high-level steering committee, chaired by the Secretary for Food and Health, to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. The Steering Committee is tasked to assess manpower needs in the various healthcare professions including doctors, nurses and allied health professionals and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development. The Review is expected to be completed in 2013. Its findings and recommendations will shed light on ways to ensure an adequate supply of quality healthcare professionals for the healthy and sustainable development of our healthcare system.

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: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)272

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5310

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Since the launch of the Case Management Programme in April 2010, more than 11 000 patients have received services under the Programme. Please tabulate the detailed information to advise this Committee of the following:

1. What are the numbers of new arrivals, persons from single-parent families and children among the patients? What is the gender composition? What is the age profile?

2. What are the numbers of victims and batterers of domestic violence among the patients? What is the gender composition? What is the age profile?

3. What is the number of children who witnessed domestic violence among the patients? What is the gender composition? What is the age profile?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

In April 2010, the Hospital Authority (HA) launched the Case Management Programme (the Programme) in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalised support for patients with severe mental illness (SMI). By 2012-13, the Programme has been extended to a total of 12 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Kowloon City, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long).

As at 31 December 2012, the Programme has provided personalised and intensive community support to about 11 500 patients with SMI. The requested breakdowns are not available.

Name in block letters: Richard YUEN

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

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)273

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4024

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority indicates that it will retain healthcare staff through various measures including enhancement of their promotion opportunities and professional training, and recruitment of additional staff. Please advise:

1. Which categories and ranks of the healthcare staff will be retained by the Authority and the respective numbers in each category?

2. What measures will be taken to enhance the promotion opportunities of various categories of healthcare staff? What are the posts for promotion?

3. What professional training will be provided by the Authority to increase the supply of healthcare staff in short term?

4. The categories of healthcare staff the additional recruitment of which is most urgently required by the Authority and the respective numbers in each category.

Asked by: Hon. CHEUNG Kwok-che

Reply:

1.

In general, the Hospital Authority (HA) fills vacancies of senior healthcare staff through internal transfer or promotion of suitable serving HA staff as far as possible. For vacancies of junior level staff, HA conducts recruitment exercises each year to recruit graduates and other qualified healthcare professionals to fill vacancies in HA. Individual departments may also recruit healthcare staff throughout the year to cope with service and operational needs. To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 300 doctors, 2 100 nursing staff and 610 allied health staff in 2013-14.

2.

For the medical grade, on top of the existing measures, HA plans to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors and continue to recruit non-local doctors under limited registration to supplement local recruitment drive. The estimated expenditure is around $65.4 million.

For the nursing grade, HA plans to enhance career advancement opportunities of experienced nurses and provide training of registered nursing students and enrolled nursing students at HA's nursing schools. The estimated expenditure is around $154.8 million.

For the allied health grade, HA plans to provide additional training places for allied health students and recruit additional professional and supporting staff to relieve workload. The estimated expenditure is around $100.7 million.

3.

HA has earmarked around $103.4 million in 2013-14 to enhance training for healthcare staff in order to enhance the professional development and continuous learning of healthcare professionals working in HA. Major initiatives include strengthening the orientation programme for intern doctors, improving the clinical skills of doctors by sponsoring mandatory and other selected simulation trainings based on the training guidelines of the Hong Kong Academy of Medicine, building up medical expertise in the robotically-assisted surgery technology, continuing to train more nurses in the three HA nursing schools and providing more training opportunities for allied health professionals and nurses.

4.

HA delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health staff and supporting healthcare workers. HA constantly assesses its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. The manpower shortfall of doctors in 2012-13 is around 250. The number of manpower shortfall of doctors for 2013-14 is not yet available as the annual recruitment exercise for Resident Trainees is underway. The manpower shortfall of nurses in 2012-13 is around 850. HA has earmarked additional resources to recruit nurses to address the manpower shortfall of nurses in 2012-13 and 2013-14. The existing vacancies for allied health staff in 2012-13 is around 220. Recruitment exercises for local allied health graduates will start in April 2013. It is anticipated that most of the vacancies will be filled after the exercises.

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)274

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4057

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What is the annual number of attendances of ethnic minorities at public hospitals in the past 3 years (from 2010-11 to 2012-13)?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Hospital Authority (HA) manages Hong Kong's public hospitals and provides public healthcare services to the community. All users of HA's services are categorised into Eligible Persons and Non-eligible Persons. Patients who are holders of Hong Kong Identity Card issued under the Registration of Person Ordinance and children who are Hong Kong resident and under 11 years of age are Eligible Persons. Those not falling into the aforesaid categories are all classified as Non-eligible Persons. HA does not record the ethnicity of the patients and therefore no such statistics is available.

Name in block letters: Richard YUEN

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

Date: 26.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)275

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4135

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In 2005-06, the Hospital Authority (HA) pointed out that among the top 10 disease burdens in Hong Kong, mentally-ill/retarded patients ranked highest, accounting for 19% of the total bed-days for the year. Regarding the HA's services for the mentally handicapped, please advise this Committee on the following:

(a) The HA only provides 660 beds for mentally handicapped patients, mainly in the New Territories West and the Kowloon West Clusters. What is the number of beds distributed in different hospitals?

(b) What are the number of attendances and the demands for hospital beds of mentally handicapped patients in different hospital clusters in 2009-10, 2010-11, 2011-12 and 2012-13? What are the bed occupancy rates of these patients? How are the rates calculated?

(c) What are the reasons for the provision of zero bed for mentally handicapped patients in the Hong Kong East, Hong Kong West, Kowloon Central, Kowloon East and New Territories East Clusters of the HA in 2009-10, 2010-11 and 2011-12? Will the above-mentioned hospital clusters provide beds for mentally handicapped patients in 2012-13? If yes, what are the reasons? If no, what are the reasons?

(d) As at end-February 2013, how many psychiatrists specialised in services for the mentally handicapped are there in Hong Kong?

(e) The Support and Outreach Team for Intellectual Disabilities provides basic medical services to severely and moderately mentally handicapped persons who are residing in subvented homes. How many hours of services on average did the Support and Outreach Team for Intellectual Disabilities provide to different subvented homes in 2009-10, 2010-11, 2011-12 and 2012-13? Will the team consider relaxing the eligibility for its target groups by including mildly mentally handicapped persons residing in subvented homes? If yes, what are the reasons? If no, what are the reasons?

(f) Mentally handicapped persons have the problem of early ageing when compared with ordinary people. Does the Administration provide preventive medical services to these persons who are ageing? If yes, what are the reasons? If no, what are the reasons?

(g) Has the Administration conducted any researches on the mental illnesses of mentally handicapped persons? If yes, what are the reasons? If no, what are the reasons? Does the Administration provide any psychiatric outreach services for the mentally handicapped? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a), (b) & (c)

Out of the 660 beds currently provided by the Hospital Authority (HA) under a territory-wide infirmary and rehabilitation in-patient service for patients from all clusters with severe and profound intellectual disability, 160 of them are in the Kowloon West Cluster (KWC) providing support for children, and 500 beds in the New Territories West Cluster (NTWC) providing support for adults in need of this service.

For patients with mild to moderate intellectual disability in need of psychiatric in-patient care, they will be supported by their respective residential catchment cluster.

The table below sets out the number of in-patient discharges and deaths, in-patient bed occupancy rate and the number of patient days of infirmary and rehabilitation in-patient service in KWC and NTWC from 2009-10 to 2012-13 (as at 31 December 2012):

		KWC	NTWC	Overall HA
2009-10	**In-patient Discharges and Deaths**	160	187	347
	In-patient Bed Occupancy Rate	72%	98%	92%
	Number of In-patient Days	42 099	179 550	221 649
2010-11	**In-patient Discharges and Deaths**	116	237	353
	In-patient Bed Occupancy Rate	63%	98%	89%
	Number of In-patient Days	36 579	178 767	215 346
2011-12	**In-patient Discharges and Deaths**	103	282	385
	In-patient Bed Occupancy Rate	56%	98%	88%
	Number of In-patient Days	32 917	178 696	211 613
2012-13 (up to 31 Dec 2012) [Provisional Figures]	**In-patient Discharges and Deaths**	108	382	490
	In-patient Bed Occupancy Rate	57%	97%	87%
	Number of In-patient Days	24 061	132 802	156 863

The in-patient bed occupancy rate refers to the number of in-patient days as a percentage of the total number of in-patient bed days available.

(d)

As at 31 December 2012, there were 334 doctors including psychiatrists providing various services to psychiatric patients in HA. As psychiatrists supporting services for the mentally handicapped also provide support to other psychiatric services, HA does not have breakdown on the manpower on services for the mentally handicapped.

(e), (f) & (g)

Currently, the KWC and NTWC intellectual disability outreach teams provide territory-wide community support for patients with severe and profound intellectual disability residing in subvented homes. For patients with mild intellectual disability residing in subvented homes in need of psychiatric outreach services, they will be supported by the community psychiatric services or the intellectual disability outreach teams in their respective cluster. As HA provides psychiatric services

to patients including those who are mentally handicapped based on each individual's needs, it does not have figures on average service hours provided for community outreach service.

The Administration has commissioned studies covering a variety of mental disorders and patient populations that include the mentally handicapped.

Name in block letters: Richard YUEN

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

Date: 8.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)276

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4953

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the expenditures incurred for overseas duty visits in the name of the Hospital Authority in the past five years (i.e. 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13) in the table below.

Date of overseas duty visit	Purpose of overseas duty visit	Number of entourage members	Name and expenses of residing hotel	Class and price of air ticket	Total expenditure

Asked by: Hon. FAN Kwok-wai, Gary

Reply:

The Hospital Authority (HA) engages in duty visits outside Hong Kong from time to time to exchange views and share experience on managing public hospitals and healthcare services with counterparts of other places. The majority of the duty visits involve participation, many of which by HA staff, in a wide range of healthcare related conferences, meetings and discussion forums etc. conducted outside Hong Kong for the purposes of training and development as well as professional exposure. On top of the above, the HA Board also engages in duty visits outside Hong Kong, which are mainly for the purposes of the signing of collaboration agreements with authorities of other places. The major duty visits conducted in the name of HA by the Board in the past five years are set out in the table below.

Date of visit	Purpose of duty visit	Delegation Size	Hotel expenses	Air fare and insurance	Total expenditure
11 to 12 December 2012	Signing of memorandum of agreement with the Macau Health Bureau for the opening up of the Hong Kong Bone Marrow Donor Registry to Macau citizens	8	-- (Note 1)	Not applicable	$3,618
8 to 10 February 2012	Official visit by HA Board, upon invitation by the Ministry of Health (MoH) of People's Republic of China, to call on MoH and other national healthcare authorities in Beijing to enhance mutual understanding and discuss matters of common interests	19	$66,008	$142,010	$270,962
8 to 11 November 2011	Signing of collaboration agreement with Shanghai Hospital Development Centre	6	-- (Note 2)	$29,254	$29,254
15 to 16 September 2011	Signing of letter of intent of collaboration with the Peking Union Medical College Hospital	4	-- (Note 3)	$27,273	$27,273
30 March 2011	Signing of collaboration agreement with the Health, Population & Family Planning Commission of Shenzhen Municipality on Hong Kong patient records transfer	10	Not applicable	Not applicable	$3,000

Note :

(1) The hotel expenses were sponsored by the Macau Health Bureau.

(2) The hotel expenses were sponsored by Shanghai Hospital Development Centre.

(3) The hotel expenses were sponsored by the Peking Union Medical College Hospital.

Name in block letters: Richard YUEN

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

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)277

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3679

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

Regarding the operation of the Public Private Interface – electronic Patient Record (PPI-ePR) Sharing Pilot project, please advise on

1. the number of patients, private medical practitioners and private healthcare providers participating in the pilot in each of the past five years (2008-09 to 2012-13);

2. the usage and operation of the PPI-ePR sharing platform and the number of enquiries and complaints received regarding the privacy and security measures and technical issues of the PPI-ePR system respectively;

3. the detailed arrangement for the migration of PPI-ePR users to the eHR Sharing System.

Asked by: Hon. HO Sau-lan, Cyd

Reply:

The Hospital Authority (HA) launched the PPI-ePR Pilot Project in April 2006 which would enable participating healthcare professionals to view patient records kept at HA with patients consent. As at February 2013, the PPI-ePR Pilot Project has enrolled 283,295 patients and 2,825 private healthcare professionals (including 2,061 private medical practitioners), 11 private hospitals, 73 organisations and 413 centres associated with them providing healthcare-related services. The PPI-ePR pilot has received positive feedback from both participating patients and healthcare providers. The breakdown of number of new registration to PPI-ePR for the past 5 years is as follows: -

	No. of New Registrations		
	Patients	Private Medical Practitioners (Doctors Only)	Private Healthcare Providers (private hospitals, healthcare providers(HCPs) and NGOs)
2008-09	32,617	379	Private Hospitals: 1
2009-10	31,018	224	No new registration
2010-11	50,696	293	- Private Hospitals: 1 - HCPs or NGOs: 33 organisations (including 249 centres)

2011-12	74,898	269	HCPs or NGOs: 21 organisations (including 90 centres)
2012-13 (up to 28 Feb 2013)	69,603	240	HCPs or NGOs: 9 organisations (including 34 centres)

The PPI-ePR pilot provides an effective platform to facilitate collaboration between the public and private healthcare sectors. As at end September 2012, 78.6% of the enrolled private medical practitioners had accessed PPI-ePR, accounting for 530,089 ePR access made. 54.7% of the records of the enrolled patients had been accessed.

The number of enquiries and complaints handled in the calendar year of 2012 are 16,732 and 6 respectively.

For the migration of PPI-ePR participants to the eHR Sharing System (eHRSS), the migration process will mainly involve technical migration of the PPI-ePR platform to the new eHRSS, followed by migration of PPI-ePR healthcare providers, healthcare professionals and patients to the eHR programme. There will be a transitional period to facilitate gradual migration. We will send invitation packages to PPI-ePR patients to seek their consent to migrate to the eHRSS. Patients can choose to indicate their consent via the internet, telephone system or by post.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)278

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3680

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the ambulatory and outreach services of the Hospital Authority (HA), please advise on the following:

1. the expenditure ratio of the unit costs of various services in the past 3 years (2010-11 to 2012-13)：

	Staff cost	Medical supplies and equipment	Drugs	Administrative cost
A&E attendance				
Specialist outpatient attendance				
General outpatient attendance				
Family medicine specialist clinic attendance				
Outreach visit by community nurse				
Psychiatric outreach attendance				
Geriatric day attendance				

2. the number of follow-up specialist outpatient attendances completing all medical procedures (i.e. no longer requiring follow-up consultation) by specialties in the past 3 years; and

3. The HA's analysis of the reasons for cost increase in ambulatory and outreach services, as well as its assessment method.

Asked by: Hon. HO Sau-lan, Cyd

Reply:

(1)

The table below sets out the percentages of staff costs, drug costs and other costs to the actual unit costs of ambulatory and outreach services by types of services for 2010-11 and 2011-12. The relevant information for 2012-13 is not yet available.

Ambulatory and Outreach Services of the Hospital Authority (HA)	Percentage of Staff Costs to Unit Costs		Percentage of Drug Costs to Unit Costs		Percentage of Other Costs to Unit Costs [Note]		Unit Cost per Attendance / Visit	
	2010-11	2011-12	2010-11	2011-12	2010-11	2011-12	2010-11	2011-12
Accident and Emergency	78.7%	78.3%	1.7%	1.7%	19.6%	20.0%	$800	$875
Specialist outpatient	61.1%	60.7%	20.4%	21.1%	18.5%	18.2%	$910	$985
General outpatient	71.3%	71.0%	10.9%	10.8%	17.8%	18.2%	$290	$335
Family medicine specialist clinic	67.7%	67.8%	17.0%	17.3%	15.3%	14.9%	$860	$950
Outreach visit by community nurse	86.6%	85.5%	0.2%	0.2%	13.2%	14.3%	$330	$385
Psychiatric outreach	87.6%	87.8%	0.1%	0.0%	12.3%	12.2%	$1,160	$1,210
Geriatric day hospital	75.9%	75.0%	2.1%	2.2%	22.0%	22.8%	$1,490	$1,620

Note: Other costs include costs for medical supplies and equipment, utility charges, repair and maintenance, hospital supplies and information technology support for clinical computer systems.

It should be noted that the unit costs of different types of ambulatory and outreach services should not be directly compared because each type of services caters for patients with different conditions who require different diagnostic services, treatments and prescriptions.

(2)

Statistics on the number of specialist outpatient attendances which do not require any follow-up consultations are not available.

(3)

The increase in unit costs of ambulatory and outreach services is mainly attributed to rising costs and service improvements including services strengthening programme for chronic diseases and case manager programme for severe mental illness.

Name in block letters: Richard YUEN

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

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)279

CONTROLLING OFFICER'S REPLYTO INITIAL WRITTEN QUESTION

Question Serial No.

3682

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

Subhead(No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the medical services provided to patients by the Hospital Authority and the related cost, please provide the following data:

The breakdown by sex and age groups, namely below 5, 5-15, 15-64, 65-69, 70-74, 75-79, 80-84 and over 85, of the inpatient population, the percentage of inpatients in the respective age groups of the population, the average inpatient days as well as the cost of medical services of the above age groups and per 1,000 persons for the overall population in 1997-98, 2002-03, 2007-08 and 2012-13.

Asked by: Hon. HO Sau-lan, Cyd

Reply:

The tables below set out the number of inpatient discharges and deaths and the number of patient days for general inpatient services in the Hospital Authority (HA), and the respective ratio per 1 000 population of different age groups by sex in 1997-98, 2002-03, 2007-08 and 2012-13 (up to 31 December 2012).

1997-98

Gender	Age group	Inpatient discharges and deaths of general inpatient services		Inpatient patient days of general inpatient services	
		Number	Ratio per 1000 population	Number	Ratio per 1000 population
Female	Below 5	32 426	186	158 429	911
	5-14	12 619	32	57 512	146
	15-64	194 309	84	978 674	422
	65-69	25 833	213	216 897	1 790
	70-74	31 071	318	281 728	2 884
	75-79	31 878	450	313 587	4 429
	80-84	28 530	651	288 401	6 584
	85 and above	32 646	986	334 216	10 097
Male	Below 5	45 277	239	214 706	1 134
	5-14	18 712	44	76 151	181
	15-64	158 974	69	1 089 252	470
	65-69	36 003	295	315 178	2 579
	70-74	36 396	419	328 170	3 781
	75-79	31 104	565	286 916	5 207
	80-84	20 379	755	201 191	7 452
	85 and above	13 303	957	130 730	9 405

2002-03

Gender	Age group	Inpatient discharges and deaths of general inpatient services		Inpatient patient days of general inpatient services	
		Number	Ratio per 1000 population	Number	Ratio per 1000 population
Female	Below 5	29 251	241	135 072	1 113
	5-14	13 640	34	56 684	142
	15-64	209 947	83	942 436	373
	65-69	26 480	215	194 893	1 584
	70-74	36 777	336	301 497	2 751
	75-79	41 565	493	365 620	4 337
	80-84	38 604	701	356 255	6 466
	85 and above	51 666	1 111	483 854	10 405
Male	Below 5	39 527	303	172 319	1 322
	5-14	19 626	46	73 397	173
	15-64	168 209	71	979 472	414
	65-69	39 535	307	293 983	2 286
	70-74	49 014	466	393 758	3 747
	75-79	44 643	664	379 124	5 642
	80-84	32 523	891	287 937	7 889
	85 and above	24 695	1 165	226 686	10 693

2007-08

Gender	Age group	Inpatient discharges and deaths of general inpatient services		Inpatient patient days of general inpatient services	
		Number	Ratio per 1000 population	Number	Ratio per 1000 population
Female	Below 5	39 783	385	165 657	1 605
	5-14	10 298	30	43 843	128
	15-64	199 176	73	827 182	304
	65-69	18 772	167	125 617	1 119
	70-74	31 481	263	231 822	1 937
	75-79	42 719	433	336 926	3 417
	80-84	44 822	625	368 742	5 143
	85 and above	65 492	983	535 621	8 042
Male	Below 5	49 624	446	205 504	1 846
	5-14	15 267	42	60 070	166
	15-64	155 926	65	871 660	362
	65-69	32 991	269	226 108	1 846
	70-74	45 882	398	326 972	2 833
	75-79	50 551	582	386 568	4 448
	80-84	40 194	841	319 836	6 691
	85 and above	35 710	1 163	291 664	9 500

2012-13 (up to 31 December 2012) [provisional figures]

Gender	Age group	Inpatient discharges and deaths of general inpatient services		Inpatient patient days of general inpatient services	
		Number	Ratio per 1000 population	Number	Ratio per 1000 population
Female	Below 5	36 401	301	136 148	1 127
	5-14	7 944	29	30 590	111
	15-64	180 497	62	701 782	240
	65-69	17 068	132	102 452	790
	70-74	20 692	191	137 861	1 273
	75-79	31 712	290	222 428	2 033
	80-84	38 670	469	282 587	3 425
	85 and above	62 563	675	459 200	4 954
Male	Below 5	43 970	338	167 529	1 289
	5-14	11 575	39	38 624	131
	15-64	135 597	55	702 353	286
	65-69	26 350	196	168 987	1 257
	70-74	30 961	278	211 501	1 902
	75-79	40 077	409	279 814	2 858
	80-84	37 799	586	276 222	4 283
	85 and above	36 056	825	273 908	6 268

The table below sets out the total costs of healthcare services provided by HA per 1 000 population for the overall population and different age groups for 2007-08 and 2012-13. As patient information by specific age was not fully computerised prior to 2005-06, the corresponding costs for 1997-98 and 2002-03 are not available.

Age groups	**Total costs of HA's healthcare services per 1 000 population**	
	2007-08 ($ million)	**2012-13 Revised Estimate ($ million)**
Below 5	8.4	11.1
5-14	1.3	2.1
15-64	2.8	3.8
65-69	8.9	11.0
70-74	12.7	14.5
75-79	18.8	20.4
80-84	25.8	29.2
85 and above	34.6	42.0
Overall	4.6	6.3

The ratio of HA's costs of healthcare services to the population figure however does not reflect the total public health expenditure on each Hong Kong citizen on average since not every Hong Kong citizen uses healthcare services provided by the HA.

Notes:

(1) Population figures are based on the 2011 Population Census by the Census & Statistics Department and the latest projection by the Planning Department.

(2) Patients with unknown age are excluded from the data on number of inpatient discharges and deaths and inpatient patient days for general inpatient services.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)280

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3697

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

Subhead (No. & title): 000 Operational Expenses

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the consultancy studies (if any) commissioned by the Food and Health Bureau (Health Branch) and its departments for the purpose of formulating and assessing policies, please provide information in the following format.

(a) Using the table below, please provide information on studies on public policy and strategic public policy for which funds had been allocated in the past 2 financial years (2011-2012 and 2012-13):

Name of consultant	Mode of award (open auction/ tender/others (please specify))	Title, content and objective of project	Consultancy fee($)	Start date	Progress of studies (under planning/ in progress/ completed)	Follow-up actions taken by the Administration on the study report and their progress (if any)	For completed projects, have they been made public? If yes, through what channels? If no, why?

(b) Are there any projects for which funds have been reserved for conducting consultancy studies this year (2013-2014)? If yes, please provide the following information:

Name of consultant	Mode of award (open auction/ tender/others (please specify))	Title, content and objective of project	Consultancy fee($)	Start date	Progress of studies (under planning/ in progress/ completed)	Follow-up actions taken by the Administration on the study report and their progress (if any)	For projects that are expected to be completed this year, is there any plan to make them public? If yes, through what channels? If no, why?

(c) What are the criteria for considering the award of consultancy projects to the research institutions concerned?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

(a) Information on studies on public policy and strategic public policy for which funds had been allocated in the past 2 financial years is at Annex

(b) There is no consultancy study under planning.

(c) Consultancy proposals are evaluated in accordance with the procedures laid down in the Stores and Procurement Regulations. Tenderers are requested to submit a technical proposal and a fee proposal separately for our assessment. In general, technical proposals submitted by potential consultants will be assessed according to the firm's experience in conducting consultancy studies and expertise in the subject area, the firm's understanding of the study requirements, the study approach and methodology, related knowledge and experience, as well as the composition of the proposed consultancy team. The combined score of the technical and fee proposals will form the basis of awarding the consultancy project to the selected tenderer.

For studies commissioned as scientific research projects conducted by academic institutions, they are awarded in accordance with the established mechanism and criteria for administering research funds. Research proposals are invited from research institutions through open invitations and vetted through a two-tier peer review mechanism, first by external referees chosen for their expertise in specific research areas, and then by an assessment panel comprised a multidisciplinary panel of local experts to evaluate scientific merit of the projects.

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Annex

Studies on public policy and strategic public policy for which funds had been allocated in the past 2 financial years (2011-2012 and 2012-13)

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objective of project	Consultancy fee($)	Start date	Progress of studies (under planning/ in progress/ completed)	Follow-up actions taken by the Administration on the study report and their progress (if any)	For completed projects, have they been made public? If yes, through what channels? If no, why?
PricewaterhouseCoopers Advisory Services Limited	Tender*	Provision of consultancy service for business impact assessment on statutory regulation of medical devices	1,299,800	May 2011	Completed	The legislative proposal is being revised in response to, inter alia, the recommendations made by the consultant.	The results of the study and the revised legislative proposal will be reported to the Legislative Council Panel on Health Services.
Consumer Search HK Limited	Tender*	Opinion Polls on the Health Protection Scheme (September to December 2011): to gauge the views of the general public on the Health Protection Scheme (HPS) after release of the Healthcare Reform Second Stage Consultation Report	198,000	Sept. 2011	Completed	Findings have been considered by the Food and Health Bureau for the planning of the Health Protection Scheme.	Study report has been released through the website of Food and Health Bureau.
The University of Hong Kong	Tender*	Consultancy service to update Hong Kong's Domestic Health Accounts (DHA) to 2009/10 and provide technical support in other research projects	1,302,756	Oct. 2011	Completed	Findings have been considered by the Food and Health Bureau for the planning of healthcare policies.	Results of DHA for 2009/10 have been released though the website of Food and Health Bureau.

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objective of project	Consultancy fee($)	Start date	Progress of studies (under planning/ in progress/ completed)	Follow-up actions taken by the Administration on the study report and their progress (if any)	For completed projects, have they been made public? If yes, through what channels? If no, why?
IBM China/ Hong Kong Limited	Tender*	Consultancy Review of Prince Philip Dental Hospital (PPDH): to review the structure and working arrangement for managing PPDH, and make recommendations for enhancing the management of the Hospital	1,429,900	Nov 2011	Completed	Findings are being considered by the Board of Governors of PPDH and the Food and Health Bureau.	No. This review is mainly concerned with the internal management of PPDH.
PricewaterhouseCoopers Advisory Services Ltd	Tender	Consultancy Study on the Health Protection Scheme – to analyse the existing market situation of private health insurance in Hong Kong; and to propose a technically feasible and actuarially sound design for the Health Protection Scheme	8,763,855	May 2012	In progress	N/A	Consultancy report will be released through the website of Food and Health Bureau when available.
The University of Hong Kong	Tender*	School-based survey on smoking among students 2012/13: to study the prevalence of smoking and its pattern among students, assess the impact of relevant policy measures on youth smokers and their smoking patterns, and collect other information related to smoking among students	1,429,475	Jul. 2012	In progress	The survey is still on-going.	The survey is still on-going.

Name of consultant	Mode of award (open auction/ tender/ others (please specify))	Title, content and objective of project	Consultancy fee($)	Start date	Progress of studies (under planning/ in progress/ completed)	Follow-up actions taken by the Administration on the study report and their progress (if any)	For completed projects, have they been made public? If yes, through what channels? If no, why?
PharmOut Pty Limited	Restricted Tender	Consultancy Services for the Upgrade of Good Manufacturing Practice (GMP) Licensing Standards for Drug Office, Department of Health	9,976,400	Aug 2012	In progress	The study is still on-going.	The project will last for two years and is expected to be completed in 2014.
The University of Hong Kong	Tender*	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2010/11 and 2011/12: to further update the estimates of Hong Kong's domestic health expenditure based on the OECD standardization of health accounts, "A System of Health Accounts", and to appraise the applications of domestic health accounts	1,420,588	Sep. 2012	In progress	The project is still in progress.	The project is still in progress.

*By invitation of quotation

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)281

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3711

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

Subhead (No. & title): 000 Operating expenses

Programme:

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

Director of Bureau: Secretary for Food and Health

Question:

In regard to the growing co-operation between Hong Kong and the Mainland in recent years, please provide relevant information on Hong Kong/Mainland cross-boundary projects or programmes in which the Food and Health Bureau (Health Branch) has been involved.

(a) For Hong Kong/Mainland cross-boundary projects or programmes, please provide information over the past 2 years (for 2011-12 and 2012-13) as per following table:

Project / Programme	**Details, objective and whether it is related to the expenditure involved in the Framework Agreement on Hong Kong /Guangdong Co-operation (the Framework Agreement)**	**Mainland department/ organisation involved**	**Progress (% completed, commencement date, target completion date)**	**Have the details, objectives, amount involved or impact on the public, society, culture and ecology been released to the public? If so, through which channels and what were the manpower and expenditure involved? If not, what are the reasons?**	**Details of the legislative amendments or policy changes involved in the project/programme**

(b) For Hong Kong/Mainland cross-boundary projects or programmes of this year (2013-14), please provide information as per following table:

Project / Programme	Details, objective and whether it is related to the expenditure involved in the Framework Agreement	Mainland department/ organisation involved	Progress (% completed, commencement date, target completion date)	Will the details, objectives, amount involved or impact on the public, society, culture and ecology be released to the public? If so, through which channels and what will be the manpower and expenditure involved? If not, what are the reasons	Details of the legislative amendments or policy changes involved in the project/programme

(c) Apart from the projects or programmes listed above, are there any other modes of Hong Kong/Mainland cross-boundary cooperation? If so, what are they? What were the manpower and expenditure involved over the past 3 years (from 2010-11 to 2012-13)? How much financial and manpower resources have been earmarked in this year's Estimates?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

The Chief Executive and the Governor of Guangdong Province signed the Framework Agreement on Hong Kong/Guangdong Cooperation (the Framework Agreement) on 7 April 2010. The Framework Agreement covers a number of areas and defines clearly the positioning of Hong Kong/Guangdong cooperation in several policy areas, including cooperation initiatives on medical and health services under the purview of Food and Health Bureau (FHB). These initiatives are –

(i) To expand and open up the medical services market;

(ii) To develop cooperation in hospital management, scientific research technology exchange and training of healthcare professionals;

(iii) To make medical services more accessible;

(iv) To develop the Chinese medicine industry;

(v) To improve notification and collaborative prevention and control mechanism for infectious diseases; and

(vi) To promote drug safety and drug development.

FHB and relevant departments/organisations have been working with the Mainland authorities on the six aforementioned areas of cooperation as follows –

(i) To expand and open up the medical services market

Supplement V to the Mainland and Hong Kong Closer Economic Partnership Arrangement

(CEPA) was signed on 29 July 2008. The liberalisation measures thereunder, in particular early and pilot implementation in Guangdong Province, have facilitated business expansion of Hong Kong's medical service sector in Guangdong Province. Under Supplement V to CEPA, Hong Kong service suppliers are allowed to set up outpatient clinics in Guangdong Province on a wholly-owned, equity joint venture or contractual joint venture basis, with no minimum investment requirements. No restriction is imposed on the ratio of capital investment between Hong Kong service suppliers and Mainland partners in setting up outpatient clinics in the form of equity joint venture or contractual joint venture in Guangdong Province. Under Supplement VII to CEPA, the medical services market in Guangdong Province was further expanded and opened up. Hong Kong service suppliers are allowed to set up wholly-owned hospitals in Guangdong Province. Under Supplement VII and IX to CEPA, the health administrative department at the provincial level of Guangdong Province is responsible for the project establishment and approval procedures for setting up medical institutions by Hong Kong service suppliers in the form of equity joint venture, contractual joint venture, or wholly-owned basis other than wholly-owned convalescent hospitals in Guangdong Province so as to reduce the lead time and streamline the procedures. Twelve types of statutory healthcare professionals who are registered to practise in Hong Kong are allowed to provide short-term services in the Mainland. We will continue to work in collaboration with the Mainland health authorities to explore other liberalisation measures for early and pilot implementation in Guangdong Province.

(ii) To develop cooperation in hospital management, scientific research technology exchange and training of healthcare professionals

The Hospital Authority (HA) and the Health Department of Guangdong Province have been organising mutual visits and exchanges on hospital management from time to time. HA has since 2007 provided professional training courses for nurses in Guangdong Province to strengthen their knowledge and skills in specialist nursing. HA will continue to strengthen cooperation and exchange with Guangdong Province.

(iii) To make medical services more accessible

HA and the health authority of Shenzhen have run a pilot scheme since the first quarter of 2011 to facilitate the transfer of patient records from two designated Shenzhen hospitals to relevant hospitals in Hong Kong. The scheme is applicable to patients who are Hong Kong residents and who are in stable condition on a voluntary basis.

We are also exploring with Guangdong the cross-boundary patient transfer arrangements between Shenzhen and Hong Kong to make it more convenient for Hong Kong patients residing in the Mainland to return to Hong Kong for medical treatment.

(iv) To develop the Chinese medicine industry

Hong Kong's Department of Health (DH) has ongoing exchanges with the Guangdong Food and Drug Administration on a range of topics of mutual interests. Designated contact points have been established for communication on Chinese medicine related poisoning and adverse incidents. Cooperation in expertise exchange will be continued.

Under the Hong Kong Chinese Materia Medica Standards project, DH conducts studies on the setting of standards for Chinese herbal medicines commonly used in Hong Kong, in collaboration with local research institutions and the Mainland, regional and international experts. The National Institute for Food and Drug Control under the State Food and Drug Administration has been taking up research work for some Chinese herbal medicines under the project.

From time to time, HA also invites Chinese medicine experts from the Mainland, including Guangdong Province, to provide academic guidance in Hong Kong.

In November 2007, FHB and the State Administration of Traditional Chinese Medicine entered into a cooperation agreement on Chinese medicine, following which DH and the Chinese Medicine Council of Hong Kong have organised many visits and exchange activities with Chinese medicine institutions of the Mainland. We will continue to maintain close liaison with other provinces in the Mainland that produce Chinese herbal medicines on formulating relevant cooperation plans as and when necessary.

(v) To improve notification and collaborative prevention and control mechanism for infectious diseases

A mutual coordination and support mechanism is in place if a serious public health emergency occurs in the Mainland, Macao or Hong Kong. The three places have established a channel for regular notification and exchange of information on infectious diseases and organises, from time to time, drills and workshops to enhance exchange and to test the tripartite coordination mechanism for handling cross-border public health emergencies. We will continue to strengthen the coordination and cooperation with the relevant Mainland authorities on the public health emergencies response mechanism, including surveillance and information exchange.

(vi) To promote drug safety and drug development

In handling incidents concerning the safety of drugs (including Chinese and Western medicines), the Administration exchanges relevant information with the Mainland and Macao authorities concerned. DH and the Mainland authorities have arranged meetings and visits from time to time to discuss matters such as drug registration and clinical trial; and to conduct mutual exchange on training and further enhancing the exchange of information on drug safety. We will continue to strengthen the coordination and cooperation with the relevant Mainland authorities to promote drug safety and drug development.

Our work in these respects is absorbed into the regular duties of the Administration and we do not have a breakdown of the financial expenditure and manpower involved.

Name in block letters: Richard YUEN

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

Date: 25.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)282

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3717

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

Subhead (No. & title):

Programme: (1) Health
(2) Subvention: Hospital Authority
(3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

Question:

(a) Please provide a breakdown of enquiries and requests for assistance relating to people of different sexual orientation or transgendered persons received by the Administration and its medical institutions, as well as the figures on delivery of relevant services in the past 5 years (2008-2012).

(b) Has the Administration assessed the need of people of different sexual orientation or transgendered persons for various types of existing healthcare services? If yes, what are the details? If not, what are the reasons?

(c) Has the Administration issued guidelines to front-line staff on provision of services to people of different sexual orientation or transgendered persons? If yes, what are the details? If not, what are the reasons and whether the Administration will consider drawing up such guidelines?

(d) Has the Administration provided training for front-line staff on provision of services to people of different sexual orientation or transgendered persons? If yes, what are the details of the training in the past 3 years (2010-12)? If not, what are the reasons and whether the Administration will consider providing such training?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

The Government is committed to promoting equal opportunities for all and eliminating all forms of discrimination. We have, as appropriate, adopted various legislative, administrative, and/or educational measures to promote equal opportunities for people of different gender, family status, sexual orientation and race.

(a) Department of Health (DH) provides services to all eligible clients irrespective of their sexual orientation or gender (including transgendered persons). Hence, generally, DH would not maintain the requested data except that of DH's Special Preventive Programme (SPP) and Clinical Genetic Service (CGS) of which the sexual orientation and gender identity is part of the medical history required for the services provided. The attendance statistics for the services such as voluntary counselling and testing, treatment and care services for HIV/AIDS provided by the SPP between 2008 and 2012 is at **Annex A**. Statistics on provision of clinical and laboratory service to clients of gender identity disorder by CGS is at **Annex B**.

The Hospital Authority (HA) provides public healthcare services based on types of disease and on specialty basis. HA does not capture statistics related to enquiries and requests for assistance from people of different sexual orientation or transgendered persons.

Meanwhile, the Prince Philip Dental Hospital is a purpose-built teaching hospital to provide clinical training facilities for undergraduate and postgraduate students of the Faculty of Dentistry of the University of Hong Kong. Its main function is for the training of dentists and other persons in professions supplementary to dentistry rather than the provision of public dental service. The Hospital does not keep record of enquiries or requests for assistance from people of different sexual orientation or transgendered persons.

(b) The health needs of men who have sex with men (MSM) and transgender people in terms of HIV prevention, treatment and care were assessed by the Hong Kong Advisory Council on AIDS (ACA) during its formulation of the "Recommended HIV/AIDS Strategies for Hong Kong 2012-2016". In accordance with the recommendations of the ACA's Strategies, DH will continue to monitor the HIV situation, mobilise community efforts, sustain high quality treatment and care services and facilitate the expansion of targeted HIV prevention.

(c) The Food and Health Bureau (FHB) have followed the practices set out in the Code of Practice against Discrimination in Employment on the Ground of Sexual Orientation (the Code), issued by the Government in 1998, on provision of services to people of different sexual orientation or transgendered persons. FHB regularly circulates the Code to staff concerned to remind them of the importance of non-discrimination on grounds of sexual orientation and gender identity.

As for specific service provided by SPP of DH, corresponding to the principles laid down by the ACA's Strategies, DH has issued guidelines for frontline workers to provide HIV education, counselling and care services to its clients who are sensitive to individual needs irrespective of sexual orientation. As prescribed in their general professional code of practices promulgated by HA, all healthcare professionals shall at all times respect the dignity, uniqueness, values and culture of patients. HA would keep in view the relevant need and consider drawing up guidelines on provision of services to specific groups of patients as and when necessary.

(d) FHB officers are invited to attend seminars on the Code which are organised by the Constitutional and Mainland Affairs Bureau, in collaboration with the Civil Service Training and Development Institute.

Meanwhile, DH has organised seminars on "Equal Opportunities at Workplace" for staff since 2011. In these seminars, the Equal Opportunities Commission was invited to introduce the key context of the four anti-discrimination ordinances in Hong Kong (namely Sex Discrimination Ordinance, Disability Discrimination Ordinance, Family Status Discrimination Ordinance and Race Discrimination Ordinance), and concepts such as rights and responsibilities of staff, liabilities under the four anti-discrimination ordinances, and case illustrations, etc. A total of 74 and 510 staff attended these seminars in 2011 and 2012 respectively. Besides, annual training workshop for providing HIV education, counselling and care services to MSM to frontline staff of non-government organisations was held between 2010 and 2012.

HA has been providing training to staff covering code of conduct, anti-discrimination and patient-centred communication, with a view to enhancing their skills and awareness in handling patients with different backgrounds and needs. These trainings are regularly enhanced in response to the identification of training need of a particular area as appropriate.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	8.4.2013

Attendance Statistics of Special Preventive Programme **Annex A**

Route of Infection	Age Group (years)	2008		2009		2010		2011		2012		Total	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Heterosexual	0 - 4	0	0	0	0	0	0	0	0	0	0	0	0
	5 - 9	0	0	0	0	0	0	0	0	0	0	0	0
	10 - 14	0	0	0	2	0	0	0	0	0	0	0	2
	15 - 19	32	16	50	19	46	36	14	36	6	2	148	109
	20 - 24	243	97	186	131	229	125	270	124	11	47	939	524
	25 - 29	507	163	543	206	397	240	471	242	83	137	2 001	988
	30 - 34	546	261	485	239	395	268	457	314	194	262	2 077	1 344
	35 - 39	689	413	583	374	534	426	584	341	275	364	2 665	1 918
	40 - 44	648	261	590	333	590	364	557	426	486	383	2 871	1 767
	45 - 49	698	182	649	171	679	162	722	216	566	176	3 314	907
	50 - 54	467	113	490	162	595	148	597	128	547	139	2 696	690
	55 - 59	273	69	367	49	371	42	425	35	354	50	1 790	245
	60 - 64	217	44	209	52	213	55	223	63	246	60	1 108	274
	65 - 69	155	26	131	29	143	40	159	67	157	46	745	208
	70 - 74	103	7	122	12	170	16	143	7	160	5	698	47
	75 - 79	54	4	75	7	78	5	77	10	56	15	340	41
	80 - 84	16	0	8	0	8	0	7	0	24	0	63	0
	85 and above	8	0	8	0	7	0	10	0	21	1	54	1

Route of Infection	Age Group (years)	2008		2009		2010		2011		2012		Total	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Men having sex with men (MSM)*	0 - 4	0	0	0	0	0	0	0	0	0	0	0	0
	5 - 9	0	0	0	0	0	0	0	0	0	0	0	0
	10 - 14	0	0	0	0	0	0	0	0	0	0	0	0
	15 - 19	55	0	37	0	33	0	26	0	24	0	175	0
	20 - 24	260	0	239	0	281	0	320	0	261	0	1361	0
	25 - 29	484	0	542	0	569	0	596	0	575	0	2766	0
	30 - 34	706	0	678	0	788	0	825	0	945	0	3942	0
	35 - 39	980	0	972	0	1114	0	993	0	976	0	5035	0
	40 - 44	899	4	946	4	1059	3	1072	4	1166	2	5142	17
	45 - 49	461	0	544	0	650	0	818	0	981	1	3454	1
	50 - 54	236	0	243	0	351	0	361	0	379	0	1570	0
	55 - 59	107	0	91	0	139	0	199	0	201	0	737	0
	60 - 64	47	0	63	0	78	0	106	0	143	0	437	0
	65 - 69	24	0	33	0	26	0	29	0	25	0	137	0
	70 - 74	34	0	44	0	64	0	46	0	45	0	233	0
	75 - 79	16	0	13	0	7	0	11	0	21	0	68	0
	80 - 84	6	0	2	0	0	0	2	0	3	0	13	0
	85 and above	0	0	3	0	4	0	3	0	4	0	14	0

Route of Infection	Age Group (years)	2008		2009		2010		2011		2012		Total	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Injecting drug use	0 - 4	0	0	0	0	0	0	0	0	0	0	0	0
	5 - 9	0	0	0	0	0	0	0	0	0	0	0	0
	10 - 14	0	0	0	0	0	0	0	0	0	0	0	0
	15 - 19	6	0	2	0	2	0	2	0	0	0	12	0
	20 - 24	44	2	14	5	7	2	6	0	0	0	71	9
	25 - 29	133	4	116	10	68	12	50	15	15	14	382	55
	30 - 34	170	35	188	21	86	3	66	15	47	15	557	89
	35 - 39	131	2	116	2	109	15	107	8	88	11	551	38
	40 - 44	30	2	46	6	106	6	73	11	81	8	336	33
	45 - 49	21	0	15	0	30	0	35	0	27	0	128	0
	50 - 54	35	0	43	0	32	0	49	0	40	0	199	0
	55 - 59	8	0	11	0	31	0	25	0	22	0	97	0
	60 - 64	0	0	0	0	0	0	0	0	4	0	4	0
	65 - 69	0	0	0	0	0	0	0	0	0	0	0	0
	70 - 74	0	0	0	0	0	0	0	0	0	0	0	0
	75 - 79	0	0	0	0	0	0	0	0	0	0	0	0
	80 - 84	0	0	0	0	0	0	0	0	0	0	0	0
	85 and above	0	0	0	0	0	0	0	0	0	0	0	0

Route of Infection	Age Group (years)	2008		2009		2010		2011		2012		Total	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Blood/Blood product transfusion	0 - 4	0	0	0	0	0	0	0	0	0	0	0	0
	5 - 9	0	0	0	0	0	0	0	0	0	0	0	0
	10 - 14	0	0	0	0	0	0	0	0	0	0	0	0
	15 - 19	0	7	0	3	0	5	0	1	0	0	0	16
	20 - 24	2	0	0	0	0	0	13	2	5	6	20	8
	25 - 29	0	0	0	0	2	0	0	0	0	0	2	0
	30 - 34	0	0	2	0	2	0	0	0	0	7	4	7
	35 - 39	12	16	9	24	8	15	3	4	2	0	34	59
	40 - 44	18	5	29	13	28	12	29	24	20	12	124	66
	45 - 49	24	0	28	0	22	0	13	5	17	8	104	13
	50 - 54	3	0	3	0	9	0	15	0	12	0	42	0
	55 - 59	0	0	15	0	12	0	5	0	2	0	34	0
	60 - 64	0	0	0	0	0	0	6	0	12	0	18	0
	65 - 69	0	0	0	0	0	0	0	0	0	0	0	0
	70 - 74	0	0	0	0	0	0	0	0	0	0	0	0
	75 - 79	0	0	0	0	0	0	0	0	0	0	0	0
	80 - 84	0	0	0	0	0	0	0	0	0	0	0	0
	85 and above	0	0	0	0	0	0	0	0	0	0	0	0

Route of Infection	Age Group (years)	2008		2009		2010		2011		2012		Total	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Others	0 - 4	9	6	5	1	3	0	1	2	2	2	20	11
	5 - 9	0	4	16	0	3	3	8	0	5	2	32	9
	10 - 14	15	0	3	2	2	4	10	4	7	2	37	12
	15 - 19	26	11	24	17	19	30	33	22	22	24	124	104
	20 - 24	81	70	32	63	44	91	57	73	53	111	267	408
	25 - 29	31	81	47	67	69	103	67	101	58	86	272	438
	30 - 34	58	51	53	56	40	80	69	53	112	76	332	316
	35 - 39	46	67	58	80	46	76	40	87	63	84	253	394
	40 - 44	67	138	48	111	44	101	39	80	25	77	223	507
	45 - 49	51	81	46	86	28	118	39	95	42	138	206	518
	50 - 54	21	98	43	94	43	93	32	90	22	99	161	474
	55 - 59	22	42	29	68	15	59	20	61	23	92	109	322
	60 - 64	13	7	20	24	21	26	19	23	18	24	91	104
	65 - 69	2	2	7	6	13	3	32	1	17	3	71	15
	70 - 74	5	2	3	1	4	2	1	7	7	1	20	13
	75 - 79	7	2	4	3	6	0	5	0	9	1	31	6
	80 - 84	0	0	1	0	0	0	0	0	1	0	2	0
	85 and above	0	0	0	3	2	2	0	0	0	0	2	5
	Total	10 062	2 395	10 022	2 556	10 574	2 791	11 092	2 797	9 815	2 593	51 565	13 132
Undetermined		**31**		**12**		**69**		**115**		**3 888**			
Yearly Total		**12 488**		**12 590**		**13 434**		**14 004**		**16 296**			

* Remark: Transgender male to female appear as female in the MSM category

Annex B

Statistics on provision of clinical and laboratory service by Clinical Genetic Service to clients of gender identity disorder in the past 5 years

Year	2008	2009	2010	2011	2012
Number of patients	1	3	0	13	33

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)283

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3725

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

(a) What are the details of counselling service currently offered by the Hospital Authority (HA) before and after sex reassignment surgery? What are the ranks of the staff involved?

(b) How many cases of sex reassignment surgery and cases of counselling before and after the surgery were offered by the HA in the past five years (2008 to 2012)?

(c) How many cases of sex reassignment surgery does the HA currently have in hand? Please set out the numbers by cases before and after the surgery.

(d) How many hours of counselling service are provided in each case on average? Please set out the numbers by cases before and after the surgery.

Asked by: Hon. HO Sau-lan, Cyd

Reply:

(a)

The counseling service currently offered by the Hospital Authority (HA) before and after sex re-assignment surgery is provided by multidisciplinary teams involving psychiatrists, surgeons, nurses, clinical psychologists and medical social workers. HA does not have breakdown of the ranks of the staff involved.

(b)

From 2008-2009 to 2012-2013 (up to 31 December 2012), the numbers of persons who have received sex re-assignment counseling service and surgery are as follows:

Year	Number of persons received counseling service on sex re-assignment in HA psychiatric specialist outpatient clinics	Number of sex re-assignment surgery conducted
2008-09	46	2
2009-10	45	2
2010-11	58	4
2011-12	75	4
2012-13 (up to 31 December 2012)	92	4

(c)

Currently, there are five persons waiting for sex-reassignment surgery at Ruttonjee Hospital of HA.

(d)

The whole process of counselling service lasts for at least two years or more, including a minimum 12-month successful real-life experience (i.e. social gender role change) before the surgery. The consultation time for counseling service varies on a case-by-case basis depending on the individual's specific clinical and psychological needs. HA does not have further breakdown on the above in respect of cases before and after sex-assignment surgery.

Name in block letters: Richard YUEN

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

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)284

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4439

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The revised estimate for 2012-13 is 10.3% lower than the original estimate. What are the reasons? Which items have caused the decrease in the revised estimate?

Asked by: Hon. KWOK Ka-ki

Reply:

The decrease of $44.2 million (10.3%) in the 2012-13 revised estimate of Programme (1): Health as compared with the 2012-13 original estimate is due mainly to the lower than expected cashflow requirement for the non-recurrent item on Health and Medical Research Fund ($41.0 million) because the funds reserved for various projects are not fully expended. The proposals of two major commissioned projects are still subject to revision. As such, the funds previously reserved for these projects in 2012-13 would be incurred from 2013-14 onwards. Furthermore, there was underspending in some approved research projects due to project progress e.g. delay in recruitment and procurement, and processing of payment claims and final reports.

In addition, the decrease is also attributed to the lower than expected expenditure on personal emoluments ($3.2 million) resulting from deferred creation of new posts in the Health Branch.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)285

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4440

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The estimate for 2013-14 is 4% lower than the revised estimate for 2012-13 and 13.9% lower than the original estimate for 2012-13. Will the Administration please give the reasons? Which initiatives have given rise to the decrease in estimate?

Asked by: Hon. KWOK Ka-ki

Reply:

The decrease of $15.2 million (4.0%) in the 2013-14 estimate for Programme (1) Health as compared with the revised estimate for 2012-13 is mainly due to lapse of time-limited provision for pilot initiatives ($40.6 million) and transfer of the provision for the relevant staff expenses in the Research Office from Programme (1) to Programme 2 Subvention: Hospital Authority (HA) ($14.2 million). The above is partly offset by the increased cash flow requirement of the general non-recurrent item on HMRF ($36.8 million) and increase in other operational expenses ($2.8 million) in 2013-14.

The decrease of $59.4 million (13.9%) in the 2013-14 estimate as compared with the original estimate for 2012-13 is mainly due to the changes in requirements of the above items in 2013-14 and the lower than estimated cash flow requirement of the Health and Medical Research Fund for 2012-13.

Name in block letters: Richard YUEN

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

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)286

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4441

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Administration advise on the Hospital Authority's annual total expenditure on psychiatric services, the comparison of such expenditure with that of the private sector, the year-on-year and cumulative rates of change in such expenditure, as well as the percentage of Gross Domestic Product (GDP) such expenditure accounts for in 2010-11, 2011-12, 2012-13 and 2013-14 Estimates of Expenditure?

Asked by: Hon. KWOK Ka-ki

Reply:

The table below sets out the expenditure on mental health services of the Hospital Authority (HA) from 2010-11 to 2013-14.

	2010-11	**2011-12**	**2012-13 (Revised estimate)**	**2013-14 (Estimate)**
HA's annual expenditure on mental health services ($ million)	3,006	3,358	3,696	3,827
Year-on-year % growth of HA's expenditure	N/A	11.7%	10.1%	3.5%
Cumulative % growth of HA's expenditure since 2010-11	N/A	11.7%	23.0%	27.3%

HA's expenditure on mental health services accounts for only part of the public expenditure on mental health. HA's expenditure on mental health services as a ratio to the Gross Domestic Product of Hong Kong is therefore not directly comparable with that of other economies.

Expenditure on mental health services in the private sector is not available.

Name in block letters: Richard YUEN

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

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)287

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4449

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:

Will the Administration advise on the annual total expenditure on local healthcare services, the comparison of such expenditure with that of the private sector, the year-on-year and cumulative rates of change in such expenditure, as well as the percentage of Gross Domestic Product (GDP) such expenditure accounts for in 2010-11, 2011-12 and 2012-13, and 2013-14 Estimates of Expenditure? What is the computation of the said figures and what items are included in the computation?

Asked by: Hon. KWOK Ka-ki

Reply:

Statistics on the overall health expenditures in Hong Kong are derived from the Domestic Health Accounts of Hong Kong (HKDHA), which adopt the framework of the International Classification for Health Accounts (ICHA) promulgated by the Organisation for Economic Co-operation and Development (OECD) in 2000. The HKDHA aim to capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health, providing a more detailed and complete picture of health expenditures that facilitates international comparison. Due to the complexity of gathering, compiling, verifying and analyzing health expenditure data from various sources, HKDHA take time to compile and are available up to 2009-10 only.

On the other hand, the Government Accounts show the expenditure under the health policy area group (PAG), which is based on the estimated expenditures by government departments and agencies for the relevant functions and activities. Hence HKDHA capture a broader scope of public health expenditures than those under the health PAG in the Government Accounts. Annex 1 sets out the major differences between HKDHA and the Government Accounts. According to the statistics for the period from 2005-06 to 2009-10, public expenditure under the health PAG in the Government Accounts was lower than that of public health expenditure under HKDHA, ranging from 11% to 14%. The estimated Government's expenditure under the health PAG in the Government Accounts in 2013-14 amounts to $ 53,732 million, or about 2.5% of the projected GDP.

Annex 2 shows the statistics on total health expenditure, public health expenditure and private health expenditure from HKDHA for the period 1989-90 to 2009-10. Year-on-year rates of change in health expenditure in real terms are the annual changes (in percentage terms) computed at constant 2010 prices.

Cumulative rates of change in health expenditure in real terms at constant 2010 prices are the cumulative changes (in percentage terms) of health expenditure in respective years compared to that in 1989-90. The corresponding statistics on the public expenditure under the health PAG in the Government Accounts for the period from 1989-90 to 2013-14 are at Annex 3.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Annex 1

Public Health Expenditure in the Domestic Health Accounts of Hong Kong and Public Expenditure on Health Policy Area Group in the Government Accounts

The public health expenditure under the Domestic Health Accounts of Hong Kong (HKDHA) has a wider coverage than the public expenditure under the health policy area group (PAG) in the Government Accounts.

Under the health PAG of the Government Accounts, only expenditure directly related to health incurred by the Food and Health Bureau (including the Bureau's allocation to the Hospital Authority), the Department of Health and other departments such as the Government Laboratory are counted as government expenditure under the health policy area.

Under the HKDHA framework, apart from those already included by the health PAG of the Government Accounts, public health expenditures also cover related functions performed by other government departments. For example, HKDHA also include expenditure on nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance service under the Fire Services Department and Auxiliary Medical Services, etc. These expenditures however are not included in the public expenditure under the health PAG of the Government Accounts.

As a result of the above, the HKDHA estimates on public health expenditure are generally higher than those on health PAG under the Government Accounts.

	2005-06	2006-07	2007-08	2008-09	2009-10
Public health expenditure under HKDHA (HK$ Million) (a)	36,934	37,422	38,828	41,257	43,823
Total public expenditure on health PAG under the Government Accounts (HK$ Million) (b)	31,616	32,127	33,623	36,706	38,387
% difference with (a) as base [(a – b) / (a)]	14.4%	14.1%	13.4%	11.0%	12.4%
% difference with (b) as base [(a – b) / (b)]	16.8%	16.5%	15.5%	12.4%	14.2%

S*ource of expenditure under the Government Accounts: Financial Services and Treasury Bureau, Government Secretariat*

Annex 2

Statistics on health expenditures from Hong Kong's Domestic Health Accounts (HKDHA), 1989-90 to 2009-10

	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Total Health Expenditure																					
At current prices (HK$ million)	19,643	23,767	29,367	34,179	39,481	44,809	51,255	56,823	62,236	66,357	66,059	67,439	68,835	67,038	69,102	68,142	70,571	74,082	78,901	83,690	88,721
At constant 2010 prices (HK$ million)	27,916	31,564	35,423	37,682	40,321	43,356	47,415	49,535	51,607	55,113	57,370	60,521	62,897	63,757	69,860	70,970	73,396	77,071	79,426	83,498	88,847
Annual change (at constant 2010 prices)		13.1%	12.2%	6.4%	7.0%	7.5%	9.4%	4.5%	4.2%	6.8%	4.1%	5.5%	3.9%	1.4%	9.6%	1.6%	3.4%	5.0%	3.1%	5.1%	6.4%
Cumulative change since 1989-90 (at constant 2010 prices)		13.1%	26.9%	35.0%	44.4%	55.3%	69.8%	77.4%	84.9%	97.4%	105.5%	116.8%	125.3%	128.4%	150.2%	154.2%	162.9%	176.1%	184.5%	199.1%	218.3%
As % of GDP	3.6%	3.8%	4.1%	4.1%	4.1%	4.2%	4.5%	4.5%	4.5%	5.1%	5.1%	5.1%	5.3%	5.2%	5.5%	5.1%	4.9%	4.8%	4.7%	5.0%	5.2%
Per capita (HK$) (at constant 2010 prices)	4,909	5,533	6,158	6,496	6,833	7,184	7,702	7,697	7,953	8,422	8,684	9,080	9,368	9,454	10,379	10,462	10,773	11,240	11,484	12,001	12,742
Public Health Expenditure																					
At current prices (HK$ million)	7,749	10,016	13,393	15,844	18,657	21,581	25,316	28,653	31,671	35,800	35,997	37,028	39,152	38,526	39,889	37,090	36,934	37,422	38,828	41,257	43,823
At constant 2010 prices (HK$ million)	11,012	13,302	16,156	17,467	19,054	20,882	23,419	24,978	26,262	29,734	31,262	33,230	35,774	36,641	40,326	38,629	38,413	38,932	39,086	41,162	43,886
Annual change (at constant 2010 prices)		20.8%	21.5%	8.1%	9.1%	9.6%	12.1%	6.7%	5.1%	13.2%	5.1%	6.3%	7.7%	2.4%	10.1%	-4.2%	-0.6%	1.4%	0.4%	5.3%	6.6%
Cumulative change since 1989-90 (at constant 2010 prices)		20.8%	46.7%	58.6%	73.0%	89.6%	112.7%	126.8%	138.5%	170.0%	183.9%	201.8%	224.9%	232.7%	266.2%	250.8%	248.8%	253.5%	254.9%	273.8%	298.5%
As % of GDP	1.4%	1.6%	1.9%	1.9%	1.9%	2.0%	2.2%	2.3%	2.3%	2.8%	2.8%	2.8%	3.0%	3.0%	3.2%	2.8%	2.6%	2.4%	2.3%	2.5%	2.6%
As % of Total Health Expenditure	39.4%	42.1%	45.6%	46.4%	47.3%	48.2%	49.4%	50.4%	50.9%	54.0%	54.5%	54.9%	56.9%	57.5%	57.7%	54.4%	52.3%	50.5%	49.2%	49.3%	49.4%
Per capita (HK$) (at constant 2010 prices)	1,937	2,332	2,809	3,011	3,229	3,460	3,804	3,881	4,047	4,544	4,732	4,986	5,328	5,433	5,991	5,695	5,638	5,678	5,651	5,916	6,294
Private Health Expenditure																					
At current prices (HK$ million)	11,895	13,751	15,973	18,336	20,824	23,227	25,940	28,170	30,565	30,557	30,062	30,411	29,684	28,512	29,213	31,052	33,636	36,660	40,073	42,432	44,898
At constant 2010 prices (HK$ million)	16,904	18,262	19,268	20,215	21,267	22,474	23,996	24,557	25,345	25,379	26,108	27,291	27,123	27,117	29,533	32,340	34,983	38,139	40,340	42,335	44,961
Annual change (at constant 2010 prices)		8.0%	5.5%	4.9%	5.2%	5.7%	6.8%	2.3%	3.2%	0.1%	2.9%	4.5%	-0.6%	-	8.9%	9.5%	8.2%	9.0%	5.8%	4.9%	6.2%
Cumulative change since 1989-90 (at constant 2010 prices)		8.0%	14.0%	19.6%	25.8%	33.0%	42.0%	45.3%	49.9%	50.1%	54.4%	61.4%	60.5%	60.4%	74.7%	91.3%	107.0%	125.6%	138.6%	150.4%	166.0%
As % of GDP	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.3%	2.2%	2.2%	2.4%	2.3%	2.3%	2.3%	2.2%	2.3%	2.3%	2.3%	2.4%	2.4%	2.5%	2.7%
As % of Total Health Expenditure	60.6%	57.9%	54.4%	53.6%	52.7%	51.8%	50.6%	49.6%	49.1%	46.0%	45.5%	45.1%	43.1%	42.5%	42.3%	45.6%	47.7%	49.5%	50.8%	50.7%	50.6%
Per capita (HK$) (at constant 2010 prices)	2,973	3,201	3,350	3,485	3,604	3,724	3,898	3,816	3,906	3,878	3,952	4,095	4,040	4,021	4,388	4,768	5,135	5,562	5,833	6,085	6,448

Notes: Health expenditure estimates with adjustment for inflation are computed at constant 2010 prices which are as released in the latest set of HKDHA, 1989-90 to 2009-10.
- denotes less than +/- 0.05%

Annex 3

Total public expenditure under the health PAG in the Government Accounts for the period from 1989-90 to 2013-14

	1989-90	1994-95	1999-00	2004-05	2009-10	2010-11	2011-12	2012-13 *	2013-14**
At current prices (HK$ million)	7,254	19,322	31,860	32,199	38,387	39,890	45,297	59,491#	53,732
At constant 2010 prices (HK$ million)	10,309	18,696	27,669	33,535	38,442	39,255	53,237	67,265	58,984
Annual change (at constant 2010 prices)		-0.8%	6.2%	-3.0%	5.0%	2.1%	35.6%	26.3%	-12.3%
Cumulative change since 1989-90 (at constant 2010 prices)		81.4%	168.4%	225.3%	272.9%	280.8%	416.4%	552.5%	472.2%
As % of GDP	1.3%	1.8%	2.4%	2.4%	2.3%	2.2%	2.3%	2.9%	2.5%
Per Capita (HK$) (at constant 2010 prices)	1,813	3,098	4,188	4,944	5,513	5,589	7,528	9,402	8,205

Notes: *For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2010 prices are computed using the same inflation adjustment factor as in the HKDHA.*

 # Including a one-off injection of $10,000 million from the Government into the Samaritan Fund

** Revised Estimates*

*** Estimates*

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)288

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4454

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question :

Please set out in the table below the details of subsidy for drugs for treating cancers by the Hospital Authority and the Samaritan Fund in 2010-11, 2011-12 and 2012-13 respectively.

Type of cancers	Number of patients	Purchase of drugs under the Samaritan Fund				Purchase of drugs under other funds (Please specify the name of the fund)			
		Number of applications	Number of applications approved	Amount of subsidy	Name of drugs	Number of applications	Number of applications approved	Amount of subsidy	Name of drugs

Asked by : Hon. KWOK Ka-ki

Reply :

At present, the Samaritan Fund is the only Government fund administered by the Hospital Authority (HA) that provides financial assistance to eligible patients in meeting the expenses on self-financed drugs and privately purchased medical items.

The tables below set out the names of cancer drugs covered by the Samaritan Fund, the number of applications received and approved, and the amount of subsidies granted in 2010-2011, 2011-12 and 2012-13 (up to 31 December 2012).

2010-11				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Imatinib	17	17	2.68
Breast cancer	Trastuzumab	313	310	39.85
Chronic Myeloid Leukaemia (CML)	Dasatinib	12	12	2.98
	Imatinib	213	213	30.88
	Interferon	1	1	0.11
	Nilotinib	36	36	9.49

2010-11				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Colorectal cancer	Oxaliplatin	74	74	2.24
Gastrointestinal Stromal tumour (GIST)	Imatinib	101	101	12.95
Head & Neck Squamous Cell Carcinoma	Cetuximab	23	23	1.62
Lymphoma	Rituximab	167	165	11.94
Mesothelioma	Pemetrexed	2	2	0.19
Myeloma	Bortezomib	35	35	4.61
	Total	**994**	**989**	**119.54**

2011-12				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Imatinib	10	10	1.47
Brain cancer	Temozolomide	6	6	0.31
Breast cancer	Trastuzumab	291	288	36.68
Chronic Myeloid Leukaemia (CML)	Dasatinib	28	28	6.42
	Imatinib	228	228	36.11
	Nilotinib	40	40	9.71
Colorectal cancer	Oxaliplatin	71	71	1.34
Gastrointestinal Stromal tumour (GIST)	Imatinib	115	115	15.68
Head & Neck Squamous Cell Carcinoma	Cetuximab	21	21	1.57
Lung cancer	Erlotinib	20	20	2.93
	Gefitinib	37	37	5.38
Lymphoma	Rituximab	163	163	11.40
Mesothelioma	Pemetrexed	4	4	0.26
Myeloma	Bortezomib	52	52	9.03
	Total	**1 086**	**1 083**	**138.29**

2012-13 (up to 31 December 2012)				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Imatinib	12	12	2.95
Brain cancer	Temozolomide	13	13	1.00
Breast cancer	Trastuzumab	332	332	54.39
Chronic Myeloid Leukaemia (CML)	Dasatinib	35	35	7.83
	Imatinib	148	148	25.56
	Nilotinib	50	50	12.86

2012-13 (up to 31 December 2012)				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Gastrointestinal Stromal tumour (GIST)	Imatinib	85	85	12.88
Head & Neck Squamous Cell Carcinoma	Cetuximab	9	9	0.71
Lung cancer	Erlotinib	21	21	3.21
	Gefitinib	36	36	5.29
Lymphoma	Rituximab	131	131	10.90
Mesothelioma	Pemetrexed	1	1	0.09
Myeloma	Bortezomib	76	76	16.15
	Total	**949**	**949**	**153.82**

Note :

(1) Interferon for chronic myeloid leukaemia was included in the HA Drug Formulary as Special Drug in 2011-12.

(2) Oxaliplatin for colorectal cancer was included in the HA Drug Formulary as Special Drug in 2012-13.

The table below sets out the number of cancer patients receiving treatment in HA for all types of cancers.

Year	**Number of cancer patients in HA**
2010-11	107 040
2011-12	110 393
2012-13 (up to 31 December 2012)	98 344

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)289

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4455

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 provision for the Hospital Authority (HA), please set out the details of provision for HA in the past five financial years in the table below:

	Provision in the year	Increase of provision against the budget of the previous year (Amount/ percentage)	Expenditure on staff increments (Amount/ percentage in the additional provision)	Expenditure on enhancing pay structure (Amount/ percentage in the additional provision)	Resources for service improvement received by each hospital (Item, amount, percentage in the additional provision)
2012-13					
2011-12					
2010-11					
2009-10					
2008-09					

Asked by: Hon. KWOK Ka-ki

Reply:

The relevant information is set out in the table below.

	Provision for the financial year ($) Million	**Increase of provision as compared with that in last financial year ($) Million (amount/percentage)**	**Expenses on increment for staff (amount/(%) in the total provision for the financial year) ($) Million**	**Expenses on improving salary structure (amount/(%) in the additional provision for the financial year) ($) Million**
2012-13 (revised estimate)	42,690.8	4,061.4 (10.51%)	579 (1.36%)	-
2011-12 (actual)	38,629.4	4,264.5 (12.41%)	571 (1.48%)	172 (0.45%)
2010-11 (actual)	34,364.9	1,508.7 (4.59%)	379 (1.10%)	2 (0.01%)
2009-10 (actual)	32,856.2	1,086.0 (3.42%)	283 (0.86%)	1 (-)
2008-09 (actual)	31,770.2	1,988.9 (6.68%)	464 (1.46%)	140 (0.44%)

Note : (1) For meaningful comparison, the financial provision for 2008-09 and the revised estimate on the financial provision for 2012-13 set out above exclude the one-off injections of $1 billion and $10 billion from the Government into the Samaritan Fund respectively.

(2) The expenses on increment for staff are included in the total provision for the financial year. For meaningful comparison, the expenses are compared against the total provision for the respective year instead of the additional provision as compared with that in the preceding financial year.

Information on the resources allocated for service improvements for each of the years from 2008-09 to 2012-13 are provided in the table below:

	Service Improvement Projects	**Clusters**	**Funds involved Amount / (%) in the additional provision for the financial year ($) Million**
2012-13			
(1)	improve service to cope with the rising service demand due to population growth and demographic changes through a number of initiatives, including opening of additional beds in the KE and the NTW clusters	KE and NTW	75 (1.8%)
(2)	enhance neonatal intensive care services through opening of additional neonatal intensive care unit beds in five clusters	HKE, KC, KW, NTE and NTW	53 (1.3%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) Million
(3)	strengthen mental health services through extension of the case management programme for persons with severe mental illness and enhancement of therapeutic environment of psychiatric inpatient service	All clusters	54 (1.3%)
(4)	enhance chronic disease services through adopting a multidisciplinary approach in accordance with the primary care development strategy	All clusters	191 (4.7%)
(5)	improve service quality and safety including strengthening of support for clinical service delivery and enhanced response to contingencies	All clusters	370 (9.1%)
(6)	introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the HA Drug Formulary	All clusters	230 (5.7%)
(7)	implement measures to recruit and retain staff for the provision of quality patient care	All clusters	897 (22.1%)
2011-12			
(1)	improve service to cope with the rising service demand due to population growth and demographic changes through a number of initiatives, including opening of additional beds in the NTW cluster	NTW	32 (0.8%)
(2)	enhance provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, and expansion of the Cancer Case Manager Programme	All clusters	54 (1.3%)
(3)	strengthen mental health services through extension of the case management programme to persons with severe mental illness, extension of the Integrated Mental Health Programme in primary care setting for patients with common mental disorder to all clusters, expansion of the service targets of the Early Assessment and Detection of Young Persons with Psychosis Programme, extension of psychogeriatric outreach service, enhancement of the autistic service and setting up of crisis intervention teams to provide prompt support for high risk mental patients and to respond to crisis situations involving other mental patients in the community	All clusters	216 (5.1%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) Million
(4)	enhance chronic disease management through multidisciplinary, case management and empowerment approach in accordance with the primary care development strategy	All clusters	365 (8.6%)
(5)	introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the HA Drug Formulary	All clusters	237 (5.6%)
(6)	enhance community and ambulatory care to minimise hospital admissions and reduce avoidable hospitalisation	All clusters	172 (4.0%)
2010-11			
(1)	improve healthcare services in HKE, KE and NTW clusters through opening of additional acute and convalescent beds	HKE, KE and NTW	137 (9.1%)
(2)	enhance service provision for life-threatening diseases including haemodialysis service, palliative care for patients with end-stage renal diseases, clinical oncology service, integrated cancer care, acute cardiac care, etc.	All clusters	66 (4.4%)
(3)	strengthen mental health services through introduction of case management programme and personalised care programme for patients with severe mental illness in the community, enhance treatment of patients with common mental disorders by providing more timely treatment at psychiatric specialist outpatient clinics and introduce an integrated mental health programme in the primary care settings	All clusters	109 (7.2%)
(4)	enhance service provision of Substance Abuse Clinics to improve early treatment to drug abusers with mental health problems	All clusters	10 (0.7%)
(5)	introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs in the HA Drug Formulary	All clusters	194 (12.9%)
(6)	enhance support to discharged elderly patients through expansion of service of the Community Health Call centres to four more hospital clusters	All clusters	17 (1.1%)
(7)	strengthen the support for chronic patients by expanding the comprehensive multi-disciplinary Risk Assessment and Management Programme and provision of systematic diabetic complication screening	HKW, KC, KE, KW and NTE	36 (2.4%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) Million
(8)	enhance infection control measures to cope with the new virus human swine influenza (H1N1 Influenza A)	All clusters	46 (3.0%)
(9)	strengthen the quality control mechanism for pharmaceutical products supplied to HA	All clusters	56 (3.7%)
2009-10			
(1)	enhance health care services in NTW cluster through opening of additional beds in Pok Oi Hospital and Tuen Mun Hospital	NTW	56 (5.2%)
(2)	improve services in KE cluster by opening of additional beds and provision of additional surgical operations and specialist outpatient clinic attendances in Tseung Kwan O Hospital	KE	36 (3.3%)
(3)	enhance service provision for life-threatening diseases including chemotherapy, oncology service, cytogenetic service, haemodialysis, liver transplant, blood collection and transfusion service and acute cardiac care	All clusters	49 (4.5%)
(4)	strengthen mental health services through new initiatives such as recovery support programme for psychiatric patients in the community and triage clinics in psychiatric specialist outpatient clinics	All clusters	31 (2.9%)
(5)	enhance support to discharged elderly patients by extending the Community Geriatric Assessment Service (CGAS) to additional residential care homes for the elderly	KW	10 (0.9%)
(6)	launch a pilot scheme for accreditation in public hospitals to improve patient safety and quality of care	HKE, HKW, KC, KW and NTW	12 (1.1%)
(7)	extend the psychogeriatric outreach programme to additional residential care homes for the elderly to provide support to elderly psychiatric patients	All clusters	8 (0.7%)
2008-09			
(1)	enhance health care services in NTW cluster through phased opening of the redeveloped Pok Oi Hospital and Rehabilitation Block of Tuen Mun Hospital	NTW	147 (7.4%)
(2)	improve services in KE cluster through expansion of Tseung Kwan O Hospital Ambulatory Surgery Centre, enhancement of breast cancer services at United Christian Hospital, and establishment of an integrated one-stop ambulatory otorhinolaryngology centre	KE	18 (0.9%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) Million
(3)	build up surge capacity for neonatal intensive care services	All clusters	36 (1.8%)
(4)	provide treatments for life-threatening diseases including additional provision for haemodialysis, enhanced provision of new cancer drugs to improve cancer services, and development and expansion of molecular diagnosis for emerging infectious diseases and haematologic malignancy	All clusters	16 (0.8%)
(5)	strengthen mental health programmes such as enhancement of post-discharge community support to frequent readmitters and psychiatric consultation liaison service at accident & emergency departments in public hospitals	KC, KE, KW and NTE	18 (0.9%)
(6)	control the surging HIV epidemic by expanding the capacity of inpatient service for HIV patients	KC	12 (0.6%)
(7)	launch a pilot scheme for accreditation in public hospitals to improve patient safety	HKE, HKW, KC, KW and NTW	7 (0.4%)
(8)	extend the psychogeriatric outreach programme to all residential care homes for the elderly to enhance the quality of life of elders who require psychogeriatric inputs	All clusters	8 (0.4%)

Abbreviations

HA – Hospital Authority
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

Name in block letters: Richard YUEN

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

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)290

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5480

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:

1. Please set out, by type of hospital ward, the numbers and proportions of hospital beds under the Hospital Authority (HA) used by civil servants in the past five years (2008-09 to 2012-13);

2. Has any analysis been carried out regarding the priority for using HA's resources (e.g. use of first class ward and drugs) and the waiting time for consultation among civil servants and members of the public? If yes, please provide the detailed figures. If no, will the setting up of a database be considered?

Asked by: Hon. KWOK Wai-keung

Reply:

The table below sets out the utilisation of inpatient services of the Hospital Authority (HA) by civil service eligible persons (CSEP) (i.e. civil servants, pensioners and their eligible dependants) by class of accommodation for 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13 (up to 31 December 2012):

Year	Number and percentage of patient days (inpatient only) utilized by CSEP with breakdown by class of accommodation							
	Private beds		Special accommodation beds		General class beds		Overall	
	No.	%	No.	%	No.	%	No.	%
2008-09	20 862	44%	4 408	37%	308 203	4%	333 473	5%
2009-10	21 328	44%	3 669	33%	309 366	4%	334 363	5%
2010-11	20 752	41%	3 516	32%	311 600	4%	335 868	5%
2011-12	19 805	41%	3 465	31%	320 705	4%	343 975	5%
2012-13 (up to 31 December 2012) [Provisional Figures]	14 916	42%	3 281	34%	244 370	5%	262 567	5%

Regarding the provision of HA baseline services which are provided to both CSEP and the public, CSEP and the public are treated in the same manner in terms of waiting time for services, prescription of drugs etc., and priority of treatment is based on the patient's clinical needs. Nonetheless, to enable civil servants to return to work early after medical consultation / treatment of their episodic ailment if their medical condition permits, a small number of priority discs are provided in designated general out-patient clinics for civil servants. Any unused priority discs after 9:30 am and 2:30 pm on a day will be released to the public. HA captures the utilisation of services by its patients (including CSEP and the public) in one database and does not find it necessary to set up a separate database solely for CSEP in future.

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)291

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3635

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Administration indicates that it will continue to oversee primary care development. What are the estimated expenditures and manpower for primary care in 2013-14? Please give a breakdown by service type.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Enhancing primary care was one of the service reform proposals introduced during the first-stage public consultation on healthcare reform in 2008 which received broad public support. Under the direction of the Working Group on Primary Care (WGPC), we promulgated the "Primary Care Development Strategy" document in 2010, setting out the following major strategies on enhancing primary care in Hong Kong –

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) developing a Primary Care Directory to promote the family doctor concept and a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks (CHCs).

Having regard to WGPC's recommendations, the Government has allocated additional resources for promoting primary care since 2008-09. The recurrent budget for primary care related services in 2013-14 has increased by $2.3 billion over that in 2007-08. In addition, a total sum of $3.3 billion for non-recurrent and capital works items has also been earmarked since 2008-09 for implementing various initiatives in line with the primary care development strategy.

The Primary Care Office (PCO) was established in September 2010 under the Department of Health to support and co-ordinate the implementation of primary care development strategies and actions. The latest progress and work plan of the major primary care initiatives under PCO are as follows:

(a) Primary care conceptual models and reference frameworks

Following the publication of the reference frameworks for diabetes and hypertension in 2011, the core documents of two reference frameworks on preventive care of older adults and children in primary care settings respectively were promulgated in December 2012.

(b) Primary Care Directory

A web-based Primary Care Directory giving details about the personal and practice-based information of doctors and dentists was launched in April 2011. The directory is being developed in phases, and the sub-directory of Chinese medicine practitioners was launched in October 2012.

(c) CHCs

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. We are exploring the feasibility of developing CHC projects in other districts and consider the scope of services and *modus operandi* that suit district needs most.

(d) Primary Care Campaign

A territory-wide Primary Care Campaign was launched in April 2011 to enhance public understanding and awareness of the importance of primary care, drive attitude change, and foster public participation and action. To sustain the momentum of the Campaign, a themed competition was organised in 2012 to promote primary care and the family doctor concept.

The Government continues to take forward the primary care development strategy and implement, through the Department of Health and Hospital Authority (HA), a series of projects to enhance primary care. These include the Childhood Influenza Vaccination Subsidies Scheme, the Elderly Vaccination Subsidies Scheme, the Elderly Health Care Voucher Scheme, the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres, and other pilot projects for enhancing chronic disease management.

HA has been implementing various pilot initiatives under primary care settings to enhance chronic disease management since 2008-09, including the Risk Factor Assessment and Management Programme, the Patient Empowerment Programme, the Nurse and Allied Health Clinics, the General Out-patient Clinic Public-Private Partnership Programme, the Shared Care Programme and smoking cessation service. The evaluation studies conducted by local universities revealed that these initiatives had largely met the service targets and performance indicators. Starting from 2012-13, these programmes have become regular service with recurrent funding. The latest position of these programmes is as follows:

Programme	Details
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general out-patient clinics (GOPCs) and specialist out-patient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-2010 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 42 000 patients are expected to benefit from the programme by 2012-13. An additional 14 000 patients are expected to be enrolled in 2013-14.

Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in designated GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are expected annually starting from 2012-13.
General Out-patient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public general out-patient services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at February 2013, over 1 600 patients have enrolled in the programme.
Shared Care Programme To partially subsidise diabetes mellitus patients currently under the care of the public healthcare system to have their conditions followed up by private doctors.	Launched in Sha Tin and Tai Po of New Territories East Cluster in March 2010 and extended to Wan Chai and Eastern District of Hong Kong East Cluster in September 2010. As at February 2013, over 340 patients have enrolled in the programme. The pilot programme will end in 2013-2014 as originally planned.
Smoking Cessation To provide smoking cessation service to chronic disease patients who are smokers, with focus on improving disease management and complication prevention through smoking cessation interventions.	Launched in 2011-12 and extended to all seven clusters in 2012-13. Around 13 000 patients are expected to benefit from the programme annually from 2013-14.

Staff disciplines involved for the above chronic disease management programmes include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants and general service assistants, etc. The healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites. Hence, we do not have ready information on the breakdown of HA staffing and working hours by individual chronic disease programme.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)292

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4009

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:

How many telephone requests for the non-emergency ambulance transfer service were unsuccessful in 2011-12 and 2012-13? What improvement measures will be put in place and what are the anticipated results?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The Non-emergency Ambulance Transfer Service (NEATS) of Hospital Authority (HA) provides point to-point transfer service primarily for mobility-handicapped patients who are unable to use public transport such as bus, taxi and Rehabus. Eligible patients can make booking for NEATS on a first come-first-served basis and HA will endeavour to schedule the routes of vehicles to meet patients' need as far as possible. Patients' eligibility is assessed by clinical staff and all booked requests from eligible patients have been arranged for NEATS. The number of patients served by NEATS in 2012-13 is projected to be about 471 000.

HA has a long-term plan to improve NEATS. In 2013-14, HA plans to replace nine ageing vehicles and further expand the fleet of NEATS to 169 by adding 15 new vehicles. In 2012-13, HA has reduced the waiting time of 75% of patients who are ready for discharge and have made bookings for NEATS from the current standard of 90 minutes or less to 60 minutes or less. In 2013-14, HA also targets to reduce the waiting time of 85% of patients who are ready for inter-hospital transfer and have made bookings for NEATS from the current standard of 90 minutes or less to 60 minutes or less. HA will continue to monitor the provision of NEATS and explore other improvement measures having regard to service demand.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)293

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4010

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:

How many telephone requests for the services provided by Easy-Access Transport Services Ltd. were unsuccessful in 2011-12 and 2012-13 respectively? What improvement measures will be put in place? What are the anticipated results?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation. It provides transfer services between homes and public hospitals or clinics for patients aged 60 or above with minor mobility-disability. Eligible patients can make booking for using the service on a first-come-first-served basis. Percentage of requests made to the ETS telephone booking system in 2011-12 which could not be met was 11%. It is projected to fall to around 10% in 2012-13. The number of patients served by ETS in 2012-13 is projected to be around 154 000.

In order to enhance the services of the ETS, HA has replaced 22 ageing ETS buses in 2012-13. With this replacement, there is no need to further replace ETS buses in 2013-14. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

Name in block letters: Richard YUEN

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

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)294

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4159

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 regards Easy-Access Transport service, what are the numbers of new buses to be purchased and old buses to be replaced in the 2013-14 financial year? How long will disabled persons and elders have to wait respectively for Easy-Access Transport service? What improvement will the purchase of new buses bring in terms of waiting time? Please also advise of the number of passengers and service usage rate of Easy-Access Transport service in the 2012-13 financial year.

Asked by: Hon. LEUNG Kwok-hung

Reply:

The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation. It provides transfer services between homes and public hospitals or clinics for patients aged 60 or above with minor mobility disability. Eligible patients can make booking for using the service on a first-come-first-served basis. Information on the waiting time is not available. The number of patients served by ETS in 2012-13 is projected to be around 154 000.

In order to enhance the services of the ETS, HA has replaced 22 ageing ETS buses in 2012-13. With this replacement, there is no need to further replace ETS buses in 2013-14. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)295

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4160

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

In the 2013-14 financial year, how many new non-emergency ambulances will be procured and how many old vehicles for non-emergency ambulances will be replaced? What is the waiting time for non-emergency ambulance transport service for the disabled and elderly respectively? If new ambulances are procured, how much time can be saved? At the same time, what was the number of passengers and the utilization rate of the non-emergency ambulance transport service in the 2012-13 financial year?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The Non-emergency Ambulance Transfer Service (NEATS) of Hospital Authority (HA) provides point to-point transfer service primarily for mobility-handicapped patients who are unable to use public transport such as bus, taxi and Rehabus. Eligible patients can make booking for NEATS on a first come-first-served basis and HA will endeavour to schedule the routes of vehicles to meet patients' need as far as possible. Patients' eligibility is assessed by clinical staff and all booked requests from eligible patients have been arranged for NEATS. The number of patients served by NEATS in 2012-13 is projected to be about 471 000.

HA has a long-term plan to improve NEATS. In 2013-14, HA plans to replace nine ageing vehicles and further expand the fleet of NEATS to 169 by adding 15 new vehicles. In 2012-13, HA has reduced the waiting time of 75% of patients who are ready for discharge and have made bookings for NEATS from the current standard of 90 minutes or less to 60 minutes or less. In 2013-14, HA also targets to reduce the waiting time of 85% of patients who are ready for inter-hospital transfer and have made bookings for NEATS from the current standard of 90 minutes or less to 60 minutes or less. HA will continue to monitor the provision of NEATS and explore other improvement measures having regard to service demand.

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)296

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3874

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 mental health, the number of patients benefited under the pilot Case Management Programme will increase to 16 000. Please provide relevant statistics on the effectiveness of the Programme.

Asked by: Hon. LEUNG Yiu-chung

Reply:

In April 2010, the Hospital Authority (HA) launched the Case Management Programme (the Programme) in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide intensive, continuous and personalised support for patients with severe mental illness (SMI). By 2012-13, the Programme has been extended to a total of 12 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Kowloon City, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long).

As at 31 December 2012, the HA has recruited a total of 206 case managers (including psychiatric nurses, occupational therapists and registered social workers) to provide personalised and intensive community support to about 11 500 patients with SMI under the the Programme.

The objective of the 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 SMI at any one time.

In 2013-14, the Programme will be further extended to cover three more districts (Wong Tai Sin, Sai Kung and North). HA plans to roll out the Programme to cover all 18 districts in the coming two years. To assess the effectiveness of the Programme, HA has commissioned the Department of Psychiatry of the University of Hong Kong to conduct an evaluation study on the Programme. The findings are expected to be ready in Q3 2013.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)297

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3877

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 for mental health services, the Government has promoted collaboration between psychiatric specialist outpatient (SOP) service and primary healthcare service, and the number of beneficiaries will increase to 10 000. What are the manpower allocated for "psychiatric SOP service" and "primary healthcare service" respectively?

Asked by: Hon. LEUNG Yiu-chung

Reply:

The Hospital Authority (HA) set up Common Mental Disorder Clinics (CMDCs) in psychiatric specialist out-patient clinics and launched the Integrated Mental Health Programme (IMHP) to provide maintenance treatment in primary care settings in 2010 to patients with mild mental illness.

Both the CMDCs and IMHP have been rolled out to all seven clusters of the HA by March 2012, benefitting a total of about 14 000 patients every year (about 7 000 patients under each initiative). The multi-disciplinary teams at CMDCs and IMHP comprise respectively around 30 and 20 professionals including doctors, nurses and allied health professionals.

Name in block letters: Richard YUEN

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

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)298

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3889

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

On healthcare services, the Government will refine the waiting list management of specialist out-patient clinics to shorten the waiting time for such services. Please set out in detail the waiting time to be shortened for services at various specialist out-patient clinics.

Asked by: Hon. LEUNG Yiu-chung

Reply:

Specialist outpatient (SOP) clinics will arrange the date of medical appointment for new SOP patients on the basis of the urgency of their clinical conditions at the time of referral, and triage them into priority 1 (urgent), priority 2 (semi-urgent) and routine categories. It has been the target of the Hospital Authority (HA) to keep the median waiting time for first appointment at SOP clinics for priority 1 cases and priority 2 cases to within two weeks and eight weeks respectively.

HA will commence publishing waiting time information of its specialist services by phases in the HA internet website starting April 2013.

HA has commenced a new initiative since August 2012 to facilitate patients in certain specialties with stable conditions to seek earlier SOP appointment through cross cluster arrangement.

In 2013-14, HA will further enhance SOP services. Additional SOP sessions will be conducted to cater for patients who have waited for a considerable period of time. In addition, HA will identify pressure areas in different specialties and clusters and develop further measures to manage the waiting time.

It is expected that 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) can benefit around 15 000 patients.

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)299

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3302

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 government resources devoted to manpower training in respect of the six industries where Hong Kong enjoys clear advantages (six industries), please provide details of the training programmes, training providers, number of persons trained and to be trained, as well as the expenditures and manpower involved in each industry for 2012-13 and 2013-14. Furthermore, what are the demand and supply of manpower situations in the six industries? If there is any shortage of manpower, what are the details? For the existing training programmes on offer, are they adequate to meet the market demand for manpower?

Asked by: Hon. QUAT Elizabeth

Reply:

The Food and Health Bureau assesses the manpower requirements for healthcare professionals according to the triennial planning cycle of the University Grants Committee (UGC), and advises the UGC on the corresponding requirements for publicly-funded places to facilitate academic planning by tertiary institutions. For the triennial cycle starting from 2012, the Government has increased the number of first-year first-degree places in medicine by 100 to 420, nursing by 40 to 630 and allied health professions by 146 to 377. Meanwhile, training places for nurses offered by self-financing post-secondary institutions are also on the rise.

Against the backdrop of a growing and ageing population which will pose increasing demand for healthcare services, the Government has set up a high-level steering committee, chaired by the Secretary for Food and Health, to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. The Steering Committee is tasked to assess manpower needs in the various healthcare professions and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development. The Review is expected to be completed in 2013. The findings and recommendations of the Review will enable us to plan for the long-term supply of quality healthcare professionals to sustain the healthy development of our healthcare system.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)300

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3891

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:

Medical costs have been boosted by a general rise in prices in recent years. What criteria has the Food and Health Bureau adopted when setting the Elderly Health Care Voucher amount at $1,000 per year? What is the work plan for reviewing the Elderly Health Care Voucher amount this year (i.e. 2013-14)?

Asked by: Hon. WONG Yuk-man

Reply:

When the Elderly Health Care Voucher Pilot Scheme was launched in January 2009, an elder aged 70 or above was eligible to receive $250 each year in health care vouchers to partially subsidise their use of multi-disciplinary primary care services provided by various private healthcare professionals. This was increased to $500 starting from 1 January 2012. Response from the elderly and the private healthcare service providers to the Pilot Scheme is generally positive, and there have been calls from different quarters of the community to further increase the voucher amount. In the light of this, the Chief Executive pledged in his Election Manifesto to raise the voucher amount to $1,000.

The annual voucher amount has been doubled from $500 to $1,000 starting from 1 January 2013 and the Government will convert the voucher scheme from a pilot project into a recurrent support programme for the elderly in 2014. We hope the increase in voucher amount helps widen the choice of affordable healthcare services for the elderly in preventive care and provide a greater incentive for them to use private primary care services in their neighbourhood. The Government will initiate a further review of the Scheme after these enhancement measures have been implemented and more experience from and feedback on the recurrent support programme have been accumulated.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)301

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3892

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

According to the annual report of the Hospital Authority (HA), staff costs has remained at about 70% of HA's total expenditure over many years. Has the Food and Health Bureau (FHB) reviewed whether this percentage is justified? How could FHB ensure that the provision for HA has been used properly and cost-effectively in serving the public?

Asked by: Hon. WONG Yuk-man

Reply:

Healthcare has always been a labour-intensive service industry that has to be supported by well-trained medical professionals. Upon expanding and enhancing its public healthcare services to meet the rising demand of the community, the Hospital Authority (HA) has to continue to rely on medical professionals to deliver the services. The table below sets out the percentages of manpower costs in HA's total recurrent operating expenditure from 2008-09 to 2012-13:

	2008-09	2009-10	2010-11	2011-12	2012-13 (Projection)
Manpower cost as a % of total recurrent operating expenditure	77.6%	76.8%	73.9%	73.3%	71.6%

HA is an independent statutory body established under the Hospital Authority Ordinance (Cap 113). The Ordinance includes provisions specifying that HA should use the resources efficiently to provide hospital services of high quality.

To ensure accountability to the public for the management and control of the public medical services system, three Government officials (including the Permanent Secretary for Health, the Director of Health, and the Deputy Secretary for Financial Services and the Treasury) are ex-officio members of the HA Board and participate in the governance of HA. The Secretary for Food and Health holds monthly meeting with the management of HA for the purpose of monitoring its work. Moreover, the Government will set out the performance targets of HA in the Controlling Officer's Report under Head 140 in the Government's Estimates for each year. These performance targets cover various aspects, including access to services (such as waiting time), delivery of services, quality of services,

cost of services and manpower, etc. Through regular reports submitted by HA, the HA Board and the Government assess and examine the performance of HA in accordance with these targets.

In addition, being an independent statutory body and under the governance of its Board, HA has a comprehensive mechanism for conducting internal and external reviews from time to time to examine its operation and services in an effort to achieve efficient use of its resources and provide quality healthcare services to the public in a more effective manner.

In respect of resource allocation, HA has been adopting an approach that integrates its service planning and resource allocation through a structured framework and defined process to ensure the best use of resources for the delivery of quality service to the public. As for service planning, the drawing up of the annual plans at hospital and cluster levels is guided by the overall direction and priority service planning at the corporate level. Both the HA budget and the resource allocation among hospital clusters are put to the Finance Committee and the Administrative and Operational Meeting of the HA Board for consideration and endorsement. The allocation of resources within each cluster is essentially based on the service programmes and targets as defined in the process of drawing up the annual plan.

HA has also 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 regard to 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.

The Government will continue to closely monitor the services of HA and conduct assessment when necessary with a view to ensuring that HA's operation and the services it provide suit the needs of the community.

Name in block letters: Richard YUEN

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

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)302

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3893

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Food and Health Bureau conduct any studies on the correlation between the salaries of doctors and the overall medical costs? What are the Bureau's plans in respect of importing overseas healthcare professionals or medical graduates into the medical sector in Hong Kong?

Asked by: Hon. WONG Yuk-man

Reply:

With an ageing population and advances in medical technology, there is an increasing demand for healthcare services in the community, and the manpower requirement for healthcare personnel grows commensurately. In the past few years, the Hospital Authority (HA) has implemented a series of measures to recruit and retain doctors in order to address manpower issues. The employment of non-local doctors with limited registration was implemented as an additional and immediate measure to supplement the local recruitment drive. Since 2012, HA has recruited 11 non-local doctors under limited registration in five specialties, namely anaesthesia, emergency medicine, family medicine, internal medicine and psychiatry. All applicants were overseas registered doctors with at least three years of post-internship clinical experience, and possessing post-graduate qualification comparable to the Intermediate Examinations of the constituent Colleges of the Hong Kong Academy of Medicine.

In December 2012, HA has renewed the contract with four recruited non-local doctors after the Medical Council of Hong Kong has approved their renewal applications of limited registration. HA will continue to monitor the manpower situation and recruit non-local doctors under limited registration in future as and when necessary.

The Food and Health Bureau had not conducted any studies on the correlation between the salaries of doctors and the overall medical costs.

Name in block letters: Richard YUEN

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

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)303

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3894

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

According to the annual report of the Hospital Authority (HA), drugs have accounted for less than 10% of its total expenditure over the years. How will the Food and Health Bureau review the impact of the Hospital Authority Drug Formulary and the Samaritan Fund on those chronic patients who cannot afford their drugs? Will the Bureau consider abolishing the Hospital Authority Drug Formulary and using public money to subsidise purchase of non-Formulary drugs which the patients need?

Asked by: Hon. WONG Yuk-man

Reply:

The World Health Organization has all along been actively promoting the concept of "essential medicines". It recommends that health authorities around the world establishing their own mechanisms for systematic selection of drugs to promote the availability, accessibility, affordability, quality and rational use of medicines. In keeping up with international developments, the Hospital Authority (HA) has formulated its own Drug Formulary since July 2005, with a view to ensuring equitable access by patients to cost effective drugs of proven safety and efficacy by standardizing the drug policy and drug utilization in all public hospitals and clinics. The development of the HA Drug Formulary is at the same time underpinned by other core values, including evidence-based medical practice, rational use of public resources, targeted subsidy, opportunity cost considerations and facilitation of patients' choice.

Throughout the past years, the Government has continuously responded to the needs of the public on drug treatment and has earmarked additional funding annually to HA for the continuous expansion of the HA Drug Formulary. From 2009-10 to 2012-13, the Government has provided additional recurrent allocation of over $700 million in total to HA for introduction of new drugs or expansion of clinical applications of drugs, on top of the recurrent operating expenditure of the HA Drug Formulary. In 2013-14, the Government has earmarked additional recurrent funding of $44 million for HA to introduce two new drugs as Special Drugs in the HA Drug Formulary and expand the clinical applications of two therapeutic groups of drugs. The initiative will be implemented starting from the second quarter of 2013.

HA has an established mechanism with the support of 20 specialty panels to regularly evaluate new drugs and review the drugs in the Drug Formulary. The process follows an evidence-based approach, having regard to the principles of efficacy, safety and cost-effectiveness of drugs; and taking into account various factors, including international recommendations and practices, changes in technology,

pharmacological class, disease state, patient compliance, quality of life, actual experience in the use of drugs, comparison with available alternatives, opportunity cost and views of professionals and patient groups. HA will keep in view the latest scientific and clinical evidence of drugs and enhance the Drug Formulary as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy.

Currently, there are around 1 300 drugs in the HA Drug Formulary for treatment of different diseases. While General Drugs and Special Drugs of the HA Drug Formulary are provided at standard fees and charges to needy patients, a safety net is provided through the Samaritan Fund (SF) to provide financial subsidy to needy patients who pass the financial assessment and meet the specific clinical criteria in meeting the expenses of Self-financed Drugs.

To further assist more needy patients, the Government has provided a grant of $10 billion in 2012-13 to the SF for its operation of the next ten years or so. Also, the financial assessment criteria for SF drug applications had been relaxed since 1 September 2012. With 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, was 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.

Furthermore, 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. HA will continue to review the financial assessment criteria and the coverage of SF according to the relevant established mechanism as and when required.

Name in block letters: Richard YUEN

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

Date: 26.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)304

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3924

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

What are the estimated provision and manpower for the reprovisioning of Yaumatei Specialist Clinic (YMTSC)? When will the project start and when will it finish? What services will YMTSC provide? Will the services include elderly healthcare and dental service? What is the estimated number of patients to be served by YMTSC daily?

Asked by: Hon. WONG Yuk-man

Reply:

The cost estimate for the reprovisioning of Yaumatei Specialist Clinic (YMTSC) at Queen Elizabeth Hospital (QEH) project is in the order of $1,900 million. As YMTSC project is a reprovisioning project, we expect that no additional manpower is required. Subject to funding approval by the Finance Committee, the project is planned to start in mid-2013 for completion in mid-2016.

The project proposes to construct a new specialist clinic building at the site of the old Specialist Outpatient Clinic Building at QEH for (i) reprovisioning the existing services provided by the Hospital Authority at YMTSC including Ear, Nose and Throat Specialist Clinic, Geriatric Day Hospital, Renal Dialysis Centre and Child Psychiatric Out-patient Clinic and Day Hospital; (ii) provision of a Linear Accelerators Suite; and (iii) relocating some ambulatory care services of QEH covering the Adolescent Medical Centre, Special Medical Care Centre, Diabetes and Metabolic Centre and Multidisciplinary Pain Management Centre. Elderly health service and dental service are not included in this project. The estimated number of daily patient attendances for the new Specialist Clinic Building is around 600.

Name in block letters: Richard YUEN

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

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)305

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4598

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Matters Requiring Special Attention in 2013-14 that the Hospital Authority will "enhance service capacity to meet growing demand arising from population growth and ageing through a number of initiatives, including opening of additional beds, particularly in high needs communities like the New Territories West (NTW) and Kowloon East (KE) Clusters". What are the details of such initiatives and the estimated expenditure? What special initiatives will be taken in the NTW and KE Clusters?

Asked by: Hon. WU Chi-wai

Reply:

In 2013-14, the Hospital Authority (HA) will open a total of 287 beds in various hospital clusters to enhance the service capacity to meet growing demand arising from population growth and ageing. HA has earmarked over $300 million for the opening of these 287 beds in 2013-14.

Amongst the 287 beds to be opened, 118 will be in the New Territories West Cluster (NTWC) and 116 will be in the Kowloon East Cluster (KEC), with breakdown as follows:

Cluster	**Number and types of hospital beds to be opened in 2013-14**	
	Acute	**Convalescent / Rehabilitation**
NTWC	80	38
KEC	44	72

Apart from opening new beds, HA will also implement the following major initiatives in 2013-14 in various clusters to meet increasing service demand:

(i) supporting the service commissioning of North Lantau Hospital Phase I, Caritas Medical Centre Phase II Redevelopment, New Pharmacy at Tseung Kwan O Hospital New Ambulatory Block and Kwun Tong Jockey Club General Out-patient Clinic;

(ii) enhancing the treatment of around 1 200 patients with critical illnesses through strengthening cardiac services, rolling out the transient ischaemic attack clinic service and providing 24-hour thrombolytic service by phases to improve acute stroke management, and enhancing haemodialysis service for renal patients;

(iii) refining the waiting list management of specialist out-patient clinics to shorten the waiting time for such services including specialist outpatient dispensing service and radiology and magnetic resonance imaging services, benefiting around 15 000 patients;

(iv) enhancing mental health services through extension of the case management programme to 2 800 additional patients with severe mental illness, improving psychiatric inpatient services and strengthening psychiatric consultation liaison service to facilitate early identification and management of patients having symptoms of mental disorders;

(v) enhancing medical service for about 500 cancer patients through expansion of cytogenetic service and the predictive molecular testing of lung, breast and colorectal cancers, and strengthening radiotherapy and chemotherapy services;

(vi) strengthening medical services for the elderly, particularly the treatment of degenerative diseases, including enhancing eye disease treatment for about 4 500 elderly patients; and

(vii) increasing the quota at general out-patient clinics for patients with episodic diseases.

In planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community.

As for other enhancement services specific to NTWC and KEC, HA will implement the following measures in 2013-14:

NTWC

(i) Improve accessibility to General Outpatient Clinic service;

(ii) Enhance radiological services; and

(iii) Enhance eye disease treatment for elderly patients.

KEC

(i) Enhance specialist outpatient services;

(ii) Improve ambulatory chemotherapy service;

(iii) Set up an Autologous-Haemopoietic Stem Cell Transplant Centre in the United Christian Hospital;

(iv) Enhance public primary care services;

(v) Enhance haemodialysis services;

(vi) Enhance orthodontic support for patients with cleft deformities; and

(vii) Extend community case management programme for patients with severe mental illness.

Name in block letters:	Richard YUEN
Post Title:	Permanent Secretary for Food and Health(Health)
Date:	3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)306

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4599

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

Subhead (No. & title):

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

Question:

The Bureau will continue to oversee and implement primary care development in Hong Kong. What new measures will the Bureau introduce to promote primary care in the coming year? Does the Bureau review the various existing schemes and examine the expansion of coverage of the schemes? For instance, does the Bureau have any plan to extend the General Out-patient Clinic Public-Private Partnership Programme to other districts?

Asked by: Hon. Wu Chi-wai

Reply:

Enhancing primary care was one of the service reform proposals introduced during the first-stage public consultation on healthcare reform in 2008 which received broad public support. Under the direction of the Working Group on Primary Care (WGPC), we promulgated the "Primary Care Development Strategy" document in 2010, setting out the following major strategies on enhancing primary care in Hong Kong –

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) developing a Primary Care Directory to promote the family doctor concept and a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks (CHCs).

Having regard to WGPC's recommendations, the Government has allocated additional resources for promoting primary care since 2008-09. The recurrent budget for primary care related services in 2013-14 has increased by $2.3 billion over that in 2007-08. In addition, a total sum of $3.3 billion for non-recurrent and capital works items has also been earmarked since 2008-09 for implementing various initiatives in line with the primary care development strategy.

The Primary Care Office (PCO) was established in September 2010 under the Department of Health to support and co-ordinate the implementation of primary care development strategies and actions. The latest progress and work plan of the major primary care initiatives under PCO are as follows:

(a) Primary care conceptual models and reference frameworks

Following the publication of the reference frameworks for diabetes and hypertension in 2011, the core documents of two reference frameworks on preventive care of older adults and children in primary care settings respectively were promulgated in December 2012.

(b) Primary Care Directory

A web-based Primary Care Directory giving details about the personal and practice-based information of doctors and dentists was launched in April 2011. The directory is being developed in phases, and the sub-directory of Chinese medicine practitioners was launched in October 2012.

(c) CHCs

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in mid-2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. We are exploring the feasibility of developing CHC projects in other districts and consider the scope of services and *modus operandi* that suit district needs most.

(d) Primary Care Campaign

A territory-wide Primary Care Campaign was launched in April 2011 to enhance public understanding and awareness of the importance of primary care, drive attitude change, and foster public participation and action. To sustain the momentum of the Campaign, a themed competition was organised in 2012 to promote primary care and the family doctor concept.

The Government continues to take forward the primary care development strategy and implement, through the Department of Health and Hospital Authority (HA), a series of projects to enhance primary care. These include the Childhood Influenza Vaccination Subsidies Scheme, the Elderly Vaccination Subsidies Scheme, the Elderly Health Care Voucher Scheme, the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres, and other pilot projects for enhancing chronic disease management.

HA has been implementing various pilot initiatives under primary care settings to enhance chronic disease management since 2008-09, including the Risk Factor Assessment and Management Programme, the Patient Empowerment Programme, the Nurse and Allied Health Clinics, the General Out-patient Clinic Public-Private Partnership Programme, the Shared Care Programme and smoking cessation service. The evaluation studies conducted by local universities revealed that these initiatives had largely met the service targets and performance indicators. Starting from 2012-13, these programmes have become regular service with recurrent funding. The latest position of these programmes is as follows:

Programme	Details
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general out-patient clinics (GOPCs) and specialist out-patient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-2010 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 42 000 patients are expected to benefit from the programme by 2012-13. An additional 14 000 patients are expected to be enrolled in 2013-14.

Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in designated GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are expected annually starting from 2012-13.
General Out-patient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public general out-patient services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at February 2013, over 1 600 patients have enrolled in the programme.
Shared Care Programme To partially subsidise diabetes mellitus patients currently under the care of the public healthcare system to have their conditions followed up by private doctors.	Launched in Sha Tin and Tai Po of New Territories East Cluster in March 2010 and extended to Wan Chai and Eastern District of Hong Kong East Cluster in September 2010. As at February 2013, over 340 patients have enrolled in the programme. The pilot programme will end in 2013-2014 as originally planned.
Smoking Cessation To provide smoking cessation service to chronic disease patients who are smokers, with focus on improving disease management and complication prevention through smoking cessation interventions.	Launched in 2011-12 and extended to all seven clusters in 2012-13. Around 13 000 patients are expected to benefit from the programme annually from 2013-14.

Staff disciplines involved for the above chronic disease management programmes include doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants and general service assistants, etc. The healthcare staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites. Hence, we do not have ready information on the breakdown of HA staffing and working hours by individual chronic disease programme.

Regarding the GOPC Public-Private Partnership Programme in Tin Shui Wai, HA will study the feasibility of further outsourcing its services, including exploring the case for patients suffering from specific chronic diseases with stable medical conditions to receive treatment in the private sector.

Name in block letters: Richard YUEN

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

Date: 22.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)307

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4880

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

As regards preventing spread of infectious diseases, what were the works and studies carried out in 2012-13, particularly the methods of preventing spread of novel coronavirus, and the expenditures involved? In addition, will the estimate for the work on preventing spread of infectious diseases be increased in 2013-14?

Asked by: Hon. CHAN Ka-lok, Kenneth

Reply:

To safeguard Hong Kong against Severe Respiratory Disease associated with Novel Coronavirus (SRD-NCoV), the Department of Health (DH) has taken the following actions, in collaboration with the Hospital Authority (HA):

Enhanced Surveillance

i. SRD-NCoV has been made notifiable under the Prevention and Control of Disease Ordinance (Cap 599) since 28 September 2012. Any suspected or confirmed cases are required to be notified to DH.

ii. In addition to making the disease statutorily notifiable, the Centre for Health Protection (CHP) has worked with HA and private hospitals to enhance the laboratory testing for novel coronavirus in selected groups of patients (cases of pneumonia with unknown cause, pneumonia cases that require intensive care, clusters of pneumonia or health-care workers with pneumonia) irrespective of their travel history. DH will also review laboratory diagnostic strategy, enhance diagnostic service capacity, and stockpile necessary reagents and strengthen liaison with overseas counterparts on collection of updated information.

iii. CHP maintains liaison with the World Health Organization (WHO), the Mainland and overseas health authorities to monitor the latest development, obtain timely and accurate SRD-NCoV information from places outside Hong Kong, and will modify local surveillance activities according to recommendations issued by the WHO.

Enhanced Port Health Measures

iv. A series of port health measures have been implemented, which include display of posters about the disease at all boundary control points, delivery of health leaflets to arriving travellers coming from affected countries, regular updates to the tourism industry and relevant government departments through meetings and correspondences, enhanced surveillance of sick

travellers and referral of suspected cases to public hospitals for further investigation. In addition, DH has arranged with the airlines to conduct in-flight broadcast of health messages to alert travellers coming from the affected countries.

v. DH will continue to monitor and follow up relevant recommendations on port health measures made by the WHO and will step up control measures as appropriate.

Prompt Control and Transparency in Dissemination of Results

vi. Any suspected case notified to DH will be immediately isolated in a hospital setting. Specimens from the patient will be sent to CHP's public health laboratory centre for testing. The laboratory has established sensitive laboratory tests with confirmatory capacity, and is capable of providing test results within hours. DH will release the testing results to the public as soon as possible.

Infection Control in Healthcare Settings

vii. Guidelines on infection control have been provided to healthcare professionals, residential care homes and schools. Training has been organised for provision of updated information to the healthcare workers.

viii. DH has collaborated with HA to establish enhanced surveillance for unexplained pneumonia, reinforce timely risk communication, develop infection control measures, provide staff training, and set up referral mechanism for cases from private sectors. DH has also urged the management of all private hospitals to be vigilant and to enhance their preparedness against SRD-NCoV. They are also advised to review and update the infection control guidelines and contingency plans in view of the latest development of SRD-NCoV, and to ensure sufficient stock of personal protective equipment. Briefings for the hospital management and the healthcare workers will be arranged to provide them with the latest information on SRD-NCoV and training on the related infection control measures.

Enhanced Risk Communication

ix. DH has convened the Scientific Committee for Emerging and Zoonotic Diseases to assess the risk and local response and interdepartmental meeting to gear up other Government departments with necessary preparation.

x. DH promulgates in press releases/ public announcements that travellers returning from affected countries affected by SRD-NCoV presenting with respiratory symptoms are advised to wear face masks, seek medical attention and reveal their travel history to doctors. DH has also provided updates on the disease and health advice to members of the public.

xi. DH convened interdepartmental meetings and will continue to organise briefings to enhance preparedness in government and non-government sectors.

Contingency Plan and Drills for Concerted Interdepartmental Actions

xii. DH will continue to update contingency plans on major outbreaks of infectious diseases, as well as conducting interdepartmental exercises and drills with concerned parties and stakeholders in close partnership. This includes the Preparedness Plan for Influenza Pandemic 2012 launched in August 2012.

xiii. CHP has organised 12 exercises testing the preparedness and responsiveness of relevant departments on public health actions since it was established in 2004.

Many of the aforesaid measures are also relevant to the prevention and control of other infectious diseases. Under Programme (2), provision for 2013–14 is $2,490.6 million, which is $255.4 million or 11.4% higher than the revised estimate for 2012–13.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 8.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)308

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4883

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

As regards enforcing laws on tobacco control, please advise on the total number of prosecutions instituted by the Tobacco Control Office against smoking offences in 2012-13, and the means, staff establishment and frequency of conducting outdoor prosecution actions. What is the expenditure on such prosecution work in 2012-13? Besides, will there be an increase in manpower to expand the prosecution work in 2013-14?

Asked by: Hon. CHAN Ka-lok, Kenneth

Reply:

The Tobacco Control Office (TCO) of the Department of Health (DH) conducts inspections of all venues concerned in response to smoking complaints. In 2012, TCO received 18 291 complaints, conducted 26 209 inspections, and issued 8 019 fixed penalty notices and 179 summonses for smoking offences. In addition, 88 summonses were issued by TCO for other related offences under the Smoking (Public Health) Ordinance (Cap. 371) (e.g. willful obstruction, failure to produce identity document, etc). Data on frequency of outdoor prosecutions are not available.

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. The provision for enforcement duties in 2012-13 is $36.6 million. 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: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)309

Question Serial No.

4885

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What kind of essential port health services will be provided at the Kai Tak Cruise Terminal in 2013-14? What are the details on types and quantity of services, mode of operation and the estimated expenditure? What is the estimated number of users?

Asked by: Hon. CHAN Ka-lok, Kenneth

Reply:

Port health services will be provided at the boundary control point of Kai Tak Cruise Terminal. The services include temperature checking and health screening of arriving passengers, as well as inspection of hygienic condition of the Terminal and arriving vessels. An additional provision of $7.7 million has been made to provide for an outsourcing contract for the implementation of temperature checking and health screening measures, the employment of one Health Inspector to carry out environmental inspection, as well as recurrent expenditure including electricity and maintenance of equipment. The Customs, Immigration, Quarantine and Police facilities at the Kai Tak Cruise Terminal will be able to clear a maximum of 3 000 passengers per hour.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)310

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4895

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the financial provision for disease prevention, please advise on the respective organisations subsidised in 2012-13 and the expenditures involved. What initiatives related to disease prevention have been carried out by these subvented organisations? Besides, the subventions for subvented organisations have been reduced in 2012-13 and 2013-14. What are the reasons?

Asked by: Hon. CHAN Ka-lok, Kenneth

Reply:

The 2012-13 revised estimate is $50.8 million. Of which, $45.8 million is for subvention to the Family Planning Association of Hong Kong for the provision of family planning services. The remaining $5 million is for contingencies.

Provision in 2013-14 for the subvented sector is $49 million, representing a reduction of 3.5% or $1.8 million, as compared with 2012-13. This is mainly due to two one-off allocations granted to the Family Planning Association of Hong Kong in 2012-13 for (a) conducting "the 10th Knowledge, Attitude and Practice Survey on Family Planning in Hong Kong" which is held every five years ($1.3 million) and (b) procuring a number of equipment to expand its termination of pregnancy service ($1.1 million).

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)311

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4909

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

According to the latest figures announced recently, the number of AIDS patients are increasing, but the Department estimates that the AIDS counselling attendances and utilisation of the AIDS telephone enquiry service are decreasing. How are these estimated figures worked out? What were the expenditures of the above two services in 2012-13? In addition, isn't there a need for the Government to put in more resources to deal with the problem of increasing AIDS patients in 2013-14?.

Asked by: Hon. CHAN Ka-lok, Kenneth

Reply:

The utilisation of the AIDS telephone enquiry service and attendance for counselling and HIV testing provided by the Department of Health (DH) is estimated based on the past trend. There has been an increase in the number of reported HIV cases over recent years. In response to the HIV epidemic, the Council for the AIDS Trust Fund has provided extra funding to non-governmental organisations (NGOs) to scale up provision of HIV counselling and testing services since 2008. DH has been deploying resources to provide regular training and technical support to the concerned NGOs

The expenditure on AIDS counselling and health promotion is $23.9 million in 2012-13. DH projected an increase in expenditure of $12 million on its HIV/AIDS programme in 2013-14. DH will closely monitor the situation and make necessary arrangement, including re-deployment of existing manpower and resources, to cope with the increase in demand.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)312

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5265

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services provided by Elderly Health Centres (EHCs), please set out in tabular form the following information in the past five years (i.e. 2008-09 to 2012-13):

1. the cost per attendance for health assessment;

2. the cost per attendance for medical consultation;

3. the cost per attendance at health education activities organised by EHCs and visiting health teams;

4. the annual operating costs of each EHC;

5. the respective annual membership quotas, quotas for accepting new members, and number of members from other districts in each EHC;

6. the number and rate of member turnover (i.e. the number of members who did not renew their membership and its percentage in the total number of members) of various EHCs, as well as the average waiting time required for joining EHC membership each year (a breakdown by EHC); and

7. the average waiting time required for having a physical check-up at an EHC.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

1. and 2.

The costs per attendance for health assessment and medical consultation are as follows-

Year	Health assessment ($)	Medical consultation ($)
2008-09	1,040	390
2009-10	1,030	387
2010-11	1,030	387
2011-12	1,090	432
2012-13	1,140	455

3. The costs per attendance at health education activities organised by EHCs and Visiting Health Teams (VHTs) are not available. The total expenditure of 18 EHCs and 18 VHTs in the past five years were as follows-

Year	Total expenditure of 18 Elderly Health Centres (EHCs) ($ million)	Total expenditure of 18 Visiting Health Teams (VHTs) ($ million)
2008-09	92.4	60.9
2009-10	94.3	64.7
2010-11	94.7	63.9
2011-12	97.4	68.8
2012-13	107.3	76.4

4. The average annual operating expenditure of each EHC is as follows-

Year	Average operating expenditure of each EHC ($ million)
2008-09	5.1
2009-10	5.2
2010-11	5.3
2011-12	5.4
2012-13	6.0

5. EHS did not set a specific quota for new members for each EHC, as the number is dependent on the membership renewal rate of existing members.

The total number of enrolment and the number of new members in 18 EHCs are as follows-

Elderly Health Centre	Total number of members					Number of new Members				
	2008	2009	2010	2011	2012*	2008	2009	2010	2011	2012*
Sai Ying Pun	1 687	1 757	2 140	2 120	2 130	447	398	312	197	185
Shau Kei Wan	1 633	1 333	2 226	2 210	2 211	517	563	512	235	145
Wan Chai	1 714	1 677	2 125	2 153	2 141	406	410	363	290	227
Aberdeen	1 677	1 775	2 147	2 128	2 126	496	468	329	238	228
Nam Shan	1 681	1 736	2 228	2 206	2 206	467	433	360	271	370
Lam Tin	1 550	1 669	2 229	2 214	2 230	610	536	500	353	244
Yau Ma Tei	1 676	1 690	2 141	2 124	2 121	444	452	455	346	334
San Po Kong	1 676	1 678	2 120	2 122	2 121	444	442	447	415	225
Kowloon City	1 651	1 665	2 221	2 211	2 210	512	529	543	433	198
Lek Yuen	1 693	1 721	2 149	2 199	2 125	433	446	438	507	445
Shek Wu Hui	1 667	1 728	2 152	2 120	2 122	441	433	429	351	290
Tsung Kwan O	1 665	1 727	2 145	2 135	2 136	462	408	398	428	263
Tai Po	1 813	1 782	2 122	2 124	2 124	308	340	319	155	96
Tung Chung	1 654	1 773	2 256	2 259	2 245	500	439	443	454	432
Tsuen Wan	1 625	1 630	2 137	2 109	2 117	490	496	508	499	392
Tuen Mun Wu Hong	1 697	1 715	2 144	2 130	2 133	427	415	421	423	352
Kwai Shing	1 709	1 752	2 195	2 202	2 212	435	457	453	424	297
Yuen Long	1 751	1 857	2 232	2 219	2 217	395	346	368	350	344

*Preliminary data in 2012

The number of members from other districts in each EHC is as follows-

Elderly Health Centre	Number of members from other districts				
	2008	**2009**	**2010**	**2011**	**2012***
Sai Ying Pun	558	585	585	561	447
Shau Kei Wan	56	50	44	62	37
Wan Chai	1 012	1 011	1 031	1 059	750
Aberdeen	74	81	58	46	39
Nam Shan	662	788	829	798	601
Lam Tin	69	69	76	61	80
Yau Ma Tei	858	792	809	791	608
San Po Kong	481	454	499	478	377
Kowloon City	1 004	967	1 009	957	722
Lek Yuen	105	82	72	63	44
Shek Wu Hui	121	123	104	116	62
Tsung Kwan O	350	316	305	305	190
Tai Po	391	377	325	357	256
Tung Chung	1 252	1 347	1 461	1 417	1 059
Tsuen Wan	741	766	729	739	539
Tuen Mun Wu Hong	94	85	99	76	55
Kwai Shing	600	565	535	557	392
Yuen Long	32	45	64	74	63

*Preliminary data in 2012

6. The number of members who did not renew their membership and its percentage in the total number of members of various EHCs are as follows-

Elderly Health Centre	2008		2009		2010		2011		2012*	
	Number	%	Number	%	Number	%	Number	%	Number	%
Sai Ying Pun	440	21%	377	18%	327	15%	217	10%	185	9%
Shau Kei Wan	489	23%	817	38%	182	10%	251	11%	145	7%
Wan Chai	406	19%	443	21%	325	16%	262	12%	227	11%
Aberdeen	468	22%	398	18%	425	19%	257	12%	228	11%
Nam Shan	439	21%	412	19%	301	14%	293	13%	370	17%
Lam Tin	558	26%	491	23%	476	22%	368	17%	244	11%
Yau Ma Tei	433	21%	430	20%	456	21%	363	17%	334	16%
San Po Kong	444	21%	442	21%	447	21%	413	19%	225	11%
Kowloon City	452	21%	498	23%	516	24%	443	20%	198	9%
Lek Yuen	441	21%	405	19%	456	21%	457	21%	445	21%
Shek Wu Hui	436	21%	380	18%	438	20%	383	18%	290	14%
Tsung Kwan O	471	22%	400	19%	388	18%	438	20%	263	12%
Tai Po	303	14%	339	16%	319	15%	153	7%	96	5%
Tung Chung	468	22%	381	18%	399	18%	451	20%	432	19%
Tsuen Wan	481	23%	485	23%	497	23%	527	25%	392	19%
Tuen Mun Wu Hong	420	20%	409	19%	407	19%	437	20%	352	17%
Kwai Shing	414	20%	392	18%	467	21%	417	19%	297	13%
Yuen Long	356	17%	289	13%	339	15%	363	16%	344	16%

*Preliminary data in 2012

The median waiting time to be enrolled as new members in 18 EHCs is as follows-

Elderly Health Centre	Median waiting time (months)				
	2008	2009	2010	2011	2012
Sai Ying Pun	14.2	3.6	2.9	7.5	13.4
Shau Kei Wan	47.3	42.2	20.5	8.4	14.4
Wan Chai	43.5	42.1	30.9	25.4	25.8
Aberdeen	18.5	9.7	4.0	5.1	6.7
Nam Shan	5.1	3.0	6.9	13.8	16.2
Lam Tin	34.3	21.3	7.4	3.9	4.6
Yau Ma Tei	45.2	42.7	38.0	32.9	23.7
San Po Kong	40.4	37.4	29.7	11.4	10.0
Kowloon City	47.1	42.2	34.5	16.2	16.4
Lek Yuen	47.8	49.7	46.4	43.5	36.2
Shek Wu Hui	33.5	23.9	14.0	9.3	9.9
Tseung Kwan O	27.0	23.8	21.7	16.6	14.5
Tai Po	26.1	25.7	18.6	17.5	21.9
Tung Chung	3.6	4.2	5.5	6.5	9.5
Tsuen Wan	50.4	50.5	43.8	19.7	11.3
Tuen Mun Wu Hong	16.6	14.0	9.7	8.9	9.9
Kwai Shing	25.8	21.6	8.8	6.2	6.5
Yuen Long	11.4	6.0	6.0	5.9	7.5

7. The average time interval from the last health assessment for an EHC member from 2008 to 2012 is as follows -

	Average time interval from the last health assessment (months) (median)
2008	18.2
2009	18.7
2010	18.5
2011	18.8
2012	18.3

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)313

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5291

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide information on the approach and means of educating the parents of students with special educational needs, and the quantity and effectiveness of the activities in the past five financial years (i.e. 2008-09 to 2012-13).

2. Please provide information on the approach and means of educating the public about students with special educational needs, and the quantity and effectiveness of the activities in the past five financial years.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

1. Child Assessment Service (CAS) of the Department of Health (DH) delivered parent education activities, including parent education talks and interim support groups, to parents of children with special education needs. Structured feedbacks from parents after workshops are satisfactory. The numbers of parent education activities delivered in the past five years are as follows:

	Year 2008-09	**Year 2009-10**	**Year 2010-11**	**Year 2011-12**	**Year 2012-13 (provisional figures)**
Number of parent education activities delivered in CAS (sessions)	364	319	371	384	393

2. CAS delivered / participated in education seminars to the general public to enhance public awareness about children with special education needs. The numbers of public education seminars delivered / participated in over the past five years are as follows:

	Year 2008-09	**Year 2009-10**	**Year 2010-11**	**Year 2011-12**	**Year 2012-13 (provisional figures)**
Number of public education seminars to the public (events)	69	87	55	51	47

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 3.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)314

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4100

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:

For government dental clinics in the past 2010-11, 2011-12 and 2012-13 (with monthly figures), please advise on:

(1) the maximum number of persons (non-civil servants) who can be provided with pain relief and extraction services in one session (or the maximum number of discs to be allocated in one session); the average number of persons (non-civil servants) who have actually received treatments in each session;

(2) the age distribution of the persons who have sought treatments;

(3) the number of Comprehensive Social Security Assistance recipients who have used such services.

Asked by: Hon. CHEUNG Kwok-che

Reply:

(1) 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. In financial years 2010-11, 2011-12 and 2012-13, the maximum numbers of disc allocated per GP session are as follows:

Dental clinics with GP sessions	**Service session**	**Max. no. of discs allocated per session**		
		2010-11	**2011-12**	**2012-13**
Lee Kee Government Dental Clinic	Monday (AM)	84	84	84
	Thursday (AM)	42	42	42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84	84	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	84	84
	Friday (AM)	84	84	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	50	50
Mona Fong Dental Clinic	Thursday (PM)	42	42	42

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session		
		2010-11	2011-12	2012-13
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	42	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84	84	84
	Friday (AM)	84	84	84
Yan Oi Dental Clinic	Wednesday (AM)	42	42	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	42	42
	Friday (AM)	42	42	42
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	32	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	32	32

Patients holding discs for a particular session will be seen during that session.

In financial years 2010-11, 2011-12 and 2012-13, the average numbers of attendances per GP session are as follows:

Dental clinic with GP sessions	Service session	Average no. of attendances per session		
		2010-11	2011-12	2012-13 (up to January 2013)
Lee Kee Government Dental Clinic	Monday (AM)	72	75	79
	Thursday (AM)	36	38	39
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	78	81	82
Kennedy Town Community Complex Dental Clinic	Monday (AM)	53	52	54
	Friday (AM)	53	52	54
Fanling Health Centre Dental Clinic	Tuesday (AM)	43	45	47
Mona Fong Dental Clinic	Thursday (PM)	36	39	39
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	40	39	40
Tsuen Wan Dental Clinic	Tuesday (AM)	79	81	82
	Friday (AM)	79	81	82
Yan Oi Dental Clinic	Wednesday (AM)	40	42	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	39	40	41
	Friday (AM)	39	40	41
Tai O Dental Clinic	2nd Thursday (AM) of each month	12	11	13
Cheung Chau Dental Clinic	1st Friday (AM) of each month	19	21	20

(2) The breakdown by age group for the number of attendances of GP sessions in financial years 2010-11, 2011-12 and 2012-13 is as follows:

	% Distribution of Attendances by age group		
Age Group	**2010-11**	**2011-12**	**2012-13 (up to January 2013)**
0-18	2.6%	2.3%	2.2%
19-42	14.2%	13.8%	13.5%
43-60	29.7%	29.5%	29.1%
61 or above	53.5%	54.4%	55.2%

(3) The government dental clinics do not collect information on whether the attendees are recipients of Comprehensive Social Security Assistance or not. Relevant figure is not available.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)315

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4131

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

Programme: 700 General non-recurrent

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

1. The revised estimated expenditure for 2012-13 on conducting a population health survey by the Administration is $1 million. What are the contents of the survey? Would the results of the population health survey be published? If yes, what are the details? If no, what are the reasons?

2. How many reports on the study of population health surveys previously conducted by the Administration have been published? Would the results of the population surveys be published? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Department of Health (DH) conducted the first Population Health Survey in 2003-04. The results were announced and its report was made public on the Centre for Health Protection website.

DH has been preparing for the second Population Health Survey in 2012-13 and the Survey will commence in 2013-14. The Survey will make use of questionnaire interviews, physical measurements and biochemical testing to describe the patterns of health status and health-related issues of the general population. The findings will be used to strengthen the Government's information base on population health, thereby supporting evidence-based decision making in health policy, resource allocation, provision of health services and public health programmes. The results of the Survey will continue to be made public.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)316

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3488

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list out the number of prosecution summonses issued by the Tobacco Control Office (TCO) by types of premises in 2011 and 2012 respectively.

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

A breakdown of the summonses and fixed penalty notices (FPNs) issued by the Tobacco Control Office (TCO) of the Department of Health for smoking offences by type of premises in 2011 and 2012 is as follows:

Type of Premises where summonses or FPNs were issued	2011		2012	
	Summonses	FPNs	Summonses	FPNs
Amusement game centres	15	1 717	25	1 754
Shopping malls and shops	22	1 447	20	1 594
Food premises	10	634	10	699
Public pleasure grounds (including parks)	12	366	10	414
Markets	18	703	18	668
Public Transport Facilities	11	579	11	370
Hospitality establishment	6	837	6	830
Other statutory no smoking areas	76	1 354	79	1 690
Total	170	7 637	179	8 019

In addition, a total of 117 and 88 summonses were issued by TCO in 2011 and 2012 respectively for other offences under the Smoking (Public Health) Ordinance (Cap. 371) (e.g. willful obstruction, failure to produce identity document, etc).

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)317

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3489

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

Programme: (1) Statutory Functions and (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What are the staff establishment, turnover rates and expenditure of the Tobacco Control Office (TCO) in the past three years (i.e. 2010-11 to 2012-13) respectively? What are the estimates of the staff establishment and expenditure of TCO in 2013-14?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditures / provision and the staffing situation of the Tobacco Control Office (TCO) of the Department of Health (DH) in the past three years and the estimate for 2013-14 are at **Annexes 1** and **2** respectively. The staff turnover rates for TCO in 2010-11, 2011-12 and 2012-13 (up to 28 February 2013) were 11.6%, 18.9% and 3.1% respectively.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 27.3.2013

Annex 1

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2010-11 ($ million)	**2011-12** ($ million)	**2012-13 Revised Estimate** ($ million)	**2013-14 Estimate** ($ million)
Programme 1: Statutory Functions	40.4	40.1	36.6	38.1
Programme 3: Health Promotion	57.8	72.6	112.4	108.3
(a) General health education and promotion of smoking cessation				
TCO	22.3	14.1	19.8	19.5
Subvention to the Council on Smoking and Health (COSH) – Publicity	13.2	11.4	11.5	12.7
(b) Provision for smoking cessation services				
TCO	6.1	15.6	36.3	24.1
Subvention to COSH		3.5	9.2	8.5
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	11.4	21.0	26.5	34.7
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture	4.8	5.8	6.0	6.0
Subvention to Po Leung Kuk – School-based smoking prevention activities		1.2	1.7	1.0
Subvention to Lok Sin Tong – Smoking cessation programme in workplace			1.4	1.8
Total	**98.2**	**112.7**	**149.0**	**146.4**

Annex 2

Staffing of Tobacco Control Office of the Department of Health

Rank	2010-11	2011-12	2012-13	2013-14 (Estimate)
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Land Surveyor	0	0	1	1
Police Officer	5	5	5	5
Tobacco Control Inspector	30	19	0	0
Overseer/ Senior Foreman/ Foreman	57	68	89	89
Senior Executive Officer/ Executive Officer	12	12	9	9
Sub-total	*107*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	2	2	2	1
Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	4	4	4	3
Hospital Administrator II/ Health Promotion Officer/	6	6	6	4
Sub-total	*14*	*14*	*14*	*10*
Administrative and General Support				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	20	20	19	17
Motor Driver	1	1	1	1
Sub-total	*25*	*25*	*24*	*22*
Total no. of staff:	**147**	**147**	**146**	**140**

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)318

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4349

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Child Assessment Centres, would the Administration please advise:

(a) in the past three years (i.e. 2010-2011, 2011-2012 and 2012-2013), what are the numbers of referrals of suspected learning difficulties to the Child Assessment Centres made by doctors, via school assessment, by school social workers, teachers or via other channels respectively? What are the numbers of various learning disabilities confirmed after assessment? Please list out the figures by children's learning disabilities.

(b) in the past three years, what are the numbers of children assessed to have various learning disabilities? Please list out the figures by children's learning disabilities.

Asked by: Hon. KWOK Ka-ki

Reply:

(a) The number of referrals for suspected learning difficulties (referred as Developmental Delay for children under 4 years & 6 months; and Learning Problems for children aged 4 years & 6 months and above) received by Child Assessment Service (CAS) of the Department of Health in the past 3 years are listed below:

	Year 2010-11	**Year 2011-12**	**Year 2012-13 (provisional figures)**
Developmental Delay (aged < 4 yrs and 6 months)	1 705	1 797	1 835
Learning Problem (aged ≥ 4 yrs and 6 months)	522	508	496

The numbers of referrals for suspected Developmental Delay and Learning Problems cases by channel of referrals are not available.

(b) Children who are referred to CAS for suspected Developmental Delay and Learning Problems could be assessed to have one or more conditions. The spectrum of conditions is very wide and the table below contains the major categories of conditions but is not exhaustive:

	Number of cases		
Newly diagnosed conditions	**Year 2010-11**	**Year 2011-12**	**Year 2012-13 (provisional figures)**
Attention Problems/ Disorders	2 122	2 221	2 195
Autistic Spectrum Disorder	1 744	1 597	1 544
Borderline Developmental Delay	1 920	1 891	1 886
Developmental Motor Coordination Problems/ Disorders	1 910	1 950	1 731
Dyslexia & Mathematics Disorder	690	601	499
Hearing loss (Moderate grade or worse)	75	97	102
Language Delay/Disorders and Speech Problems	2 532	2 676	2 801
Physical Impairment	60	46	45
Significant Developmental Delay/ Mental Retardation	1 127	1 140	1 028
Visual Impairment (Blind or Low Vision)	43	33	41

Note: A child might have more than one developmental conditions / problems.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 8.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)319

Question Serial No.

4456

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please advise whether the Government has enhanced the services provided by Woman Health Centres and Maternal and Child Health Centres in the estimate for 2013-14. If yes, what are the details and expenditures involved? If no, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

In 2012-13, an additional allocation of $32.2 million has been earmarked for the expansion of maternal and child health centres (MCHCs). Half of this has been used by the Department of Health (DH) for expanding the Fanling MCHC in 2012[#]. The remaining provisions involving another 25 civil service posts (three medical officers, 16 nurses, three allied health grades staff, and three clerical staff) will be used by DH in 2013-14 for launching a new MCHC in the new Joint-user Complex at Bailey Street, Hung Hom in 2013. As at 1.3.2013, 42 Non-Civil Service Contract staff (including one medical officer, 28 nurses and 13 other supporting staff) have been recruited in MCHCs to cope with the increasing service needs for maternal and child health services arising from the Dragon Year Effect.

DH is one of the providers of woman health service. There are also other service providers, such as non-governmental organisations, private hospitals and private doctors, providing a wide array of health programmes for women. DH currently has no plan to increase the number of Woman Health Centres.

[#] involving 25 civil service posts (three medical officers, 16 nurses, three allied health grades staff and three clerical staff)

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)320

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3605

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the number of laboratory tests relating to public health has been increasing substantially. In this regard, has the Administration reserved sufficient resources, including manpower and other resource arrangements, to meet the demand? If yes, what are the manpower and resources involved and the details?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Administration has reserved sufficient resources, including manpower and other resource arrangements to meet the demand as follows:

(a) To enhance the capacity in prevention and control of emerging infections and management of various outbreaks and to meet the increasing demand on laboratory testing, a total of nine Medical Laboratory Technician Grade posts have been created in the past three years in addition to internal redeployment of staff;

(b) A sum of $8.5 million is set aside in financial year 2013-14 for the acquisition of advanced equipment to enhance laboratory testing services; and

(c) New techniques are being developed for more effective and efficient diagnostic testing.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)321

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3606

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the continuation to co-ordinate the development and implementation of primary care initiatives in Matters Requiring Special Attention in 2013-14 under this Programme, please advise on the progress, details of work, manpower and estimated expenditures involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Enhancing primary care was one of the service reform proposals introduced during the first-stage public consultation on healthcare reform in 2008 which received broad public support. Under the direction of the Working Group on Primary Care, the Food and Health Bureau promulgated the "Primary Care Development Strategy Document" in 2010, setting out the following major strategies on enhancing primary care in Hong Kong -

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) developing a Primary Care Directory to promote the family doctor concept and a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks.

The Primary Care Office (PCO) was established in September 2010 under the Department of Health (DH) to support and co-ordinate the implementation of primary care development strategies and actions. The financial provision for PCO in 2013-14 is $88 million for 17 civil service posts and other operating expenses. The latest progress and work plan of the major primary care initiatives under PCO are as follows-

(a) Primary care conceptual models and reference frameworks

Following the publication of the reference frameworks for diabetes and hypertension in 2011, the core documents of two reference frameworks on preventive care for older adults and children in primary care settings respectively were promulgated in December 2012.

(b) Primary Care Directory

A web-based Primary Care Directory giving details about the personal and practice-based information of doctors and dentists was launched in April 2011. The directory is being developed in phases, and the sub-directory for Chinese medicine practitioners was launched in October 2012.

(c) Community Health Centres/Networks (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service delivery model, was commissioned in mid-2012. We are exploring the feasibility of developing CHC projects in other districts and consider the scope of services and *modus operandi* that suit district needs most.

(d) Primary Care Campaign

A territory-wide Primary Care Campaign was launched in April 2011 to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action. To sustain the momentum of the Campaign, a themed competition was organised in 2012 to promote primary care and the family doctor concept.

It should be noted that apart from PCO, other divisions of DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong. The staffing and expenditure form part of their respective budgets, i.e. they are not included in PCO's expenditure estimates.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 5.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)322

Question Serial No.

3607

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there will be an increase of seven posts in the Department of Health in 2013-14. Please advise on the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Details of the net increase of seven posts under this Programme are at the Annex.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Annex

Creation and Deletion of Posts in 2013-14 under Programme (2) – Disease Prevention

	Major scope of responsibilities/Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service posts ($)
(a)	Strengthening the dispensing services provided to the public		
	Senior Dispenser	1	454,320
	Dispenser	1	216,450
	Workman II	1	132,720
	Sub-total :	***3***	***803,490***
(b)	Conversion of non-civil service contract positions to civil service posts for strengthening the general support for the provision of child and woman health services		
	Statistical Officer II/Student Statistical Officer	2	423,480
	Clerical Assistant	12	2,003,040
	Workman II	-12	-1,592,640
	Sub-total :	***2***	***833,880***
(c)	Conversion of non-civil service contract positions to civil service posts for strengthening the prevention and control of non-communicable diseases		
	Scientific Officer (Medical)	2	1,507,440
	Sub-total :	***2***	***1,507,440***
	Total :	***7***	***3,144,810***

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)323

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3608

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the provision for the government sector in 2013-14 is reduced by 2.3% as compared with the revised estimate of last year. Please advise on the related reasons, and the offices and types of services involved or affected.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

An additional provision of $8.4 million (as compared to the 2012-13 revised estimate) has been included for subventing non-government organisations for the expansion of smoking prevention and cessation services in 2013-14; and as a result, the provision for government sector has been adjusted accordingly.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 27.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)324

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3609

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:

Under this Programme, appointment time for new dermatology cases within 12 weeks is 55% and 60% respectively in the past two years, which is far below the target of 90%. Please explain in detail the reasons for failing to achieve the target. Has the Administration reserved sufficient resources and formulated measures, including manpower and other resource arrangements, to enhance service efficiency and to meet demands? If yes, what are the manpower and resources involved in the measures and what are the details?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The median waiting time for new dermatology appointment was less than 12 weeks. The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. DH endeavours to fill vacancies arising from staff departure through recruitment of new doctors and internal deployment within DH. Dermatology clinics have also implemented a triage system for new skin cases referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 28.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)325

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3610

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:

Under this Programme, provision for 2013-14 is $66.2 million higher than the revised estimate for 2012-13, including provision for strengthening the dispensing services provided to the public. Please set out the progress, details of work, manpower and estimated expenditures involved in these services.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In order to enhance the quality of dispensing services provided to the public and to strengthen the support in stock management of drugs, additional provision of $1.52 million has been made for the creation of seven Dispenser posts, one for each of the seven Chest Clinic Dispensaries in 2013-14. There are a total of nine Chest Clinic Dispensaries in the Department of Health.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 8.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)326

Question Serial No.

3611

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

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:

Under this Programme, there will be an increase of seven posts in the Department of Health in 2013-14. Please advise on the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The seven new posts to be created under this Programme are in the Dispenser rank. They are meant for strengthening the dispensing services to the public. The annual recurrent cost of these civil service posts is $1.52 million.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)327

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5075

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 existing services of dental clinics with general public sessions (GP sessions), please advise:

1. What are the numbers of attendances served by the dental clinics with GP sessions in the past five years (2008-09 to 2012-13)? What were the expenditures and manpower involved? Please list out the figures by years and the dental clinics with GP sessions.

2. What are the existing service quota, waiting time and number of persons queuing up in the dental clinics with GP sessions? Please list out the figures by the dental clinics with GP sessions.

3. What criteria does the Administration consider for setting up dental clinics with GP sessions in a district and increasing the service quota of GP sessions? Has the Administration assessed whether the existing dental clinics with GP sessions and the service quota are adequate? There is no dental clinic with GP sessions in some districts (e.g. Tung Chung) and the related service is not available to the residents. They may not be able to get the service even though they queue up for the GP sessions in other districts. Will the Administration consider setting up new dental clinics with GP sessions or increasing the service quota? If yes, what are the details? What are the expenditures involved? If no, what are the reasons?

Asked by: Hon. TANG Ka-piu

Reply:

1. 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. In financial years 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13, the number of attendances at GP sessions per clinic is as follows:

Dental clinic with GP sessions	**Service session**	**No. of attendances at GP sessions per clinic**				
		2008-09	**2009-10**	**2010-11**	**2011-12**	**2012-13 (up to January 2013)**
Lee Kee Government Dental Clinic	Monday (AM) Thursday (AM)	5 889	5 518	5 403	5 398	4 951

Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	3 917	4 026	3 972	4 038	3 457
Dental clinic with GP sessions	**Service session**	**No. of attendances at GP sessions per clinic**				
		2008-09	**2009-10**	**2010-11**	**2011-12**	**2012-13 (up to January 2013)**
Kennedy Town Community Complex Dental Clinic	Monday (AM) Friday (AM)	4 429	4 928	5 212	5 060	4 469
Fanling Health Centre Dental Clinic	Tuesday (AM)	2 376	2 106	2 176	2 138	1 796
Mona Fong Dental Clinic	Thursday (PM)	1 796	1 764	1 792	1 985	1 699
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	2 004	2 010	1 976	1 989	1 751
Tsuen Wan Dental Clinic	Tuesday (AM) Friday (AM)	8 174	7 905	7 804	7 895	6 596
Yan Oi Dental Clinic	Wednesday (AM)	2 143	2 100	2 040	2 083	1 747
Yuen Long Jockey Club Dental Clinic	Tuesday (AM) Friday (AM)	3 859	3 911	3 883	3 920	3 278
Tai O Dental Clinic	2nd Thursday (AM) of each month	129	121	148	13	130
Cheung Chau Dental Clinic	1st Friday (AM) of each month	266	257	226	250	199

The expenditures on GP sessions are absorbed within the provision for dental service under Programme 4 and are not separately identifiable. In the financial years 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13, the annual expenditure on dental service under this Programme is as follows:

Financial Year	Annual Expenditure on dental service ($ million)
2008-09	40.9
2009-10	40.8
2010-11	40.8
2011-12	47.1
2012-13 (Revised Estimate)	46.1

The manpower involves in GP sessions, which includes dentists, dental surgery assistants, clerical staff and other supporting staff, is as follows:

Dental clinic with GP sessions	Number of Staff			
	Dentist	Dental Surgery Assistant	Clerical (Assistant Clerical Officer /Clerical Assistant)	Other Supporting Staff
Lee Kee Government Dental Clinic	3	3	2	1
Kwun Tong Jockey Club Dental Clinic	2	2	1	1
Kennedy Town Community Complex Dental Clinic	7	7	4	2
Fanling Health Centre Dental Clinic	8	8	3	2
Mona Fong Dental Clinic	2	2	1	1
Tai Po Wong Siu Ching Dental Clinic	4	4	2	1
Tsuen Wan Dental Clinic	3	4	2	1
Yan Oi Dental Clinic	3	3	1	1
Yuen Long Jockey Club Dental Clinic	3	3	1	1
Tai O Dental Clinic	1	1	1	0
Cheung Chau Dental Clinic				

2. In financial years 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13, the maximum number of disc allocated per GP session is as follows:

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session				
		2008-09	2009-10	2010-11	2011-12	2012-13
Lee Kee Government Dental Clinic	Monday (AM)	84	84	84	84	84
	Thursday (AM)	42	42	42	42	42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84	84	84	84	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	84	84	84	84
	Friday (AM)	84	84	84	84	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	50	50	50	50
Mona Fong Dental Clinic	Thursday (PM)	42	42	42	42	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	42	42	42	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84	84	84	84	84

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session				
		2008-09	2009-10	2010-11	2011-12	2012-13
	Friday (AM)	84	84	84	84	84
Yan Oi Dental Clinic	Wednesday (AM)	42	42	42	42	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	42	42	42	42
	Friday (AM)	42	42	42	42	42
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	32	32	32	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	32	32	32	32

Clients holding discs for a particular GP session will be attended to within the same session. DH does not keep statistics on the number of persons queuing for GP sessions.

3. 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: Dr. Constance CHAN

Post Title: Director of Health

Date: 2.4.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)328

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

5379

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding School Dental Care Service (SDCS), would the Government please provide the following information:

1. What are the specific services included in SDCS and the costs of such services?

2. In the past five years (i.e. 2008-2009 to 2012-2013), what was the overall annual expenditure of SDCS?

3. In the past five school years (i.e. 2008/2009 school year to 2012/2013 school year), what was the respective number of participating primary students (by grade); and what was the participation rate of each grade?

4. In the past five school years (i.e. 2008/2009 school year to 2012/2013 school year), among the students participating SDCS, how many of them required follow-up treatments such as cavity filling after initial examination?

5. To draw students' continuous attention to oral health after entering secondary schools, would the Administration consider extending SDCS to secondary students in Hong Kong? If yes, what are the details and related expenditure? If no, what are the reasons?

Asked by: Hon. WONG Kwok-hing

Reply:

1. The School Dental Care Service (SDCS) is a primary dental healthcare programme administered by the Department of Health (DH) for all primary students. The objective is to promote good oral hygiene and prevent common dental diseases. SDCS provides preventive and basic dental care, including an annual dental examination, and oral health education for participating school children. The unit cost of service for each participating student under SDCS is $914 in financial year 2012-13.

2. The annual expenditure of the SDCS in the financial years of 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13 is as follows-

Financial Year	Annual Expenditure ($ million)
2008-09	188.5
2009-10	189.2

2010-11	197.6
2011-12	220.5
2012-13 (Revised Estimate)	214.9

3. In service years 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13, the number of participating primary students and their participation rate by grade (P1-P6) is as follows-

	Number of Participating Primary Students and % Participation by Grade (P1-P6)						
Service Year Note 1		**P1**	**P2**	**P3**	**P4**	**P5**	**P6**
2008-09	No. of participating students	49 301	51 640	57 431	56 994	61 314	66 364
	% Participation	95.9%	95.7%	95.3%	95.0%	94.5%	93.2%
2009-10	No. of participating students	47 285	49 483	52 093	58 027	57 262	60 575
	% Participation	95.8%	95.9%	95.6%	95.4%	94.9%	93.8%
2010-11	No. of participating students	46 967	47 275	49 752	52 725	57 989	56 548
	% Participation	96.1%	95.6%	95.6%	95.2%	94.9%	94.0%
2011-12	No. of participating students	48 564	47 063	47 678	50 503	52 923	57 250
	% Participation	96.4%	96.0%	95.7%	95.4%	94.9%	94.3%
2012-13	No. of participating students	51 505	48 736	47 219	48 170	50 495	52 263
	% Participation	97.0%	96.1%	95.9%	95.6%	95.3%	94.4%

4. In service years 2008-09, 2009-10, 2010-11, 2011-12 and 2012-13, the number of participating primary students requiring subsequent follow up after oral examination was as follows-

Service Year Note 1	**No. of participating students requiring follow up**
2008-09	78 982
2009-10	75 900
2010-11	75 202
2011-12	72 338
2012-13 (Estimate)	71 000

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

5. 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.

DH has been allocating resources primarily to promotion and preventive efforts. The SDCS encourages primary six students to continue to receive regular dental check-up from private dentists for oral health care maintenance after the SDCS ends. The Oral Health Education Unit under DH has launched various educational and promotional programmes specifically for different age groups having regard to their dental care needs. To help secondary school students pay constant attention to oral health, there are "Teens Teeth" programme and the annual "Love Teeth Campaign" in promotion of oral health to secondary school students.

In addition, DH had conducted the second territory-wide oral health survey in 2011 to continuously monitor the oral health status of our population and assess their oral health behaviours and habits. It was commenced in May 2011 and completed in February 2012. It is expected that the report of the survey will be ready by mid-2013. The information collected could facilitate the Government's planning of oral health programmes for different population groups including secondary school students. DH will continue its efforts in promotion and education to improve oral health of the public.

Name in block letters: Dr. Constance CHAN

Post Title: Director of Health

Date: 30.3.2013

Examination of Estimates of Expenditure 2013-14

Reply Serial No.

FHB(H)329

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

4938

Head: 708 - Capital Subventions and Major Systems and Equipment

Subhead : 8063MM North Lantau Hospital, Phase 1

Programme:

Controlling Officer: Director of Architectural Services

Director of Bureau: Secretary for Food and Health

Question: As the Phase 1 works for North Lantau Hospital is already completed, when will it commence initial operation?

What is the current progress for Phase 2? When will it be completed and commence operation?

Asked by: Hon. FAN Kwok-wai, Gary

Reply: Construction works of the North Lantau Hospital, phase I (the Project) was completed in December 2012. Hospital Authority (HA) has set up a North Lantau Hospital Commissioning Office to co-ordinate various preparatory works. HA is actively recruiting and deploying manpower to ensure that the Project will commence operation by phases starting from the third quarter of 2013.

To meet the long term healthcare service demand in the Lantau Island, the Government has reserved a site adjacent to the Project for Phase II development. The Government will keep in view the healthcare need of the community and proceed to the planning for Phase II development when there is such a need.

Name in block letters: K K LEUNG

Post Title: Director of Architectural Services

Date: 25.3.2013